State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

| Name of Facility (as licensed) | | | | |
|--------------------------------------------------------|----------|------------------------------------------------------|-------------|--|
| Jewish Home for the Elderly of Fairfield Cou | unty, Iı | nc. d/b/a Jewish Senior Service | es | |
| Address (No. & Street, City, State, Zip Code | e) | | | |
| 4200 Park Ave, Bridgeport, CT 06604 | | | | |
| Type of Facility | | | | |
| ☑ Chronic and Convalescent Nursing Home only (CCNH) | | Rest Home with Nursing Supervision only (RHNS) | □ (Specify) | |
| Report for Year Beginning | | Report for Year Ending | | |
| 10/1/2020 | | 9/30/2021 | | |

| | 923-C | cify) Medicare Provider 07-5353 |
|--|-------|------------------------------------|
|--|-------|------------------------------------|

| Medicaid Provider Numbers: | CCNH | RHNS | ICF-IID |
|----------------------------|------|------|---------|
| | 9233 | | |

For Department Use Only

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

| | | General In | | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------|
| Name of Facility (as licensed) | | License N | 1 | ar Ended Page | of |
| ewish Home for the Elderly of Fa | irfield County, | Inc. (923-C | 9/30/2021 | | 37 |
| | ON OR FALSIF | FICATION OF | v ner's Certification ANY INFORMATION CONTA AND/OR IMPRISIONMENT UI | | |
| Cost Report and suppor d/b/a Jewish Senior Sen ending September 30, 2 | ting schedules vices [facility r 2021, and that to | prepared for Jev name], for the co the best of my | ment and that I have examined the wish Home for the Elderly of Fai ost report period beginning Octol knowledge and belief, it is a true rds of the provider(s) in accordant | rfield County, Inc. ber 1, 2020 and e, correct, and | |
| Schedule of Resident Sta | tistics, Statement ility in accordan | ts of Reported E | attached General Information and Q xpenditures, Statements of Revenue orting Requirements of the State of Q | s and the related | |
| my knowledge under th presented in this Repor residents were incurred | t as a basis for s t o provide resid | rjury. I also cen ecuring reimbu dent care in this | ormation provided is true and corr rtify that all salary and non-salary resement for Title XIX and/or oth Facility. All supporting records ut law and will be made available | v expenses er State assisted for the expenses | |
| {a} Subject to desk au | dit review | | | | |
| | | | | | |
| Signed (Administrator) | | Date | Signed (Owner) | Date | |
| Printed Name (Administrator) Andrew Banoff | | | Printed Name (Owner) | | |
| Subscribed and Sworn o before me: | State of | Date | Signed (Notary Public) | Comm. Ex | pires |
| Address of Notary Public | | 1 | | / | / |
| , | | | | | |
| | | | | | |

General Information

(Notary Seal)

Table of Contents

| Gen | eral Information - Administrator's/Owner's Certification | 1 |
|------|---------------------------------------------------------------------------------------------|----|
| Gen | eral Information and Questionnaire - Data Required for Real Wage Adjustment | 1A |
| Gen | eral Information and Questionnaire - Type of Facility - Organization Structure | 2 |
| Gen | eral Information and Questionnaire - Partners/Members | 3 |
| Gen | eral Information and Questionnaire - Corporate Owners | 3A |
| Gen | eral Information and Questionnaire - Individual Proprietorship | 3B |
| Gen | eral Information and Questionnaire - Related Parties | 4 |
| Gen | eral Information and Questionnaire - Basis for Allocation of Costs | 5 |
| Gen | eral Information and Questionnaire - Leases | 6 |
| Gen | eral Information and Questionnaire - Accounting Basis | 7 |
| Sche | edule of Resident Statistics | 8 |
| Sche | edule of Resident Statistics (Cont'd) | 9 |
| A. | Report of Expenditures - Salaries & Wages | 10 |
| | Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant | |
| | Administrators and Other Relatives | 11 |
| | Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant | |
| | Administrators and Other Relatives (Cont'd) | 12 |
| B. | Report of Expenditures - Professional Fees | 13 |
| | Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee | |
| | for Service Basis | 14 |
| C. | Expenditures Other than Salaries - Administrative and General | 15 |
| C. | Expenditures Other than Salaries (Cont'd) - Administrative and General | 16 |
| | Schedule C-1 - Management Services | 17 |
| C. | Expenditures Other than Salaries (Cont'd) - Dietary | 18 |
| C. | Expenditures Other than Salaries (Cont'd) - Laundry | 19 |
| C. | Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care | 20 |
| | Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract | 21 |
| C. | Expenditures Other than Salaries (Cont'd) - Maintenance and Property | 22 |
| | Depreciation Schedule | 23 |
| | Amortization Schedule | 24 |
| С. | Expenditures Other than Salaries (Cont'd) - Property Questionnaire | 25 |
| C. | Expenditures Other than Salaries (Cont'd) - Interest | 26 |
| C. | Expenditures Other than Salaries (Cont'd) - Interest and Insurance | 27 |
| D. | Adjustments to Statement of Expenditures | 28 |
| D. | Adjustments to Statement of Expenditures (Cont'd) | 29 |
| F. | Statement of Revenue | 30 |
| G. | Balance Sheet | 31 |
| G. | Balance Sheet (Cont'd) | 32 |
| G. | Balance Sheet (Cont'd) | 33 |
| G. | Balance Sheet (Cont'd) | 34 |
| G. | Balance Sheet (Cont'd) - Reserves and Net Worth | 35 |
| H. | Changes in Total Net Worth | 36 |
| I. | Preparer's/Reviewer's Certification | 37 |

State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

| | Data Required for Real Wage Adjus | stm | ent | | Page | of |
|------------------------------------------------------------------------------------|----------------------------------------------------------|-----|------------|-----------|-----------|-----------|
| | | | | | 1A | 37 |
| Name of Facility | | | Period Cov | ered: | From | То |
| Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Jewish Senior Services | | | es | 10/1/2020 | 9/30/2021 | |
| | lress of Facility 0 Park Ave, Bridgeport, CT 06604 | | | | | |
| Rep | Report Prepared By Phone Number | | | | Date | |
| Ma | rcum LLP | | 203-781-96 | 500 | 1/14/2022 | |
| | Item | | Total | CCNH | RHNS | (Specify) |
| 1. | Dietary wages paid | \$ | | | | |
| 2. | Laundry wages paid | \$ | | | | |
| 3. | Housekeeping wages paid | \$ | | | | |
| 4. | Nursing wages paid | \$ | | | | |
| 5. | All other wages paid | \$ | | | | |
| 6. | Total Wages Paid | \$ | | | | |
| 7. | Total salaries paid | \$ | | | | |
| 8. | Total Wages and Salaries Paid (As per page 10 of Report) | \$ | | | | |

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

| | Phone No. of Fac | ility Report for Year | Ended Page | of |
|----------------------------------------------------------|----------------------------------------|------------------------------|------------------------|-------------|
| | 860-561-4000 | 9/30/2021 | 2 | 37 |
| Name of Facility (as shown on license) | Address (No | . & Street, City, State, | , Zip) | |
| Jewish Home for the Elderly of Fairfield County, Inc. | . d/b/a Jey4200 Park A | ve, Bridgeport, CT 06 | 5604 | |
| License Numbers: 923-C | H RHNS | (Specify) | Medicare Pr 07-5353 | rovider No. |
| Type of Facility (Check appropriate box(es)) | | | | |
| Chronic and Convalescent Nursing Home only (CCNH) | □ Rest Home with I Supervision only | | pecify) | |
| Type of Ownership (Check appropriate box) | | | | |
| O Proprietorship O LLC O Partnership | p O Profit Corp. | • Non-Profit Corp. | O Government | O Trust |
| If this facility opened or closed during report year pro | ovide: | Date Opened D | ate Closed | |
| Has there been any change in ownership | | • | | |
| or operation during this report year? | O Yes | • No If | "Yes," explain fully | ′ . |
| | | | | |
| Administrator | | | | |
| Name of Administrator | | Nursing Hom | | |
| Andrew Banoff | | Administrator' License No | | |
| Other Operators/Owners who are assistant administra | ators (full or part time) | of this facility. | | |
| Name | | License No | .: | |

Type of Facility - Organization Structure

| Name of Administrator | Nursing Home | |
|-----------------------------------------------------------------------------------|-----------------|--|
| Andrew Banoff | Administrator's | |
| | License No.: | |
| Other Operators/Owners who are assistant administrators (full or part time) of th | nis facility. | |
| Name | License No.: | |
| N/A | | |
| | | |
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General Information and Questionnaire Partners/Members

| Name of Facility Jewish Home for the Elderly of F | | License No. | Report for Y 9/30/2021 | ear Ended | Page 3 | of 37 |
|------------------------------------------------------|-------------|-------------|---------------------------|-------------------------|--------|----------|
| Legal Name of Partner | | Business . | | State(s) and Which I | | s) in |
| N/A | | | | | | |
| Name of Partners/Members | Business Ad | ldress | | Title | % Ow | ned |
| N/A | | | | | | |
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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-С | 9/30/2021 | | 3Å 37 | |
| If this facility is owned or operated as a corpo | | following informa | tion: | | |
| Legal Name of Corporation | | ss Address | State(s) in Which Incorporate | | |
| Jewish Home for the Elderly of | 4200 Park Ave, E | Bridgeport, CT | Connecticut | * | |
| Fairfield County, Inc. d/b/a | 06604 | | | | |
| Jewish Senior Services | | | | | |
| Name of Directors, Officers | Busine | ss Address | Title | No. Shares Held by Each | |
| | | | | field by Each | |
| 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> <u>2021</u>

Mitchell Adelstein (Men's Club) Jon August (Vice Chairperson) Andrew H. Banoff Russell Beitman (Secretary) Carl Bennett (Honorary Director for Life) Jim Bennett Edward Burger Janet Freedman Ed Friedland Roy Friedman (Honorary Director for Life) Roslyn Goldstein (Honorary Director for Life) Eric Hendlin (Treasurer) Eric Katz Mitchell Kornblit Mark A. Lapine (Honorary Director for Life) Marc Levey Gerald Luterman Nancy Magida Michael Marcus Emil Meshberg

Brian Miles Jerry Minsky Frank Morse Nate Nevas Alan Phillips (Chairperson) Ellen Hyde Phillips (Women's Auxiliary) Jeff Radler Hal Rosnick (Honorary Director for Life) Philip Schaefer Dr. Scott Serels Amanda Shapiro William Sims Art Spinner **Carol Spinner** Milton Sutin (Honorary Director for Life) Kenneth I. Wirfel Martin F. Wolf (Honorary Director for Life) Mike Wolfson

State of Connecticut Annual Report of Long-Term Care Facility 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, I | li 923-C | 9/30/2021 | 3B 37 |
| If this facility is owned or operated as an individua | al proprietorship, j | provide the following informa | tion: |
| | vner(s) of Facility | | |
| | | | |
| | | | |
| N/A | | | |
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General Information and Questionnaire Related Parties*

| Name of Facility | | License | | | Report for Year Ended | | Page | of |
|---------------------------|----------------------------------------|----------|-----------|-------|-------------------------------|----------------------|--------------|----------------------|
| Jewish Home for the Ele | derly of Fairfield County, Inc. d | | 923-С | | 9/30/2021 | | 4 | 37 |
| A reconvindividuals read | eiving compensation from the fa | aility | alatad th | rouch | | | NT / A 1 | 1 1 |
| 5 | 0 1 | 2 | | U | | If "Yes," provide th | | |
| marriage, ability to cont | rol, ownership, family or busine | ess asso | ciation? | 0 | Yes O No | complete the inform | nation on Pa | ge 11 of the report. |
| Are any individuals or a | companies which provide goods | orserv | ices | | | | | |
| • | roperty or the loaning of funds | | - | | | | | |
| | ssociation, common ownership | | | iness | • Yes • No | | | |
| | e owners, operators, or officials | | | | | If "Voc " movido th | a fallowing | information. |
| association to any of the | e owners, operators, or ornerars | | actifity? | | | If "Yes," provide th | le following | information: |
| | | Δ1 | so Provi | dec | | Indicate Where | | |
| | | | ls/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 |
| | | • | 0 | | | | 10000 | |
| Marty Wolf | Cohen & Wolf, P.C. | 0 | 0 | | Legal Service | 15 / 1e | 144 | 144 |
| Roy Friedman | Standard Oil of Connecticut | ۲ | 0 | | Fuel / Oil | 22 / 6b | 1,914 | 1,914 |
| Women's Auxillary | 4200 Park Ave, Bridgeport, CT 06604 | 0 | ۲ | | Loan Interest | 27 / 12D | 3,889 | 3,889 |
| | | 0 | ۲ | | | | | |
| | | 0 | ۲ | | | | | |
| | | 0 | ۲ | | | | | |
| | | 0 | ۲ | | | | | |
| | | 0 | ۲ | | | | | |
| | | 0 | ۲ | | | | | |

* Use additional sheets if necessary.

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

Jewish Senior Services Page 4 Related Party FYE 9/30/2021

| | | | | | | A.022 |
|-------------------|-------------------------------------|---------------|----------------------|-----------|-----------------|----------|
| | | | | ALLOCATED | Allocation Stat | <u>%</u> |
| Name | Address | Description | Total Expense | Amount | | |
| Marty Wolf | Cohen & Wolf, P.C. | Legal service | 208 | 144 | Accum Cost | 69.0595% |
| Roy Friedman | Standard Oil of Connecticut | Fuel / oil | 2,716 | 1,914 | Sq / Ft | 70.4578% |
| Women's Auxillary | 4200 Park Ave, Bridgeport, CT 06604 | Loan interest | 5,519 | 3,889 | Sq / Ft | 70.4578% |

General Information and Questionnaire Basis for Allocation of Costs

| Name of Facility | License No. | | Report for Year Ended | Page | of | | | | |
|-----------------------------------------------------|-----------------|-------------------------------------|------------------------------------|--------------|------------|--|--|--|--|
| Jewish Home for the Elderly of Fairfield County | | | 9/30/2021 | 5 | 37 | | | | |
| If the facility is licensed as CDH and/or RCH or | - | OS or TBI | services with special Medicaid | rates, costs | 3 | | | | |
| must be allocated to CCNH and RHNS as follow | /s: | | | | | | | | |
| Item | | | Method of Allocation | | | | | | |
| Dietary | | Number of meals served to residents | | | | | | | |
| Laundry | | | pounds processed | | | | | | |
| Housekeeping | | | square feet serviced | | | | | | |
| | | | hours of routine care provided | | | | | | |
| Nursing | | · · | classification, i.e., Director (or | • | | | | | |
| | F | Registered | Nurses, Licensed Practical Nur | rses, Aides | and | | | | |
| | A | Attendants | | | | | | | |
| Direct Resident Care Consultants | 1 | Number of | hours of resident care provided | 1 by EACH | [| | | | |
| | s | pecialist | (See listing page 13) | | | | | | |
| Maintenance and operation of plant | S | Square fee | t | | | | | | |
| Property costs (depreciation) | S | Square fee | t | | | | | | |
| Employee health and welfare | (| Gross sala | ries | | | | | | |
| Management services | A | Appropriat | te cost center involved | | | | | | |
| All other General Administrative expenses | 1 | Fotal of D | irect and Allocated Costs | | | | | | |
| The preparer of this report must answer the follo | wing question | ns applica | ble to the cost information prov | rided. | | | | | |
| 1. In the preparation of this Report, were all | • Yes | \cap N- | If "No," explain fully why suc | h allocatio | n was not | | | | |
| costs allocated as required? | • Yes | O No | made. | | | | | | |
| The facility utilizes an allocation template and al | locates costs | for non-re | imbursable programs out on th | e allocatior | ı template | | | | |
| using appropriate methodologies, accumulated co | ost, or direct | assignmer | nt. The non-reimbursable costs a | are not incl | uded in | | | | |
| the cost report. Please see cover letter included w | vith the cost r | eport. | | | | | | | |
| | | _ | | | | | | | |
| | | | | | | | | | |
| 2. Explain the allocation of related company exp | penses and att | ach copy | of appropriate supporting data. | | | | | | |
| See page 4 and page 4 attachment. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3. Did the Facility appropriately allocate and sel | f-disallow di | rect and in | direct costs to non-nursing hon | ne cost cent | ters? | | | | |
| (e.g., Assisted Living, Home Health, Outpatie | | | ÷ | | | | | | |
| | | | If "No," explain fully why suc | h allocation | n waa not | | | | |
| | • Yes | O No | | II anocation | .1 was not | | | | |
| | | | made. | | | | | | |
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| Jewish Senior Serv ALLOCATION SECT | | | | | | |
|---------------------------------------|--------------------------------------------------------|-----------------|------------------------------|-----------------|--------------|-------------|
| Cost Year 2021 | | | | ΤΟΤΑ | 4 | |
| COSt rear 2021 | | INPUT | | ALLOCATED A | | |
| ACCOUNT | | Total | ALLOCATION | Skilled Nursing | A/L | |
| NUMBER | ACCOUNT NAME | AMOUNT | BASIS | Facility | Unit | TOTAL |
| NUMBER | | AWOONT | DASIS | Facility | onit | TOTAL |
| 30 I1A.10 | Medicaid R&B SNF Only | (21,644,399) | Nursing home | (21,644,399) | - | (21,644,399 |
| 30 11A.22 | Medicaid R&B A/L Only | (21,044,355) | Nursing home | (21,044,333) | | (21,044,333 |
| 30 13A.10 | Medicare R&B - SNF Only | (5,521,635) | - | (5,521,635) | | (5,521,635 |
| 30 13A.22 | Medicare R&B - A/L Only | (3,521,055) | Nursing home | - | - | (5,521,055 |
| 30 13A.22 30 14A.10 | Private pay R&B - SNF Only | (13,178,632) | Nursing home | (13,178,632) | - | (13,178,632 |
| 30 14A.10 30 14A.22 | Private pay R&B - A/L Only | (13,178,032) | Nursing home | (15,178,052) | - | (13,178,032 |
| 30 II1A.10 | Prescrition Drugs Medicare - Patient Days | | Nursing home | - | - | - |
| 30 1C.10 | Prescription drugs - Patient Days | - 6 | Nursing home | - 6 | - | - 6 |
| 30 II2A.22 | Medical Supplies Medicare Non Reimbursable | - | Nursing home | - | - | |
| 30 II2A.22 30 II3AM.07 | PT Medicare PT Treatments | - | • | - | | - |
| 30 II3AM.07 30 II3A.10 | PT Medicare PT Treatments PT Medicare PT Treatments | (284,375) | Nursing home Nursing home | - (284,375) | - | (284,375 |
| 30 II3A.10 30 II3CO.07 | PT Medicare PT Treatments PT Other - PT Treatments | (284,375) | Nursing home | (284,375) | - | (284,375 |
| 30 3C.10 | PT Other - PT Treatments | (340,506) | | - (340,506) | - | - |
| 30 II4AM.08 | ST Medicare - ST Treatments | (340,506) | Nursing home Nursing home | (340,506) | - | (340,506 |
| 30 114AM.08 30 114A.10 | ST Medicare - ST Treatments | - (52.078) | • | - | - | - |
| 30 114A.10 30 114CO.08 | | (53,978) | Nursing home | (53,978) | - | (53,978 |
| 30/114C0.08 | ST Other - ST Treatments | - (45, 102) | Nursing home | - | - | - |
| | ST Other - ST Treatments | (45,183) | Nursing home | (45,183) | - | (45,183 |
| 30 II5A.10 | OT Medicare - OT Treatments | (193,877) | Nursing home | (193,877) | - | (193,877 |
| 30 115C.10 | OT - OT Treatments | (156,687) | Nursing home | (156,687) | - | (156,687 |
| 30 II6A.10 | Other Medicare - Patient Days | (10,431) | Nursing home | (10,431) | - | (10,431 |
| 30 II6B.10 | Other - Patient Days | (5,240) | • | (5,240) | - | (5,240 |
| 30 IV5.22 | Interest - Patient Days | - | Nursing home | - | - | - |
| 30 IV7.22 | Barber, coffee, etc - Non Reimbursable | - | Nursing home | - | - | - |
| 30 IV8.25 | Other - Transportation Services | - | Accum Costs | - | - | - |
| 30 IV8.45 | Other - Total Expenses Page 27 | - | Accum Costs | - | - | - |
| 30 IV8.10 | Other - SNF | - | Nursing home | - | - | - |
| 30 IV8.42 | Other - Accum Costs | - | Accum Costs | - | - | - |
| 30 IV8.41 | Other - Non Salary Expenses | - | Payroll | - | - | - |
| 30 IV8.33 | Other - Resident Capacity | - | Capacity | - | - | - |
| 30 IV8.07 | Other - PT Treatments | - | PT Treat | - | - | - |
| 30 IV8.22 | Other - Non Reimbursable | (14,402,334) | A/L | - | (14,402,334) | (14,402,334 |
| 30 IV8.10 | Other - Patient Days | (4,977,217) | Nursing home | (4,977,217) | - | (4,977,217 |
| | Total Revenue | (60,826,525.00) | | (46,424,191) | (14,402,334) | (60,826,525 |

| Jewish Senior Ser | vices | | | | | |
|-------------------|-----------------------------------------|-----------|-------------------|-----------------|-------------|-----------|
| ALLOCATION SEC | TION | | | | | |
| Cost Year 2021 | | | | ΤΟΤΑ | L | |
| | | INPUT | | ALLOCATED A | MOUNTS | |
| ACCOUNT | | Total | ALLOCATION | Skilled Nursing | A/L | |
| NUMBER | ACCOUNT NAME | AMOUNT | BASIS | Facility | <u>Unit</u> | TOTAL |
| | | | | | | |
| | | | | | | |
| 10-A 2.16 | Administrators | 633,477 | Nursing Home | 633,477 | - | 633,477 |
| 10-A 3.16 | Assistant Administrator | 246,500 | Patient days | 222,200 | 24,300 | 246,500 |
| 10-A 4.10 | Other Admin - SNF Only | 88,700 | Nursing Home | 88,700 | - | 88,700 |
| 10-A 4.19 | Other Admin - All Programs | 1,815,316 | Accum Costs | 1,253,648 | 561,668 | 1,815,316 |
| 10-A 4.34 | Other Admin - SNF & A/L | 147,108 | Patient days | 132,606 | 14,502 | 147,108 |
| 10-A 5B | Food Service Supervisor | - | Meals | - | - | - |
| 10-A 5C.3 | Dietary Workers | 1,875,229 | Meals | 1,468,827 | 406,402 | 1,875,229 |
| 10-A 6A | Head Housekeeper | - | Sqft | - | - | - |
| 10-A 6B.2 | Other Housekeeping Workers | 1,116,491 | Sqft | 786,655 | 329,836 | 1,116,491 |
| 10-A 7B.33 | Other Maintenance Workers | 324,773 | Sqft | 228,828 | 95,945 | 324,773 |
| 10-A 8A | Laundry Supervisor | - | Laundry | - | - | - |
| 10-A 8B.5 | Other Laundry Workers | 306,475 | Laundry | 279,825 | 26,650 | 306,475 |
| 10-A 10.19 | Protective Services | 152,526 | Sqft | 107,466 | 45,060 | 152,526 |
| 10-A 11A | Head Accountant | 241,500 | Accum Costs | 166,779 | 74,721 | 241,500 |
| 10-A 11B | Other Accountants | 394,426 | Accum Costs | 272,389 | 122,037 | 394,426 |
| 10-A 12A.10 | Director of Nurses/Assistant Director | 184,947 | Nursing Home | 184,947 | - | 184,947 |
| 10-A 12B1.10 | RNs - Direct Care | 2,711,354 | Nursing Home | 2,711,354 | - | 2,711,354 |
| 10-A 12B2.10 | RNs - Administrative | 942,156 | Nursing Home | 942,156 | - | 942,156 |
| 10-A 12C1.10 | LPNs - Direct Care | 3,518,740 | Nursing Home | 3,518,740 | - | 3,518,740 |
| 10-A 12D.10 | Aides and Attendants | 6,369,427 | Nursing Home | 6,369,427 | - | 6,369,427 |
| 10-A 12E | Physical Therapists | 912,089 | Nursing Home | 912,089 | - | 912,089 |
| 10-A 12F | Speech Therapists | 198,336 | Nursing Home | 198,336 | - | 198,336 |
| 10-A 12G | Occupational Therapists | 655,373 | Nursing Home | 655,373 | - | 655,373 |
| 10-A 12H.10 | Recreation Workers | 543,646 | Nursing Home | 543,646 | - | 543,646 |
| 10-A 12M.33 | Social Workers/Case Management - Direct | 268,083 | Nursing Home | 268,083 | - | 268,083 |
| 10-A 120.25 | Other - Accum Costs | 52,465 | Accum Costs | 36,232 | 16,233 | 52,465 |
| 10-A 120.10 | Other - SNF | 586,412 | Nursing Home | 586,412 | - | 586,412 |
| 10-A 120.22 | Other - Non Reimbursible | 6,587,747 | A/L | - | 6,587,747 | 6,587,747 |
| 13-B 2.22 | Dentist | 30,986 | , Nursing Home | 30,986 | - | 30,986 |
| 13-B 3.03 | Pharmacist | 17,869 | Nursing Home | 17,869 | - | 17,869 |
| 13-B 4 | Podiatrist | 4,200 | Nursing Home | 4,200 | - | 4,200 |
| 13-B 8A.10 | Medical Director - Direct | 27,961 | Nursing Home | 27,961 | - | 27,961 |
| 13-B 8E | Other - SNF | 16,942 | Nursing Home | 16,942 | - | 16,942 |
| 13-B 12.10 | Other - SNF only | 7,218 | Nursing Home | 7,218 | - | 7,218 |
| 13-B 12.22 | Other - Non Reimbursible | 495,438 | A/L | - | 495,438 | 495,438 |

| Jewish Senior Se | rvices | | | | | |
|------------------|--------------------------------------------------------------------|-----------|--------------|-----------------|---------|-----------|
| ALLOCATION SEC | CTION | | | | | |
| Cost Year 2021 | | | | ΤΟΤΑ | L | |
| | | INPUT | | ALLOCATED A | MOUNTS | |
| ACCOUNT | | Total | ALLOCATION | Skilled Nursing | A/L | |
| NUMBER | ACCOUNT NAME | AMOUNT | BASIS | Facility | Unit | TOTAL |
| | | | | | | |
| 15 1A1.15 | Workmen's Compensation - Salary% | 1,073,908 | Payroll | 766,037 | 307,871 | 1,073,908 |
| 15 1A2.15 | Disability Insurance - Salary % | 118,042 | Payroll | 84,201 | 33,841 | 118,042 |
| 15 1A3.15 | Unemployment Insurance - Nursing Home | 113,479 | Payroll | 80,946 | 32,533 | 113,479 |
| 15 1A4.15 | Social Security (FICA) - Salary % | 2,005,533 | Payroll | 1,430,581 | 574,952 | 2,005,533 |
| 15 1A5.15 | Health Insurance - Salary % | 2,627,145 | Payroll | 1,873,987 | 753,158 | 2,627,145 |
| 15 1A6.15 | Life Insurance - Salary % | 24,056 | Payroll | 17,160 | 6,896 | 24,056 |
| 15 1A7.15 | Pensions - Salary % | 1,011,091 | Payroll | 721,228 | 289,863 | 1,011,091 |
| 15 1A9.10 | Other - Salary % | 2,500 | Payroll | 1,783 | 717 | 2,500 |
| 15 1C.42 | Bad Debts | 391,568 | Nursing Home | 391,568 | - | 391,568 |
| 15 1D.42 | Accounting and Auditing | 148,542 | Accum Costs | 102,582 | 45,960 | 148,542 |
| 15 1E.10 | Legal - Expenses | 83,934 | Accum Costs | 57,964 | 25,970 | 83,934 |
| 15 1G.22 | Office Supplies - Non Reimbursible | 41,140 | A/L | - | 41,140 | 41,140 |
| 15 1G.10 | Office Supplies - SNF Only | 14,396 | Nursing Home | 14,396 | - | 14,396 |
| 15 1G.15 | Office Supplies - Accum Costs | 86,443 | Accum Costs | 59,697 | 26,746 | 86,443 |
| 15 1H1.42 | Telephone and Telegraph - Accum Costs | 75,536 | Accum Costs | 52,165 | 23,371 | 75,536 |
| 15 1H2.30 | Cellular Phones and Beepers - Accum Costs | 88,791 | Accum Costs | 61,319 | 27,472 | 88,791 |
| 15 1K3.03 | Resident Day User Fee | 1,340,109 | Nursing Home | 1,340,109 | - | 1,340,109 |
| 16 3 | Gifts to Staff and Residents | 118,560 | Accum Costs | 81,877 | 36,683 | 118,560 |
| 16 4.10 | Employee Travel -SNF Only | 1,938 | Nursing Home | 1,938 | - | 1,938 |
| 16 4.15 | Employee Travel - Non Reimbursible | 68,565 | A/L | - | 68,565 | 68,565 |
| 16 4.42 | Employee Travel - Accum Costs | 1,966 | Accum Costs | 1,358 | 608 | 1,966 |
| 16 5.10 | Education Expense - Accum Costs | 87,558 | Accum Costs | 60,467 | 27,091 | 87,558 |
| 16 5.22 | Education Expense - Non Reimbursible | 3,322 | A/L | - | 3,322 | 3,322 |
| 16 6.10 | Automobile Expense - SNF Only | 22,784 | Nursing Home | 22,784 | - | 22,784 |
| 16 M1.15 | Advertising Help Wanted - Accum Costs | 17,295 | Accum Costs | 11,944 | 5,351 | 17,295 |
| 16 M3.22 | Advertising Other - Non Reimbursible | 62,924 | A/L | - | 62,924 | 62,924 |
| 16 M3.42 | Advertising Other | 62,231 | Accum Costs | 42,976 | 19,255 | 62,231 |
| 16 M4 | Fund Raising | 1,709 | Accum Costs | 1,180 | 529 | 1,709 |
| 16 M5.34 | Medical Records | - | Accum Costs | - | - | - |
| 16 M6.03 | Barber & Beauty - SNF | 7,009 | Nursing Home | 7,009 | - | 7,009 |
| 16 M7.10 | Postage | 25,968 | Accum Costs | 17,933 | 8,035 | 25,968 |
| 16 M7.42 | Postage - Non Reimbursible | 302 | A/L | - | 302 | 302 |
| 16 M8.10 | Dues and Membership Fees to Professional Associations - Accum Cost | 42,608 | Accum Costs | 29,425 | 13,183 | 42,608 |
| 16 M8.22 | Dues and Membership Fees to Professional Associations - Non Reimb | 9,633 | A/L | - | 9,633 | 9,633 |
| 16 M9.10 | Subscriptions - Accum Costs | 23,121 | Accum Costs | 15,967 | 7,154 | 23,121 |
| 16 M9.22 | Subscriptions - Non Reimb | 9,895 | A/L | - | 9,895 | 9,895 |

| Jewish Senior Se | rvices | | | | | |
|------------------|---------------------------------------------------|-----------|-------------------|-----------------|-------------|--------------|
| ALLOCATION SEC | CTION | | | | | |
| Cost Year 2021 | | | | TOTAL | - | |
| | | INPUT | | ALLOCATED AI | MOUNTS | |
| ACCOUNT | | Total | ALLOCATION | Skilled Nursing | A/L | |
| NUMBER | ACCOUNT NAME | AMOUNT | BASIS | Facility | <u>Unit</u> | <u>TOTAL</u> |
| | | | | | | |
| 16 M11.10 | Services Provided by Contract - Accum Costs | 74,174 | Accum Costs | 51,224 | 22,950 | 74,174 |
| 16 M11.22 | Administrative Management Services - Patient days | 1,206,560 | A/L | - | 1,206,560 | 1,206,560 |
| 16 M13.25 | Other - Accum Costs | 1,507,670 | Accum Costs | 1,041,189 | 466,481 | 1,507,670 |
| 16 M13.22 | Other - Non Reimbursible | 2,316,248 | A/L | - | 2,316,248 | 2,316,248 |
| 18 2A1.03 | Raw Food - Meals | 58,447 | Meals | 45,780 | 12,667 | 58,447 |
| 18 2A1.22 | Raw Food - Non Reimb | 8,996 | A/L | - | 8,996 | 8,996 |
| 18 2A2.03 | Non Food Supplies | 17,066 | Meals | 13,367 | 3,699 | 17,066 |
| 18 2B.03 | Purchased Service - Meals | 2,612,073 | Meals | 2,045,982 | 566,091 | 2,612,073 |
| 18 2C.03 | Other - Meals | 135,671 | Meals | 106,268 | 29,403 | 135,671 |
| 19 3A1.10 | Bed, Linens, Etc. | 13,802 | Laundry | 12,602 | 1,200 | 13,802 |
| 19 3A2 | Employee Items | - | Laundry | - | - | - |
| 19 3A4.10 | Repair and/or purchased linens | 28,403 | Laundry | 25,933 | 2,470 | 28,403 |
| 19 3B.10 | Purchased Services - Pounds of Laundry | 71,936 | Laundry | 65,681 | 6,255 | 71,936 |
| 19 3C.05 | Other - Pounds of Laundry | 23,749 | Laundry | 21,684 | 2,065 | 23,749 |
| 20 4A1.02 | In-House Care Supplies - Sgft | 43,786 | Sqft | 30,851 | 12,935 | 43,786 |
| 20 4A1.22 | In-House Care Supplies - Non Reimb | 9,786 | A/L | - | 9,786 | 9,786 |
| 20 4B.02 | Purchased Services - Sqft | 71,936 | Sqft | 50,685 | 21,251 | 71,936 |
| 20 4C | Other | 23,749 | Sqft | 16,733 | 7,016 | 23,749 |
| 20 5A.03 | Purchased From - Pharmacy - SNF Only | 358,940 | Nursing Home | 358,940 | - | 358,940 |
| 20 5A2.22 | Purchased From - Pharmacy - Non reimb | 0 | A/L | - | - | - |
| 20 5B.10 | Medicine Cabinet Drugs - SNF Only | 3,968 | Nursing Home | 3,968 | - | 3,968 |
| 20 5C.10 | Medical and Therapeutic Supplies - SNF only | 777,825 | Nursing Home | 777,825 | - | 777,825 |
| 20 5C.22 | Medical and Therapeutic Supplies - Non Reimb | 63,210 | A/L | - | 63,210 | 63,210 |
| 20 5D.03 | Ambulance/Limousine - SNF Only | 11,783 | , Nursing Home | 11,783 | - | 11,783 |
| 20 5E2.10 | Oxygen - Other - SNF Only | 44,660 | Nursing Home | 44,660 | - | 44,660 |
| 20 5F.22 | X-Rays and related radiological - SNF Only | 37,205 | Nursing Home | 37,205 | - | 37,205 |
| 20 5G | Dental - SNF Only | 11,807 | Nursing Home | 11,807 | - | 11,807 |
| 20 5H.10 | Laboratory - SNF | 118,066 | Nursing Home | 118,066 | - | 118,066 |
| 20 51.10 | Recreation - SNF | 122,700 | Nursing Home | 122,700 | - | 122,700 |
| 20 51.22 | Recreation - Non Reimb | 7,505 | A/L | - | 7,505 | 7,505 |
| 20 5L.03 | Other - SNF | 108,920 | Nursing Home | 108,920 | - | 108,920 |
| 20 5L.10 | Other - Sqft | 76,586 | Sqft | 53,961 | 22,625 | 76,586 |
| 20 5L.15 | Other - Salary % | - | Payroll | - | - | - |

| Jewish Senior Ser | vices | | | | | |
|-------------------|----------------------------------------------|--------------|--------------|-----------------|------------|--------------|
| ALLOCATION SEC | TION | | | | | |
| Cost Year 2021 | | | | ΤΟΤΑ | \L | |
| | | INPUT | | ALLOCATED A | MOUNTS | |
| ACCOUNT | | Total | ALLOCATION | Skilled Nursing | A/L | |
| NUMBER | ACCOUNT NAME | AMOUNT | BASIS | Facility | Unit | <u>TOTAL</u> |
| | | | | | | |
| 20 5L.22 | Other - Non Reimbursible | 1,821 | A/L | - | 1,821 | 1,821 |
| 20 5L.33 | Other - Accum Costs | - | Accum Costs | - | - | - |
| 22 6A.02 | Repairs and Maintenance - Sqft | 352,696 | Sqft | 248,502 | 104,194 | 352,696 |
| 22 6A.22 | Repairs and Maintenance - Non Reimb | 832 | A/L | - | 832 | 832 |
| 22 6B.33 | Heat - Sqft | 204,275 | Sqft | 143,928 | 60,347 | 204,275 |
| 22 6C.33 | Light & Power - Sqft | 853,687 | Sqft | 601,489 | 252,198 | 853,687 |
| 22 6D.33 | Water | 37,415 | Sqft | 26,362 | 11,053 | 37,415 |
| 22 6E.33 | Equipment Lease - Sqft | 92,964 | Sqft | 65,500 | 27,464 | 92,964 |
| 22 6F.02 | Other - Sqft | 410,194 | Sqft | 289,014 | 121,180 | 410,194 |
| 22 7B.10 | Building & Building Improvements - Sqft | 3,356,329 | Sqft | 2,364,796 | 991,533 | 3,356,329 |
| 22 7B.22 | Building & Building Improvements - Non Reimb | - | A/L | - | - | - |
| 22 7C.10 | Non-movable Equipment - Sqft | 131,587 | Sqft | 92,713 | 38,874 | 131,587 |
| 22 7D.10 | Movable Equipment - Sqft | 387,750 | Sqft | 273,200 | 114,550 | 387,750 |
| 22 8B.33 | Mortgage Expense - Sqft | 42,151 | Sqft | 29,699 | 12,452 | 42,151 |
| 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 |
| 22 10C | Personal property taxes - Non Reimb | - | A/L | - | - | - |
| 26 12A1 | First Mortgage | 2,047,472 | Sqft | 1,442,604 | 604,868 | 2,047,472 |
| 26 12A2 | Second Mortgage | - | Sqft | - | - | - |
| 26 12B5.10 | Other- SNF | - | Nursing Home | - | - | - |
| 27 12D.10 | Other Interest Expense - Sqft | 5,519 | Sqft | 3,889 | 1,630 | 5,519 |
| 27 12C2 | Other | - | | - | - | - |
| 27 14A.10 | Insurance on Property - Sqft | 90,428 | Sqft | 63,714 | 26,714 | 90,428 |
| 27 14A.22 | Insurance on Property - Non Reimb | 9,269 | A/L | - | 9,269 | 9,269 |
| 27 14B | Insurance of Automobiles | 18,320 | Sqft | 12,908 | 5,412 | 18,320 |
| 27 14C1 | Umbrella | 469,395 | Sqft | 330,725 | 138,670 | 469,395 |
| 27 14C3.10 | Other - SNF | 11,252 | Nursing Home | 11,252 | - | 11,252 |
| 27 14C3.42 | Other - Accum Costs | 23,519 | Accum Costs | 16,242 | 7,277 | 23,519 |
| • | | · · · · | | - | - | - |
| | | 60,109,145 | j | 41,511,065 | 18,598,083 | 60,109,145 |
| | | | | | | |
| | | | | (4,913,126) | 4,195,749 | (717,380) |
| | Reconcilation to Cost Report | (717,380.00) | | 41,511,065 | 18,598,083 | |
| | Cost Report Total | 717,380.00 | | 41,511,065 | 18,598,083 | |
| | | - | Immaterial | - | - | |

State of Connecticut Annual Report of Long-Term Care Facility CSP-6 Rev. 9/2002

General Information and Questionnaire Leases (Excluding Real Property)

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

| Name of Facility | | | License No. | Report for Y | Year Ended | | Page | of |
|-------------------------------------------------------------------------|----------|----------|---------------------------------|--------------------------|------------|-----------|--------|-----|
| Jewish Home for the Elderly of Fairfield Con | unty, In | c. d/b/a | 923-С | 9/30/2021 | - | | 6 | 37 |
| | Relate | ed * to | | | | | | |
| | Own | ners, | | | | | | |
| | - | ators, | | | | Annual | | |
| | | icers | | Date of | Term of | Amount | Amount | |
| Name and Address of Lessor | Yes | No | Description of Items Leased | Lease** | Lease | of Lease | Clai | med |
| Paul Miller Nissan, LLC, 930 Kings Highway East, Fairfield, CT 06825 | 0 | \odot | Automobile | 01/22/20 | 36 months | 3,783 | 2,665 | |
| Canon Solutions America, One Canon Park, Melville, NY 11747 | 0 | ۲ | Copiers | 07/01/17 | 63 months | 59,064 | 41,615 | |
| Canon Solutions America, One Canon Park, Melville, NY 11747 | 0 | ۲ | Copiers | 01/02/18 | 60 months | 4,608 | 3,247 | |
| Canon Solutions America, One Canon Park, Melville, NY 11747 | 0 | ۲ | Copiers (2 separate agreements) | 5/3/2016 & 5/24/2016 | 60 months | 20,303 | 14,305 | |
| Canon Solutions America, One Canon Park, Melville, NY 11747 | 0 | ۲ | Copiers (2 separate agreements) | 11/1/2016 & 9/12/2016 | 60 months | 322 | 227 | |
| Canon Solutions America, One Canon Park, Melville, NY 11747 | 0 | ۲ | Copiers | 07/22/16 | 58 months | 276 | 194 | |
| Canon Solutions America, One Canon Park, Melville, NY 11747 | 0 | ۲ | Copiers (2 separate agreements) | 10/15/19 | 60 months | 4,608 | 3,247 | |
| | 0 | ۲ | | | | | | |
| | 0 | ۲ | | | | | | |
| | 0 | ۲ | | | | | | |
| Is a Mileage Log Book Maintained for All L | eased V | ehicles | ? • Yes | 0 | No | Total *** | 65,500 | |

* 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.

| | | | | | 70.4578% |
|----------------------------------------------------------------|---------------------------------|-----------------------|-----------|----------------------|----------------------|
| Name and Address of Lessor | Description | Dateof Lease | Term | <u>Total Expense</u> | ALLOCATED |
| Paul Miller Nissan, LLC, 930 Kings Highway East, Fairfield, | | 1/22/2020 | | | A 44 - |
| CT 06825 | Automobile | 1/22/2020 | 36 months | 3,783 | 2,665 |
| Canon Solutions America, One Canon Park, Melville, NY 11747 | Copiers | 7/1/2017 | 63 months | 59,064 | 41,615 |
| Canon Solutions America, One Canon Park, Melville, NY 11747 | Copiers | 1/2/2018 | 60 months | 4,608 | 3,247 |
| Canon Solutions America, One Canon Park, Melville, NY | | | | 20.202 | 14 205 |
| 11747 Canon Solutions America, One Canon Park, Melville, NY | Copiers (2 separate agreements) | 5/3/2016 & 5/24/2016 | 60 months | 20,303 | 14,305 |
| 11747 | Copiers (2 separate agreements) | 11/1/2016 & 9/12/2016 | 60 months | 322 | 227 |
| Canon Solutions America, One Canon Park, Melville, NY 11747 | Copiers | 7/22/2016 | 58 months | 276 | 194 |
| Canon Solutions America, One Canon Park, Melville, NY | | 10/17/0010 | | | |
| 11747 | Copiers (2 separate agreements) | 10/15/2019 | 60 months | 4,608 | 3,247 |
| | | | | 92,964 | 65,500 |

A.022

General Information and Questionnaire Accounting Basis

| Name of Facility | License No. | Report for Year Ended | 1 | Page of |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------|------------------|
| Jewish Home for the Elderly of Fai | 923-С | 9/30/2021 | | 7 37 |
| The records of this facility for the p | period covered by this rep | ort were maintained on the following basis: | | |
| | Modified Cash | | | |
| Is the accounting basis for this | | | | |
| period the same as for the \odot | Yes | If "No," explain. | | |
| previous period? O | No | | | |
| | | | | |
| Independent Accounting Firm | | | | |
| Name of Accounting Firm | | Address (No. & Street, City, State, Zip Code) | 1 | |
| 1 Marcum LLP | | 555 Long Wharf Drive, New Haven, CT | 06511 | |
| 2 CliftonLarsonAllen LLP | | 29 South Main Street, West Hartford, CT | 06127 | |
| 3 | | | | |
| 4 | | | | |
| Services Provided by This Firm (des | scribe fully) | | | |
| 1 Annual FS audit, Medicaid and Medic | care cost reporting | | \$ | 83,522 |
| 2 Annual FS audit, Medicaid and Medic | care cost reporting, 990 prep, b | penefit plan audits | \$ | 19,060 |
| 3 | | <u>^</u> | \$ | |
| 4 | | | \$ | |
| | | | * | ervices Provided |
| | | | - | |
| | | | \$ | 102,582 |
| And These Changes Deflected in the Europe | litera Dantian of This Dan ant? | If Van Sansify European Classification and Line Ma | | |
| | | If Yes, Specify Expense Classification and Line No. | | |
| • Yes O No | diture Portion of This Report? Page 15, line 1d | If Yes, Specify Expense Classification and Line No. | | |
| ⊙ Yes O No Legal Services Information | Page 15, line 1d | If Yes, Specify Expense Classification and Line No. | Telephone N1 | ımher |
| • Yes O No Legal Services Information Name of Legal Firm or Independent | Page 15, line 1d | If Yes, Specify Expense Classification and Line No. | Telephone Nu See attached | ımber |
| • Yes O No Legal Services Information Name of Legal Firm or Independent 1 See attached | Page 15, line 1d | If Yes, Specify Expense Classification and Line No. | Telephone Nu See attached | umber |
| • Yes O No Legal Services Information Name of Legal Firm or Independent 1 See attached 2 | Page 15, line 1d | If Yes, Specify Expense Classification and Line No. | | ımber |
| Yes No Legal Services Information Name of Legal Firm or Independent See attached 3 | Page 15, line 1d | If Yes, Specify Expense Classification and Line No. | | umber |
| Yes No Legal Services Information Name of Legal Firm or Independent See attached 3 4 | Page 15, line 1d | If Yes, Specify Expense Classification and Line No. | | umber |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 | Page 15, line 1d t Attorney | If Yes, Specify Expense Classification and Line No. | | ımber |
| Yes No Legal Services Information Name of Legal Firm or Independent See attached 3 4 | Page 15, line 1d t Attorney | If Yes, Specify Expense Classification and Line No. | | ımber |
| ⊙ Yes O No Legal Services Information Name of Legal Firm or Independent 1 See attached 2 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached | Page 15, line 1d t Attorney | If Yes, Specify Expense Classification and Line No. | | ımber |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 | Page 15, line 1d t Attorney | If Yes, Specify Expense Classification and Line No. | | umber |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 | Page 15, line 1d t Attorney | If Yes, Specify Expense Classification and Line No. | | umber |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 | Page 15, line 1d t Attorney | If Yes, Specify Expense Classification and Line No. | | umber |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 4 | Page 15, line 1d t Attorney Zip Code) | If Yes, Specify Expense Classification and Line No. | | ımber |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 4 5 | Page 15, line 1d t Attorney Zip Code) | If Yes, Specify Expense Classification and Line No. | | umber 57,964 |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 4 5 Services Provided by This Firm (<i>destricted by This Firm (destricted by This Firm (dest</i> | Page 15, line 1d t Attorney Zip Code) | If Yes, Specify Expense Classification and Line No. | See attached | |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 4 5 Services Provided by This Firm (<i>det</i>) 1 See attached | Page 15, line 1d t Attorney Zip Code) | If Yes, Specify Expense Classification and Line No. | See attached | |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 4 5 Services Provided by This Firm (<i>det</i>) 1 See attached 2 3 | Page 15, line 1d t Attorney Zip Code) | If Yes, Specify Expense Classification and Line No. | See attached | |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 4 5 Services Provided by This Firm (<i>dex</i> 1 See attached 2 | Page 15, line 1d t Attorney Zip Code) | If Yes, Specify Expense Classification and Line No. | See attached | |
| ⊙ Yes O No Legal Services Information Name of Legal Firm or Independent 1 See attached 2 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 4 5 Services Provided by This Firm (<i>dex</i> 1 See attached 2 3 4 4 | Page 15, line 1d t Attorney Zip Code) | If Yes, Specify Expense Classification and Line No. | See attached See attached S S S S S S S S S S S S S S S S S S S | 57,964 |
| ⊙ Yes O No Legal Services Information Name of Legal Firm or Independent 1 See attached 2 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 4 5 Services Provided by This Firm (<i>dex</i> 1 See attached 2 3 4 4 | Page 15, line 1d t Attorney Zip Code) | If Yes, Specify Expense Classification and Line No. | See attached | 57,964 |
| ♥ Yes O No Legal Services Information Name of Legal Firm or Independent 1 See attached 2 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 4 5 Services Provided by This Firm (<i>dex</i>) 1 See attached 2 3 4 5 5 | Page 15, line 1d t Attorney Zip Code) scribe fully) | | See attached See attached S S S S S S S S S S S S S S S S S S S | 57,964 |
| Yes O No Legal Services Information Name of Legal Firm or Independent See attached 3 4 5 Address (<i>No. & Street, City, State, 2</i> 1 See attached 2 3 4 5 Services Provided by This Firm (<i>dex</i>) 1 See attached 2 3 4 5 Are These Charges Reflected in the Expendence | Page 15, line 1d t Attorney Zip Code) scribe fully) | If Yes, Specify Expense Classification and Line No. | See attached | 57,964 |

Jewish Senior Services Page 7 Attachment - Legal / Accounting Breakout FYE 9/30/2021

| | | | | | | | A.022 69.0595% | | |
|--------------------------|--------------------------------|--------------|----------------------|-----------------------------|-----------|------------|--------------------------|-----------|------------|
| | | | | | | | | ALLOCATED | |
| Law Firm | Address | Phone Number | Total Expense | Description | Allowable | Disallowed | Amount | Allowable | Disallowed |
| | One Century Tower, New Haven, | | | | | | | | |
| Wiggin & Dana | CT 06508 | 203-498-4384 | 51,868 | General legal / collections | 11,560 | 40,308 | 35,819 | 7,983 | 27,837 |
| Goldman, Gruder & Woods, | 200 Connecticut Avenue, | | | General legal / Medicaid | | | | | |
| LLC | Norwalk, CT 06854 | 203-899-8900 | 4,695 | eligbility | 4,695 | | 3,242 | 3,242 | - |
| | 1115 Broad Street, Bridgeport, | | | | | | | | |
| Cohen and Wolf | CT 06604 | 203-368-0211 | 208 | Attention to trademarks | | 208 | 144 | - | 144 |
| Sheriff | | | 108 | Probate | | 108 | 75 | - | 75 |
| Treasurer, State of CT | | | 518 | Probate | | 518 | 358 | - | 358 |
| | 200 Park Avenue, New York, | | | Review of deferred | | | | | |
| Greenberg Trauig | NY 10166 | 212-801-9200 | 4,640 | compensation options | | 4,640 | 3,204 | - | 3,204 |
| | 265 Church Street. New Haven, | | | | | | | | |
| Shipman & Goodwin | CT 06510 | 203-836-2801 | 3,197 | Review of bond issues | | 3,197 | 2,208 | - | 2,208 |
| - | 82 Hopmeadow Street #210, | | | | | | | | |
| Litchfield Cavo LLP | Weatogue, CT 06089 | 860-413-2800 | 18,700 | Pending cases - ongoing | 18,700 | - | 12,914 | 12,914 | - |
| | | | 83,934 | | 34,955 | 48,979 | 57,964 | 24,139 | 33,826 |

| | | | | | | | ALLOCATED | |
|-----------------|----------------------------|-----------|-------------|-----------|------------|---------|-----------|------------|
| Accounting Firm | Address | 7005-7250 | Description | Allowable | Disallowed | Amount | Allowable | Disallowed |
| | 555 Long Wharf Drive, New | | | | | | | |
| Marcum LLP | Haven, CT 06511 | 120,942 | | 120,942 | | 83,522 | 83,522 | - |
| | 29 South Main Street, West | | | | | | | |
| CLA | Hartford, CT 06127 | 27,600 | | 27,600 | | 19,060 | 19,060 | |
| | | 148,542 | | 148,542 | - | 102,582 | 102,582 | - |
| | | | | | | | | |

Schedule of Resident Statistics

| Name of Facility | | | License N | No. | | | Report fo | or Year Ende | ed | | Page | of | |
|--------------------------------------------------------------------------------------------------------------|--------------------------------|---------------|-----------|-----------|--------|--------|---------------------|--------------|--------|------------|---------------|-----------|--|
| Jewish Home for the Elderly of Fairfield County, Inc | c. d/b/a Jewish Senic 923-C 9/ | | | | | | 9/30/2021 | | | | 8 | 37 | |
| | | Period 10/1 T | | | | | /1 Thru 6/30 Period | | | Period 7/1 | 7/1 Thru 9/30 | | |
| | | Total | Total | | | | | | | | | | |
| | Total All | CCNH | RHNS | Total | | | | | | | | | |
| | Levels | Level | Level | (Specify) | Total | CCNH | RHNS | (Specify) | Total | CCNH | RHNS | (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 | 239 | 239 | | | 239 | 239 | | | | | | | |
| B. As of midnight of THIS report period | 248 | 248 | | | | | | | 248 | 248 | | | |
| 3. Total Number of Days Care Provided During Period | | | | | | | | | | | | | |
| A. Medicare | 5,755 | 5,755 | | | 4,361 | 4,361 | | | 1,394 | 1,394 | | | |
| B. Medicaid (Conn.) | 65,546 | 65,546 | | | 48,173 | 48,173 | | | 17,373 | 17,373 | | | |
| C. Medicaid (other states) | | | | | | | | | | | | | |
| D. Private Pay | 16,895 | 16,895 | | | 12,490 | 12,490 | | | 4,405 | 4,405 | | | |
| E. State SSI for RCH | | | | | | | | | | | | | |
| F. Other (Specify) Managed Care / Insurance | 4,767 | 4,767 | | | 3,510 | 3,510 | | | 1,257 | 1,257 | | | |
| G. Total Care Days During Period (3A thru F) | 92,963 | 92,963 | | | 68,534 | 68,534 | | | 24,429 | 24,429 | | | |
| Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds | | | | | | | | | | | | | |
| A. Medicaid Bed Reserve Days | 62 | 62 | | | 41 | 41 | | | 21 | 21 | | | |
| B. Other Bed Reserve Days | 45 | 45 | | | 33 | 33 | | | 12 | 12 | | | |
| 5. Total Resident Days (3G + 4A + 4B) | 93,070 | 93,070 | | | 68,608 | 68,608 | | | 24,462 | 24,462 | | | |

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

Schedule of Resident Statistics

| Name | of Facility | License No. | Report for Year Ended | Page | of |
|--------|-------------------------------------------------------------|------------------|-----------------------|------------------|-----------------|
| Jewish | Home for the Elderly of Fairfield County, Inc. d/b/a Jewish | | | | |
| Senior | Services | 923-C | 9/30/2021 | 8a | 37 |
| | | | | | |
| | | | | | |
| | | Total All Levels | Total CCNH Level | Total RHNS Level | Total (Specify) |
| 1. | Certified Bed Capacity | | | | |
| | A. On last day of PREVIOUS report period | 294 | 294 | | |
| | B. On last day of THIS report period | 294 | 294 | | |
| 2. | Number of Residents | | | | |
| | A. As of midnight of PREVIOUS report period | 252 | 252 | | |
| | B. As of midnight of THIS report period | 277 | 277 | | |
| 3. | Total Number of Days Care Provided During Period | | | | |
| | A. Medicare | 8,069 | 8,069 | | |
| | B. Medicaid (Conn.) | 65,896 | 65,896 | | |
| | C. Medicaid (other states) | 0 | 0 | | |
| | D. Private Pay | 17,063 | 17,063 | | |
| | E. State SSI for RCH | 0 | 0 | | |
| | F. Other (Specify) | 6,159 | 6,159 | | |
| | G. Total Care Days During Period (3A thru F) | 97,187 | 97,187 | | |
| 4 | Total Number of Days Not Included in Figures in 3G for | | | | |
| 4. | Which Revenue Was Received for Reserved Beds | | | | |
| | A. Medicaid Bed Reserve Days | 62 | 62 | | |
| | B. Other Bed Reserve Days | 45 | 45 | | |
| 5. | Total Resident Days (3G + 4A + 4B) | 97,294 | 97,294 | | |

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

| | | | Scl | hed | ule of | Re | side | nt S | tatis | stics (O | Cont'd |) | | |
|----------------------|-------------------------------------------------------|------------|----------------------------------------|--------|------------|---------|----------|------------|-----------|-------------------|------------------|-------------------------|-----------|-------------|
| Name of Faci | lity | | | Licer | nse No. | | | | Report | t for Year | Ended | | Page | of |
| | • | Elderly | of Fairfield Cour | 9 | 23-С | | | | | 9/30/202 | 1 | | 9 | 37 |
| | | - | in the certified b llowing informat | - | pacity dur | ring tł | ne repoi | rt yeaı | ? | 0 | Yes | ٥ | No | |
| | <u> </u> | | f Change | | Cl | ange | in Bed | c. | | Ca | pacity Afte | er Change | | |
| Date of | | RHNS | | | | lange | | | 1 | Ca | paeny An | | | |
| Date of | CUNH | кпиз | (specify) | | Lost | | , | Gaine I | u | - | | | | |
| Change | (1) (2) (3) (1) (2) (3) (1) (2) (3) CCNH RHNS (Specif | | | | | | | | (Specify) | Reason f | or Change | | | |
| | | | | | | | | | (speeny) | Reason for Change | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | - | - | in certified bed c 90 days followin | - | - | the re | eport ye | ar (as | reporte | ed in item | 4 above) p | provide the num | ber of | |
| | | | Change in Ro | esider | t Days | | | | | СС | NH | RHNS | (Spe | ecify) |
| 1st chang | 2 | | - | | | | | | | | | | | |
| 2nd char | <u> </u> | | | | | | | | | | | | | |
| 3rd chan 4th chan | | | | | | | | | | | | | | |
| | | lents an | d Rates on Septe | mher | 30 of Cos | st Yea | r | | | | | | | |
| 0. 11000 | 01 100510 | active att | Medicare | | Medie | | | | | Se | lf-Pay | | Other Sta | te Assisted |
| | | | - | | | | | | | | j | | | |
| | | | | | | | | | | | | | | |
| | Item | | CCNH | C | CNH | RI | HNS | CO | CNH | RI | INS | (Specify) | R.C.H. | ICF-MR |
| No. of R | esidents | | 18 | | 186 | | | | 44 | | | · • • · · | | |
| Per Dien | | | | | | | | | | | | | | |
| a. One b | | | Various | | 361.80 | | | | 604.00 | | | | | |
| b. Two l | | | | | | | | | | | | | | |
| c. Three | | e | | | | | | | | | | | | |
| bed r | ms. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 7. Total Nu | mber of | Physic: | al Therapy Treat | ments | | | | | | ТО | TAL | CCNH | RHNS | (Specify) |
| | | are - Par | | | | | | | | | 11,896 | 11,896 | | <i>1/</i> |
| B. | | | lusive of Part B) | | | | | | | | | | | |
| | | | e Treatments | | | | | | | | | | | |
| C | | torative | Treatments | | | | | | | | 20.001 | 20.001 | | |
| | Other Total H | Physical | Therapy Treatn | 1ents | | | | | | | 39,901 51,797 | <u>39,901</u> 51,797 | | |
| | | | Therapy Treatm | | | | | | | | 51,797 | 51,777 | | |
| | | are - Par | | | | | | | | | 862 | 862 | | |
| B. | | | lusive of Part B) | | | | | | | | | | | |
| | | | e Treatments | | | | | | | | | | | |
| | | torative | Treatments | | | | | | | | | | | |
| | Other | naaah 7 | Therapy Treatme | nte | | | | | | | 3,655 | 3,655 | | |
| | | | ational Therapy | | nents | | | | | | 4,517 | 4,517 | | |
| | | are - Par | | ITCath | lents | | | | | | 6,094 | 6,094 | | |
| | | | lusive of Part B) | | | | | | | | 0,071 | | | |
| | | | e Treatments | | | | | | | | | | | |
| | | torative | Treatments | | | | | | | | | | | |
| | Other | <u> </u> | | | | | | | | | 33,369 | 33,369 | | |
| D. | Total C | Iccupat | ional Therapy T | reatm | ents | | | | | | 39,463 | 39,463 | | |

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

Report of Expenditures - Salaries & Wages

| Name of Facility | License No. | ~ | Report for Yea | | Page | of |
|----------------------------------------------------------------|----------------------|-------------------------|----------------|-----------|-----------|-------|
| Jewish Home for the Elderly of Fairfield County, Inc. d/b/a J | 923-C | | 9/30/2021 | | 10 | 37 |
| Are time records maintained by all individuals receiving con | pensation? | O | Yes | 0 | No | |
| , , | 1 | | Total Cost a | und Hours | | |
| | | | Total Cost t | | | |
| | | | | | | |
| Item | CCNH | Hours | RHNS | Hours | (Specify) | Hours |
| A. Salaries and Wages* | | | | | | |
| 1. Operators/Owners (Complete also Sec. I of Schedule A1) | | | | | | |
| 2. Administrator(s) (Complete also Sec. III | | | | | | |
| of Schedule A1) | 633,477 | 2,080 | | | | |
| 3. Assistant Administrator (Complete also Sec. IV | | | | | | |
| of Schedule A1) | 222,200 | 1,875 | | | | |
| 4. Other Administrative Salaries (telephone | | | | | | |
| operator, clerks, receptionists, etc.) | 1,474,954 | 48,211 | | | | |
| Dietary Service a. Head Dietitian | | | | | | |
| b. Food Service Supervisor | | | | | | |
| c. Dietary Workers | 1,468,827 | 86,042 | | | | |
| 6. Housekeeping Service | | | | | | |
| a. Head Housekeeper b. Other Housekeeping Workers | 786,655 | 45,042 | | | | |
| 7. Repairs & Maintenance Services | 780,033 | 43,042 | | | | |
| a. Engineer or Chief of Maintenance | | | | | | |
| b. Other Maintenance Workers | 228,828 | 9,526 | | | | |
| 8. Laundry Service | | | | | | |
| a. Supervisor | | | | | | |
| b. Other Laundry Workers 9. Barber and Beautician Services | 279,825 | 17,749 | | | | |
| 10. Protective Services | 107,466 | 5,429 | | | | |
| 11. Accounting Services | 107,400 | 5,425 | | | | |
| a. Head Accountant | 166,779 | 1,436 | | | | |
| b. Other Accountants | 272,389 | 7,800 | | | | |
| 12. Professional Care of Residents | | | | | | |
| a. Directors and Assistant Director of Nurses | 184,947 | 3,065 | | | | |
| b. RN | 2 711 254 | 62 021 | | | | |
| 1. Direct Care 2. Administrative** | 2,711,354 942,156 | <u>63,831</u> 23,802 | | | | |
| c. LPN | 512,150 | 25,002 | | | | |
| 1. Direct Care | 3,518,740 | 102,811 | | | | |
| 2. Administrative** | | | | | | |
| d. Aides and Attendants | 6,369,427 | 311,513 | | | - | |
| e. Physical Therapists f. Speech Therapists | 912,089 198,336 | 23,207 3,825 | | | | |
| g. Occupational Therapists | 655,373 | 15,010 | | | | |
| h. Recreation Workers | 543,646 | 24,222 | | | | |
| i. Physicians | | | | | | |
| 1. Medical Director | | | | | | |
| 2. Utilization Review 3. Resident Care*** | + + | | | | | |
| 4. Other (Specify) | | | | | | |
| T. Other (Speerly) | | | | | | |
| j. Dentists | | | | | | |
| k. Pharmacists | | | | | | |
| 1. Podiatrists | | | | ļ | | ļ |
| m. Social Workers/Case Management | 268,083 | 9,235 | | | | ļ |
| n. Marketing o. Other (Specify) | | | | | | |
| See Attached Schedule | 622,644 | 32,250 | | | | |
| A-13. Total Salary Expenditures | 22,568,195 | 837,961 | | 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 on Page 28.

Schedule of Other Salaries and Wages (Page 10)

| CC | NH | RF | INS | (Specify) | | |
|------------|-------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| \$ | Hours | \$ | Hours | \$ | Hours | |
| - | | | | - | | |
| \$ 335,157 | 19,446 | | | | | |
| 112,359 | 2,943 | | | | | |
| 138,896 | 9,015 | | | | | |
| 36,232 | 846 | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| \$ 622.644 | 32 250 | \$ - | _ | \$ - | - | |
| | \$ 335,157 112,359 138,896 | \$ 335,157 19,446 112,359 2,943 138,896 9,015 36,232 846 | \$ Hours \$ \$ 335,157 19,446 112,359 2,943 112,359 2,943 138,896 9,015 36,232 846 1000000000000000000000000000000000000 | \$ Hours \$ Hours \$ 335,157 19,446 | \$ Hours \$ Hours \$ \$ 335,157 19,446 - - \$ 335,157 19,446 - - 112,359 2,943 - - 138,896 9,015 - - 36,232 846 - - 36,232 846 - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - <t< td=""></t<> | |

Schedule of Other Fees (Page 13)

| | | CCI | NH | RH | NS | (Specify) | | |
|-------------------------------------|------|------|----------|-----|-------|-----------|-------|--|
| Service | \$ | | Hours | \$ | Hours | \$ | Hours | |
| | | - | | | | - | | |
| Medicare office visit (Disallowed) | \$ | 127 | No hours | | | | | |
| Medicare office visits (Disallowed) | 5 | ,291 | No hours | | | | | |
| Pastoral care | 1 | ,800 | 15 | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| Total | \$ 7 | ,218 | 15 | \$- | - | \$ - | - | |

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

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

| Assistant Administrators and | nd Other Related Parties* |
|------------------------------|---------------------------|
|------------------------------|---------------------------|

| | | | | | | 1 | | | _ | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|--------------|------------------|---------------------|-----------|------------|-------------------------|--------|--------------|
| Name of Facility | | | | License No. | | - | Year Ended | | Page | of |
| Jewish Home for the Elderly of Fair | field Count | ty, Inc. d/b/a | Jewish Senio | 923-С | | 9/30/2021 | | | 11 | 37 |
| | | Salary Pai | d | Fringe Benefits | | | | | | |
| | | | | and/or Other | | Total | Line Where | | Total | |
| | CONT | DIDIG | | Payments | Full Description of | Hours | Claimed on | Name and Address of All | Hours | Compensation |
| Name | CCNH | RHNS | (Specify) | (describe fully) | Services Rendered | Worked | Page 10 | Other Employment** | Worked | Received |
| Section I - Operators/Owners | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12). | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

** Include all employment worked during the cost year.

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

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

| Assistant Administrators and | d Other Related Parties* |
|------------------------------|--------------------------|
|------------------------------|--------------------------|

| Name of Facility (as licensed) | | | | License No. | | Report for Y | ear Ended | | Page | of |
|------------------------------------------|--------------|--------------|---------------|-----------------------------------------------------------------|------------------------------------------|-----------------------|-------------------------------------|-----------------------------------------------|--------------------------|--------------------------|
| Jewish Home for the Elderly of Fa | irfield Coun | ty, Inc. d/b | /a Jewish Ser | | | 9/30/2021 | | | 12 | 37 |
| <u>,</u> | | Salary Pai | | | | | | | | |
| Name | CCNH | RHNS | (Specify) | Fringe Benefits and/or Other Payments (describe fully) | Full Description of Services Rendered | Total Hours Worked | Line Where Claimed on Page 10 | Name and Address of All Other Employment** | Total Hours Worked | Compensation Received |
| Section III - Administrators*** | | | | | | | | | | |
| Andrew Banoff | 633,477 | | | Auto allowance included in salary | Administrator / CEO / BOD | 2,080 | A2 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Section IV - Assistant Administrators | | | | | | | | | | |
| Larry Condon | 222,200 | | | Non- discriminatory | Asst. Administrator | 1,875 | A3 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

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

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

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

B. Report of Expenditures - Professional Fees License No. Report for Year Ended Name of Facility Page of 9/30/2021 Jewish Home for the Elderly of Fairfield County, In-923-C 13 37 Total Cost and Hours RHNS Item CCNH Hours Hours (Specify) Hours *B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1) 1. Dietitian 2. Dentist 30,986 172 3. Pharmacist 17,869 323 4. Podiatrist 4,200 86 5. Physical Therapy a. Resident Care 72,495 900 b. Other 6. Social Worker 7. Recreation Worker 8. Physicians a. Medical Director (entire facility) 27.961 180 b. Utilization Review (Title 18 and 19 only) monthly meeting c. Resident Care** d. Administrative Services facility 1. Infection Control Committee (Quarterly meetings) 2. Pharmaceutical Committee (Quarterly meetings) 3. Staff Development Committee (Once annually) e. Other (Specify) Psychiatric (Disallowed) 16,942 450 9. Speech Therapist a. Resident Care b. Other 10. Occupational Therapist a. Resident Care b. Other 11. Nurses and aides and attendants a. RN 1. Direct Care 25,094 415 2. Administrative*** b. LPN 1. Direct Care 66,180 1,213 2. Administrative*** c. Aides 93,763 3,531 d. Other 12. Other (Specify) See Attached Schedule 7,218 15 **B-13** Total Fees Paid in Lieu of Salaries 362,708 7,285

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

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

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

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

| Name of Facility | License No. | | Report for | Year Ended | Page | of | | |
|-------------------------------------------------------------------------------------|-----------------------------|---------|----------------------------------------------|------------|-----------------------------|----|--|--|
| Jewish Home for the Elderly of Fairfield Co | unty, Inc. d/ 923-C | | 9/30/2021 | | 14 | 37 | | |
| Name & Address of Individual | Full Explanation of Service | Operato | Related** to Owners,Operators, OfficersYesNo | | Explanation of Relationship | | | |
| 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 | ۲ | N/A | | | | |
| Northeast Medical Group, 55 Holly Hill Ln, Greenwich, CT 06830 | Podiatrist | 0 | ۲ | N/A | | | | |
| Summit Healthcare LLC, 24 Silver Ridge Common, Weston, CT 06883 | Medical Director | 0 | ۲ | N/A | | | | |
| Joseph Fickes, M.D., 51 Merwins Ln, Fairfield, CT 06824 | Psychiatric | 0 | ۲ | N/A | | | | |
| JP American Staffing, 1825 Barnum Ave, Stratford, CT 06614 | RN. LPN and Aides | 0 | ۲ | N/A | | | | |
| Dependable Nursing | RN. LPN and Aides | 0 | ۲ | N/A | | | | |
| AAA Nursing Care, 3303 Main St, Stratford, CT 06614 | LPN and Aides | 0 | ۲ | N/A | | | | |
| Dr. Jeffrey Kerner, 95 Intrevale Rd, Stamford, CT 06905 | Medicare office visits | 0 | ۲ | N/A | | | | |
| Father Churchhill Penn, Saint Charles Parish, 391 Ogden St, Bridgeport, CT 06608 | Pastoral care | 0 | ۲ | N/A | | | | |
| Sacred Heart University, 5150 Park Ave, Fairfield, CT 06825 | Inpatient physical therapy | 0 | ۲ | N/A | | | | |
| | | 0 | ۲ | | | | | |
| | | 0 | ۲ | | | | | |
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| | | 0 | ۲ | | | | | |
| | | 0 | ۲ | | | | | |
| | | 0 | ۲ | | | | | |
| | | 0 | ۲ | | | | | |
| | | 0 | ۲ | | | | | |

* 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 | 9/30/2021 | | 15 | 37 |
| | | | - | |
| | | | | |
| Item | Total | CCNH | RHNS | (Specify) |
| 1. Administrative and General | | | | |
| a. Employee Health & Welfare Benefits | | | | |
| 1. Workmen's Compensation | \$ 766,037 | 766,037 | | |
| 2. Disability Insurance | \$ 84,201 | 84,201 | | |
| 3. Unemployment Insurance | \$ 80,946 | 80,946 | | |
| 4. Social Security (F.I.C.A.) | \$ 1,430,581 | 1,430,581 | | |
| 5. Health Insurance | \$ 1,873,987 | 1,873,987 | | |
| 6. Life Insurance (employees only) | | | | |
| (not-owners and not-operators) | \$ 17,160 | 17,160 | | |
| 7. Pensions (Non-Discriminatory) | \$ 721,228 | 721,228 | | |
| (not-owners and not-operators) | | | | |
| 8. Uniform Allowance | \$ | | | |
| 9. Other (<i>Specify</i>) | \$ 1,783 | 1,783 | | |
| See Attached Schedule | | | | |
| b. Personal Retirement Plans, Pensions, and | \$ | | | |
| Profit Sharing Plans for Owners and | | | | |
| Operators (Discriminatory)* | | | | |
| | | | | |
| c. Bad Debts* | \$ 391,568 | 391,568 | | |
| d. Accounting and Auditing | \$ 102,582 | 102,582 | | |
| e. Legal (Services should be fully described on Page 7) | \$ 57,964 | 57,964 | | |
| f. Insurance on Lives of Owners and | \$ | | | |
| Operators (Specify)* | | | | |
| g. Office Supplies | \$ 74,093 | 74,093 | | |
| h. Telephone and Cellular Phones | | | | |
| 1. Telephone & Pagers | \$ 52,165 | 52,165 | | |
| 2. Cellular Phones | \$ 61,319 | 61,319 | | |
| i. Appraisal (Specify purpose and | \$ | | | |
| attach copy)* | | | | |
| | | | | |
| j. Corporation Business Taxes (franchise tax) | \$ | | | |
| k. Other Taxes (Not related to property - See Page 22) | | | | |
| 1. Income* | \$ | | | |
| 2. Other (<i>Specify</i>) | \$ | | | |
| See Attached Schedule | | | | |
| 3. Resident Day User Fee | \$ 1,340,109 | 1,340,109 | | |
| Subtotal | \$ 7,055,723 | 7,055,723 | | |

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

| Description | С | CNH | RHNS | (Specify) |
|------------------------------------|----|-------|------|-----------|
| | | - | | - |
| Tuition reimbursement (Disallowed) | \$ | 1,783 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | \$ | 1,783 | \$ - | \$ - |

Schedule of Other Taxes

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

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

| Name of Facility Licens | | Report for Y | Year Ended | Page | of |
|---------------------------------------------------------|--------------|--------------|------------|------|-----------|
| Jewish Home for the Elderly of Fairfield County, Inc. | 923-С | 9/30/2021 | | 16 | 37 |
| | | | | | |
| | | | | | |
| Item | | Total | CCNH | RHNS | (Specify) |
| Subtotals Brou | ght Forward: | 7,055,723 | 7,055,723 | | |
| 1. Travel and Entertainment | | | | | |
| 1. Resident Travel and Entertainment | \$ | | | | |
| 2. Holiday Parties for Staff | \$ | | | | |
| 3. Gifts to Staff and Residents | \$ | 81,877 | 81,877 | | |
| 4. Employee Travel | \$ | 3,296 | 3,296 | | |
| 5. Education Expenses Related to Seminars and Conv | rentions \$ | 60,467 | 60,467 | | |
| 6. Automobile Expense (not purchase or depreciation |) \$ | 22,784 | 22,784 | | |
| 7. Other (Specify) | \$ | | | | |
| See Attached Schedule | | | | | |
| m. Other Administrative and General Expenses | | | | | |
| 1. Advertising Help Wanted (all such expenses) | \$ | 11,944 | 11,944 | | |
| 2. Advertising Telephone Directory all such expenses |)*** \$ | | | | |
| 3. Advertising Other (Specify)*** | \$ | 42,976 | 42,976 | | |
| See Attached Schedule | | | | | |
| 4. Fund-Raising*** | \$ | 1,180 | 1,180 | | |
| 5. Medical Records | \$ | | | | |
| 6. Barber and Beauty Supplies (if this service is suppl | ied \$ | 7,009 | 7,009 | | |
| directly and not by contract or fee for service)*** | | | | | |
| 7. Postage | \$ | 17,933 | 17,933 | | |
| * 8. Dues and Membership Fees to Professional | \$ | 29,425 | 29,425 | | |
| Associations (Specify) | | | | | |
| See Attached Schedule | | | | | |
| 8a. Dues to Chamber of Commerce & Other Non-Allowable | e Org.*** \$ | | | | |
| 9. Subscriptions | \$ | 15,967 | 15,967 | | |
| 10. Contributions*** | \$ | | | | |
| See Attached Schedule | | | | | |
| 11. Services Provided by Contract Specify and Comple | ete \$ | 51,224 | 51,224 | | |
| Schedule C-2, Page 21 for each firm or individual) | | | | | |
| 12. Administrative Management Services** | \$ | | | | |
| 13. Other (Specify) | \$ | 1,041,189 | 1,041,189 | | |
| See Attached Schedule | | | | | |
| C-14 Total Administrative & General Expenditures | \$ | 8,442,994 | 8,442,994 | | |

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

| Description | CCNH | RHNS | (Specify) |
|---------------------------------|-----------|------|-----------|
| | - | | - |
| Marketing expenses (Disallowed) | \$ 42,976 | | |
| | | | |
| Total Other Advertising | \$ 42,976 | \$ - | \$ - |
| | | | |

Schedule of Dues

| Description | CCNH | RHNS | (Specify) |
|--------------------|-----------|------|-----------|
| | - | | - |
| CALTC (Disallowed) | \$ 691 | | |
| AJAS | 5,153 | | |
| Leading Age | 22,717 | | |
| CAHCF | 242 | | |
| Pastoral dues | 622 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Dues | \$ 29,425 | \$ - | \$ - |
| | | | |

Schedule of Contributions

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

Schedule of Other Administrative and General

| Description | CCNH | RHNS | (Specify) |
|-------------------------------------------------|--------------|------|-----------|
| | - | | - |
| Employee relations - Pre-employment screening | \$ 32,825 | | |
| Insurance consulting | 31,077 | | |
| Lobbying consulting (Disallowed) | 8,287 | | |
| HIPPA compliance & consulting | 14,844 | | |
| Compensation study & consulting (Disallowed) | 17,519 | | |
| New campus expansion | 7,136 | | |
| Medical insurance consulting | 18,991 | | |
| Executive job search consulting | 36,236 | | |
| Other consulting (Disallowed) | 572 | | |
| Employee relations - Recruitment fees | 6,842 | | |
| IT support expense | 119,800 | | |
| Finance / bank / credit cards fees (Disallowed) | 169,881 | | |
| Administration miscellaneous (Disallowed) | 274,645 | | |
| IT hardware | 30,062 | | |
| IT network expense | 54,641 | | |
| Software expense | 168,660 | | |
| D&O insurance | 49,005 | | |
| License fee | 166 | | |
| Total Other Administrative and General | \$ 1,041,189 | s - | s - |

| Name of Facility | License No. | Report for Year Ended | Page of |
|---------------------------------------------------------------------------------------|-------------|---------------------------------------|------------------------|
| Jewish Home for the Elderly of Fairfield | 923-С | 9/30/2021 | 17 37 |
| | Cost of | | Indicate Where Costs |
| Name & Address of Individual or | Management | Full Description of Mgmt. Service | are Included in Annual |
| Company Supplying Service | Service | Provided | Report Page #/Line # |
| Morrison Mgmt. Specialists, Inc 400 Northridge Rd. Suite 600, Atlanta, GA 30350 | 106,268 | Management Services - Dietary | Page 18 / Line 2c |
| Morrison Mgmt. Specialists, Inc 400 Northridge Rd. Suite 600, Atlanta, GA 30350 | 21,684 | Management Services - Laundry | Page 19 / Line 3c |
| Morrison Mgmt. Specialists, Inc 400 Northridge Rd. Suite 600, Atlanta, GA 30350 | 16,733 | Management Services - Housekeeping | Page 20 / Line 4c |
| | | | |
| | | | |
| | | | |

Schedule C-1 - Management Services*

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

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

| | | NO | te or | n Page 5) | | | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|----------------|-----------|-----------------------|--------------|
| Nan | e of Facility License No. Report for Year Ended | | | | Page of | | |
| Jew | ish Home for the Elderly of Fairfield County, In | nc. c | | 923-С | 9/30/2021 | | 18 37 |
| | Item | | | Total | CCNH | RHNS | (Specify) |
| 2. | Dietary | | | | | | |
| | a. In-House Preparation & Service | | | | | | |
| | 1. Raw Food | | \$ | 45,780 | 45,780 | | |
| | 2. Non-Food Supplies | | \$ | 13,367 | 13,367 | | |
| | 3. Other (<i>Specify</i>) | | \$ | | | | |
| | b. Purchased Services (by contract other | | \$ | 2,045,982 | 2,045,982 | | |
| | than through Management Services) (Complete Schedule C-2 att. Page 21) | | | | | | |
| | c. Other (<i>Specify</i>) | | \$ | 106,268 | 106,268 | | |
| | Management Services | | | | | | |
| 2D. | <i>Total Dietary Expenditures</i> (2a + b + c + d) | | \$ | 2,211,397 | 2,211,397 | | |
| | Dietary Questionnaire | | | Total | CCNH | RHNS | (Specify) |
| F. | Resident Meals: Total no. of meals served per | r day:* | * | | | | |
| G. | Is cost of employee meals included in 2D? | ΟY | les | \odot | No | | |
| H. | Did you receive revenue from employees? | • Y | les | 0 | No | If yes, specify amt. | |
| I. | Where is the revenue received reported in the | Cost | Report | ? (Page/Line] | Item) | | Not reported |
| J. | Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? | 0 1 | les | \odot | No | If yes, specify cost. | |
| K. | Is any revenue collected from these people? | • Y | les | 0 | No | If yes, specify amt. | |
| L. | Where is the revenue received reported in the | Cost | Report | ? (Page/Line] | Item) | | Not reported |
| M. | Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? | 0 1 | (es | ۲ | No | If yes, specify cost. | |
| N. | Is any revenue collected from employees? | 0 1 | les | ۲ | No | If yes, specify amt. | |
| О. | Where is the revenue received reported in the | Cost | Report | ? (Page/Line | Item) | | |
| | * | | - | | | | |

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

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

| Name of Facility | License | No. | Report for Y | ear Ended | Page of |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|--------------|--------------------------|-----------|
| Jewish Home for the Elderly of Fairfield County, Inc. d | 1/1 9 | 923-С | 9/30/2021 | | 19 37 |
| Item | | Total | CCNH | RHNS | (Specify) |
| Laundry In-House Processing* Bed linens, cubicle curtains, draperies, | Lbs. | | | | |
| gowns and other resident care items washed, ironed, and/or processed.*** | Amt. \$ | 12,602 | 12,602 | | |
| 2. Employee items including uniforms, gowns, etc. washed, ironed and/or | Lbs. | | | | |
| processed.*** | Amt. \$ | | | | |
| 3. Personal clothing of residents | Lbs. | | | | |
| washed, ironed, and/or processed.*** | Amt. \$ | | | | |
| 4. Repair and/or purchase of linens.*** | Lbs. | | | | |
| | Amt. \$ | 25,933 | 25,933 | | |
| b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) | \$ | 65,681 | 65,681 | | |
| c. Other (<i>Specify</i>) Management Services | \$ | 21,684 | 21,684 | | |
| 3D. <i>Total Laundry Expenditures</i> (3a + b + c) | \$ | 125,900 | 125,900 | | |
| 3E. Laundry QuestionnaireF. Is cost of employee laundry included in 3D? C |) Yes | ۲ | No | If yes, specify cost. | |
| G. Did you receive revenue from employees? C |) Yes | ۲ | No | If yes, specify amt. | |
| H. Where is the revenue received reported in the Cos | t Report? | | (Page/Line | Item) | |
| I. Is Cost of laundry provided to persons other than employees or residents included in 3D? |) Yes | ٥ | No | If yes, specify cost. | |
| J. Did you receive revenue from these people? C |) Yes | ۲ | No | If yes, specify amt. | |
| K. Where is the revenue received reported in the Cos | t Report? | | (Page/Line | Item) | |

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

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

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

| Name of Facility | | Repo | ort for Year E | nded | Page | of |
|------------------------------------------------|------------------|------|----------------|-----------|------|-----------|
| Jewish Home for the Elderly of Fairfield Count | 923-С | | 9/30/2021 | | 20 | 37 |
| | | | | | | |
| | | | | | | |
| Item | | | Total | CCNH | RHNS | (Specify) |
| 4. Housekeeping | Sq. Ft. Serviced | | | | | |
| a. In-House Care | by Personnel | | | | | |
| 1. Supplies - Cleaning (Mops, | Amt. | \$ | 30,851 | 30,851 | | |
| pails, brooms, etc.) | | | | | | |
| b. Purchased Services (by contract other | Sq. Ft. Serviced | | | | | |
| than through Management Services) | by Personnel | | | | | |
| (Complete Schedule C-2 att. | Amt. | \$ | 50,685 | 50,685 | | |
| Page 21) | | | | | | |
| C. Other (<i>Specify</i>) | | \$ | 16,733 | 16,733 | | |
| Management Services | | | | | | |
| 4D. Total Housekeeping Expenditures (4a + | b+c) | \$ | 98,269 | 98,269 | | |
| 5. Resident Care (Supplies)** | | | | | | |
| a. Prescription Drugs*** | | | | | | |
| 1. Own Pharmacy | | \$ | | | | |
| 2. Purchased from | | \$ | 358,940 | 358,940 | | |
| | | | | | | |
| b. Medicine Cabinet Drugs | | \$ | 3,968 | 3,968 | | |
| c. Medical and Therapeutic Supplies | | \$ | 777,825 | 777,825 | | |
| d. Ambulance/Limousine*** | | \$ | 11,783 | 11,783 | | |
| e. Oxygen | | | | | | |
| 1. For Emergency Use | | \$ | | | | |
| 2. Other*** | | \$ | 44,660 | 44,660 | | |
| f. X-rays and Related Radiological | | \$ | 37,205 | 37,205 | | |
| Procedures*** | | | | | | |
| g. Dental (Not dentists who should be inc | luded under | \$ | 11,807 | 11,807 | | |
| salaries or fees) | | | | | | |
| h. Laboratory*** | | \$ | 118,066 | 118,066 | | |
| i. Recreation | | \$ | 122,700 | 122,700 | | |
| j. Direct Management Services* | | \$ | | | | |
| k. Indirect Management Services* | | \$ | | | | |
| 1. Other (Specify)**** | | \$ | 162,881 | 162,881 | | |
| See Attached Schedule | | | | | | |
| 5M. Total Resident Care Expenditures (5a - 5 | 5j) | \$ | 1,649,835 | 1,649,835 | | |

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

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

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

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

Schedule of Other Resident Care

| Description | CCNH | RHNS | (Specify) |
|------------------------------------------------------|------------|------|-----------|
| | - | | - |
| Inpatient therapy expense (Disallowed) | \$ 102 | | |
| SDX swallowing diagnostics (Disallowed) | 4,827 | | |
| Medicare consulting (Disallowed) | 44,604 | | |
| Inpatient therapy equipment (Disallowed) | 13,720 | | |
| Nursing support - Patient lost articles (Disallowed) | 2,550 | | |
| LTC - Minor equipment | 979 | | |
| Inpatient therapy - Minor equipment (Disallowed) | 2,358 | | |
| Clinical support services - Minor equipment | 608 | | |
| Nursing support - Minor equipment | 3,243 | | |
| Child care center supplies | 751 | | |
| Inpatient therapy supplies (Disallowed) | 10,257 | | |
| Outpatient therapy supplies (Disallowed) | 686 | | |
| Clinic supplies | 46 | | |
| Nursing supplies | 23,307 | | |
| Pastoral services supplies | 882 | | |
| Satelite TV | 53,961 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other Resident Care | \$ 162,881 | \$ - | \$ - |

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

| Name of Facility | | | | License No. | Report for Year Ende | d | | | Page | of |
|----------------------------------------|------------------------------------------------------------------|----------------------------|-------------|----------------|--------------------------------------------|--------|------------|--------------|------|-------|
| Jewish Home for the Elderly | of Fairfield County, In | c. d/b/a Jewis | sh Senior S | 923-C | 9/30/2021 | | | | 21 | 37 |
| | | Related ** t Operators, | , | | | | Total Cost | /Page Ref.** | * | |
| Name of Individual or | | | | Explanation of | Full Explanation of | | | (| | |
| Company | Address | Yes | No | Relationship | Service Provided* | CCNH | RHNS | (Specify) | Pg | Line |
| Marsh & McLennan Agency LLC | Avenue, Suite 4E03, Norwalk, CT 06854 Suite 200, Columbus, | 0 | ۲ | N/A | Insurance Consulting HIPAA Compliance & | 31,077 | | | 16 | 5 m13 |
| Blueorange Compliance | OH 43235 | 0 | \odot | N/A | Consulting | 14,844 | | | 16 | 5 m13 |
| Gallagher Benefit Services | | 0 | ۲ | N/A | Compensation Study & Consulting | 17,519 | | | 16 | 5 m13 |
| Weston Benefit Cards of Naples, LLC | Suite 200, Naples, FL 34103-3108 | 0 | ۲ | N/A | Medical Insurance Consulting | 18,991 | | | 16 | 5 m13 |
| ZurickDavis, Inc. | | 0 | ۲ | N/A | Executive Job Search Consulting | 36,236 | | | 16 | 5 m13 |
| Peretz Robinson | 84 Senior Place, Fairfield, CT 06825 | 0 | ۲ | N/A | Supervision & Consulting | 10,875 | | | 18 | 3 2b |
| Evan Rogol | 73 West Rock Ave, New Haven, CT 06515 | 0 | ۲ | N/A | Supervision & Consulting | 17,009 | | | 18 | 3 2b |
| Harmony Healthcare International | 430 Boston St #403, Topsfield, MA 01983 | 0 | ۲ | N/A | Medicare Consulting | 44,604 | | | 20 |) 5L |
| Canon Financial Services | America, One Canon Park, Melville, NY | 0 | ۲ | N/A | Copier Lease & Maintenance | 76,604 | | | Var | Var |
| MBS Lawn & Tree | 65 Riverview Pl, Stratford, CT 06615 | 0 | ۲ | N/A | Landscaping | 34,841 | | | 22 | 2 6f |
| ADT Commercial/Red Hawk | 55 Robinson Blvd, Orange, CT 06477 | 0 | ۲ | N/A | Fire Alarm Maintenance | 33,720 | | | 22 | 2 6a |
| Nick's Carting, Inc. | 388 Knowlton St, Bridgeport, CT 06608 | 0 | ۲ | N/A | Waste Removal | 61,925 | | | 22 | 2 6f |
| Bioserv | 10 Grammar Avenue, Prospect, CT 06712 | 0 | ۲ | N/A | Waste Removal | 29,885 | | | 22 | 2 6f |
| Kone Elevators & Escalators | | 0 | ۲ | N/A | Elevator Maintenance | 40,298 | | | 22 | 2 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).

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

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

| Name of Facility | | | | License No. | Report for Year Ended | | | | Page | of |
|-----------------------------------------|---------------------------------------------------|--------|---------|----------------|-----------------------|-----------|---------|-------------|---------|------|
| Jewish Home for the Elderly of Fairfiel | d County, Inc. d/b/a Jewish Senior Services | | | 923-С | 9/30/2021 | | | | 21a | 37 |
| | | Relate | d ** to | | | | Total C | Cost/Page R | lef.*** | |
| | | | | Explanation of | Full Explanation of | | | | | |
| Name of Individual or Company | Address | Yes | No | Relationship | Service Provided* | CCNH | RHNS | (Specify) | Pg | Line |
| Flagship Networks, Inc. | 100 Beard SawmillRd, Suite 340, Shelton, CT 06484 | 0 | ۲ | N/A | IT support | 119,800 | | | 16 | m13 |
| Morrison Mgmt. Specialists Inc. | 400 Northridge Rd. Suite 600, Atlanta, GA 30350 | 0 | ۲ | N/A | Dietary services | 2,110,703 | | | 18 | 2b/c |
| Morrison Mgmt. Specialists Inc. | 400 Northridge Rd. Suite 600, Atlanta, GA 30350 | 0 | ۲ | N/A | Laundry services | 87,365 | | | 19 | Var |
| Morrison Mgmt. Specialists Inc. | 400 Northridge Rd. Suite 600, Atlanta, GA 30350 | 0 | ۲ | N/A | Housekeeping services | 67,418 | | | 20 | Var |

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

| Name of Facility License No. | | Report for Ye | ear Ended | | Page of |
|------------------------------------------------------------|----|---------------|-----------|-------|-----------|
| Jewish Home for the Elderly of Fairfield Cour 923-C | | 9/30/2021 | | | 22 37 |
| Item | | Total | CCNH | RHNS | (Specify) |
| 6. Maintenance & Operation of Plant | | Total | CUNH | KHINS | (Specify) |
| a. Repairs & Maintenance | \$ | 248,502 | 248,502 | | |
| b. Heat | \$ | 143,928 | 143,928 | | |
| c. Light & Power | \$ | 601,489 | 601,489 | | |
| d. Water | \$ | 26,362 | 26,362 | | |
| e. Equipment Lease (Provide detail on page 6) | \$ | 65,500 | 65,500 | | |
| f. Other (<i>itemize</i>) | \$ | 289,014 | 289,014 | | |
| See Attached Schedule | φ | 289,014 | 289,014 | | |
| 6g. <i>Total Maint. & Operating Expense</i> (6a - 6f) | \$ | 1,374,795 | 1,374,795 | | |
| 7. Depreciation (complete schedule page 23*) | φ | 1,3/4,795 | 1,3/4,/93 | | |
| a. Land Improvements | \$ | | | | |
| b. Building & Building Improvements | \$ | 2,364,796 | 2,364,796 | | |
| c. Non-Movable Equipment | \$ | 92,713 | 92,713 | | |
| d. Movable Equipment | \$ | 273,200 | 273,200 | | |
| *7e. <i>Total Depreciation Costs</i> (7a + b + c + d) | \$ | 2,730,709 | 2,730,709 | | |
| 8. Amortization (<i>Complete att. Schedule Page 24*</i>) | φ | 2,730,709 | 2,730,709 | | |
| a. Organization Expense | \$ | | | | |
| b. Mortgage Expense | \$ | 29,699 | 29,699 | | |
| c. Leasehold Improvements | \$ | 29,099 | 29,099 | | |
| d. Other (<i>Specify</i>) | \$ | | | | |
| *8e. <i>Total Amortization Costs</i> (8a + b + c + d) | \$ | 29,699 | 29,699 | | |
| 9. Rental payments on leased real property less | * | | _,,,,, | | |
| real estate taxes included in item 10b | \$ | | | | |
| 10. Property Taxes | 7 | | | | |
| a. Real estate taxes paid by owner | \$ | | | | |
| b. Real estate taxes paid by lessor | \$ | 35,229 | 35,229 | | |
| c. Personal property taxes | \$ | | , - | | |
| 11. Total Property Expenses $(7e + 8e + 9 + 10)$ | \$ | 2,795,637 | 2,795,637 | | |

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

Schedule of Other Repairs and Maintenance

| Description | CCNH | RHNS | (Specify) |
|-------------------------------------|------------|------|-----------|
| | - | | - |
| Landscaping | \$ 35,206 | | |
| Sewage | 61,572 | | |
| Snow removal | 1,129 | | |
| Solid waste removal | 92,173 | | |
| Minor equipment | 2,241 | | |
| Plant supplies expense | 92,474 | | |
| Security supplies expense | 157 | | |
| Uniform expense | 891 | | |
| Plant software | 3,171 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other Repairs and Maintenance | \$ 289,014 | \$ - | \$ - |

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

| | | | | | Deprec | iation Sc | chedule | | | | | |
|----------------------------------------------|----------|-----------------|-----------|-------------|-----------------------------------------|--------------------------|---------------------------|---------------------------------------------------------------------|----------------------------------------|----------------|-------------------------------|-----------|
| Name of Facility | | | | | License No. | | | Report for Year E | nded | | Page | of |
| Jewish Home for the Elderly of Fairfield Cou | inty, Ir | nc. d/b | /a Jewis | h Senio | 923- | -C | | 9/30/2021 | | | 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 | | | | | | | | | | | | |
| 1. Acquired prior to this report period | | | | | | | | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | | | |
| 3. Acquired during this report period (attac | h sche | dule) | | | | | | | | | | |
| A-4. Subtotal | | | | | | | | | | | | |
| B. Building and Building Improvements | | | | | | | | | | | | |
| 1. Acquired prior to this report period | | | | 92,422,666 | | 92,422,666 | 13,821,593 | S/L | Various | 3,354,566 | | |
| 2. Disposals (attach schedule) | | | | | | | | | | | | |
| 3. Acquired during this report period (attac | h sche | dule) | | | 37,998 | | 37,998 | | S/L | Various | 1,763 | |
| B-4. Subtotal | | | | | | | | | | | | 3,356,329 |
| C. Non-Movable Equipment | | | | | | | | | | | | |
| 1. Acquired prior to this report period | | | | | 1,299,965 | | 1,299,965 | 714,438 | S/L | Various | 131,587 | |
| 2. Disposals (attach schedule) | | | | | , , | | , , , | , | | | , | |
| 3. Acquired during this report period (attac | h sche | dule) | | | | | | | | | | |
| C-4. Subtotal | | / | | | | | | | | | | 131,587 |
| | | nileage book | | | | | | Accumulated | | | | |
| | maint | tained? | Date of A | Acquisitior | Historical Cost | Less | | Depreciation to | Method of | | | |
| | | | | | Exclusive of | Salvage | Cost to Be | Beginning of | Computing | Useful | Depreciation | |
| | Yes | No | Month | Year | Land | Value | Depreciated | Year's Operations | Depreciation | Life | for This Year | Totals |
| D. Movable Equipment | | | | | | | | | - | | | |
| 1. Motor Vehicles (Specify name, model | | | | | | | | | | | | |
| and year of each vehicle) | | | | | | | | | | | | |
| a. Fully Depreciated | Х | | Var | Var | 249,051 | | 249,051 | 249,051 | S/L | Various | | |
| b. Replace Engine on 2011 Ford (Disal | | | | 2018 | 9,808 | | 9,808 | 8,446 | S/L | 3 | 1,362 | |
| c. 2016 Dodge Caravan | Х | | | 2020 | 16,500 | | 16,500 | | S/L | 4 | 4,125 | |
| d. 2009 GMC Sierra Dump Truck | Х | | Var | Var | 19,156 | | 19,156 | 3,717 | S/L | Various | 3,717 | |
| 2. Movable Equipment | | | | | | | | | | | | |
| a. Acquired prior to this report period | | | Var | Var | 4,253,152 | | 4,253,152 | 2,636,632 | | Various | 372,618 | |
| b. Disposals (attach schedule) | | | Prior | Per. | (33,822) | | (33,822) | (33,822) | S/L | 5 | | |
| c. Acquired during this report period | | | | | | | | | | | | |
| (attach schedule) | | | Var | Var | 77,493 | | 77,493 | | | | 5,928 | |
| D-3. Subtotal | | | | | | | | | | | | 387,750 |
| E. Total Depreciation | | | | | | | | | | | | 3,875,666 |

Schedule of Land Improvements Acquired during this report period

| | | | Useful | |
|-------------------------------------|---------------------|------|--------|--------------|
| cquisition Date | Description of Item | Cost | Life | Depreciation |
| dditions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Land Imp | rovement | \$ - | | \$ - |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Fotal deletions for Land Impr | ovement | \$ - | | \$ - |

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

| Schedule of Bullding | g improvements Acquireu uuring tins report periou | | | | | |
|-----------------------|---------------------------------------------------|----|--------|----------------|----------|------|
| Acquisition Date | Description of Item | Co | set | Useful Life | Deprecia | tion |
| Additions: | Description of item | | 181 | Life | Deprecia | uon |
| | sliding glass door enclosure for lobby | \$ | 8,525 | 10 | \$ | 853 |
| | 30 Wall scones for lobby area | | 12,567 | 10 | + | 628 |
| | 200 Smoke head replacements for building | | 16,906 | 10 | | 282 |
| | | | | | | |
| | | | | | | |
| | | | 27.000 | | <u> </u> | 7(2 |
| Total additions for | Building Improvemen | \$ | 37,998 | | \$ 1 | ,763 |
| Deletions: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total deletions for H | Building Improvement | \$ | - | | \$ | - |
| *Ties to Page 23, L | | | | | | |

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report perio

| | | | Useful | |
|-------------------------------|---------------------|------|--------|--------------|
| Acquisition Date | Description of Item | Cost | Life | Depreciation |
| Additions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Fotal additions for Non-Mova | ble Equipmen | \$ - | | \$ - |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Fotal deletions for Non-Moval | ole Equipmen | \$ - | | \$ - |

*Ties to Page 23, Line C3 **Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report perio

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|---------------------|------------------------------------------|-------------|----------------|--------------|
| Additions: | | Cost | Enc | Depreciation |
| 11/9/2020 | I55-TC M720Q tiny I5-9500, 5-TP T14 | \$ 9,480 | 3 | \$ 2,633 |
| 10/1/2020 | 2-Temperature screening systems | 6,838 | | 1,254 |
| 2/17/2021 | Convection gas oven & mixer | 10,873 | | 634 |
| 3/24/2021 | BLOOD PRESSURE MONITOR | 3,795 | | 190 |
| 4/13/2021 | 3 Hoyer lifts with smart monitor | 15,765 | | 657 |
| 6/21/2021 | 4-Hoyers lifts & accessories | 21,012 | | 525 |
| 8/26/2021 | 3-electric beds, head/foot boards, rails | 5,041 | | 35 |
| 9/17/2021 | Recumbent Cross trainer T4r-P | 4,689 | | - |
| Total additions for | Movable Equipmen | \$ 77,493 | | \$ 5,928 |
| Deletions: | | | | |
| Prior Period | 2008 Chevy Truck & Snow Plow | \$ (33,822) | 5 | \$ - |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for | Movable Equipmen | \$ (33,822) | | \$ - |

*Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report peri-

| | | | Useful | |
|-----------------------|----------------------|------|--------|--------------|
| Acquisition Date | Description of Item | Cost | Life | Depreciation |
| Additions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total additions for I | analald Immunities | ¢ | | ¢ |
| | Leasehold Improvemen | \$ - | - | \$ - |
| Deletions: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for L | easehold Improvemen | \$ - | | \$ - |
| *Ties to Page 24, L | ine C3 | | | |

**Ties to Page 24, Line C2

Jewish Senior Services Depreciation Schedule 9/30/21

| | | | | | | 2020 | 2021 | 2021 | |
|-------------|---------------------------------|------------------------------------------|--------------------------|-------------------|-----------------|------------|--------------|------------|-----------------|
| Asset ID | Asset Class ID | Asset Description | Place in Service Date | Orig Life Years / | Cost Basis | Accum Dep. | Depreciation | Accum Dep. | NBV |
| BUILDING I | IMPROVEMENTS | | Date | Days | | | | | |
| Various | Various | Roll Forward from FY2020 | Various | Various | 92,422,666 | 13,821,593 | 3,354,566 | 17,176,159 | 75,246,507 |
| 001251 | BLDG | sliding glass door enclosure for lobby | 8/27/2020 | 10-000 | 8,525 | - | 853 | 853 | 7,672 |
| 001256 | BLDG | 30 Wall scones for lobby area | 3/3/2021 | 10-000 | 12,567 | - | 628 | 628 | 11,939 |
| 001262 | BLDG | 200 Smoke head replacements for building | 7/7/2021 | 10-000 | 16,906 | - | 282 | 282 | 16,624 |
| | | | | _ | 92,460,664 | 13,821,593 | 3,356,329 | 17,177,922 | 75,282,742 |
| Non-Movable | e Equipment | | | | | | | | |
| Various | Various | Roll Forward from FY2020 | Various | Various | 1,299,965 | 714,438 | 131,587 | 846,025 | 453,940 |
| Movable Equ | uipment | | | | | | | | |
| Various | Various | Roll Forward from FY2020 | Various | Various | 4,253,152 | 2,636,632 | 372,618 | 3,009,250 | 1,243,902 |
| 001253 | COMP | I55-TC M720Q tiny I5-9500, 5-TP T14 | 11/9/2020 | 03-000 | 9,480 | - | 2,633 | 2,633 | 6,847 |
| 001252 | FURN | 2-Temperature screening systems | 10/1/2020 | 05-000 | 6,838 | - | 1,254 | 1,254 | 5,584 |
| 001255 | FURN | Convection gas oven & mixer | 2/17/2021 | 10-000 | 10,873 | - | 634 | 634 | 10,239 |
| 001257 | FURN | BLOOD PRESSURE MONITOR | 3/24/2021 | 10-000 | 3,795 | - | 190 | 190 | 3,605 |
| 001258 | FURN | 3 Hoyer lifts with smart monitor | 4/13/2021 | 10-000 | 15,765 | - | 657 | 657 | 15,108 |
| 001261 | FURN | 4-Hoyers lifts & accessories | 6/21/2021 | 10-000 | 21,012 | - | 525 | 525 | 20,487 |
| 001264 | FURN | 3-electric beds, head/foot boards, rails | 8/26/2021 | 12-000 | 5,041 | - | 35 | 35 | 5,006 |
| 001265 | FURN | Recumbent Cross trainer T4r-P | 9/17/2021 | 10-000 | 4,689 | - | - | - | 4,689 |
| | | | | _ | 4,330,645 | 2,636,632 | 378,546 | 3,015,178 | 1,315,467 |
| Vehicles | | | | | | | | | |
| Various | Various | Roll Forward from FY2020 | Various | | 294,515 | 264,652 | 9,204 | 273,856 | 20,659 |
| 000593 | AUTO | 2008 Chevy Truck & Snow Plow | Prior Period | | (33,822) | - | - | (33,822) | - |
| | | | | _ | 260,693 | 264,652 | 9,204 | 240,034 | 20,659 |
| | TOTAL | | | | 98,351,967 | 17,437,315 | 3,875,666 | 21,279,159 | 77,072,808 |
| | Financial Statemen | | | | 98,351,966 1 | 17,437,315 | 3,875,666 | 21,279,160 | 77,072,806 2 |
| | Rounding/Variance F/S vs C/R | | | | - | - | - | (1) ¿ | - |
| | | | A.022 | A.022 | | | | | |
| | | | 70.4578% | 29.5422% | | | | | |
| | | Depreciation Expense Allocation | CCNH | Other | | | | | |
| | | Building & Building Improvement | 2,364,796 | · · · · · | | Check | | | |
| | | Non-movable | 92,713 | 38,874 | | Check | | | |
| | | Movable | 273,200 | | - (| Check | | | |
| | | T-4-1 | 2 720 700 | 1 144 057 | | | | | |

1,144,957

2,730,709

Total

Amortization Schedule*

| Nam | Name of Facility | | | | | Report for Yea | r Ended | | Page | of |
|------|---------------------------------------------------------|-----------|----------|--------------|------------------------------------------|----------------|----------------|------|---------------|--------|
| | sh Home for the Elderly of Fairfield Cour | nty, Inc. | d/b/a Jo | 923-С | | 9/30/2021 | | | 24 | 37 |
| | Date of Acquisition | | | | Accumulated Amort. to Beginning of | | | | | |
| | _ | | | 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. | | | | | | | | | |
| | 2. | | | | | | | | | |
| | 3. | | | | | | | | | |
| A-4. | Subtotal | | | | | | | | | |
| B. | Mortgage Expense | | | | | | | | | |
| | 1. Debt Issuance Cost - Bonds | 4 | 2014 | 25 | 1,053,768 | 270,320 | S/L | | 42,151 | |
| | 2. Decrease due to allocation | | | | | | | | (12,452) | |
| | 3. | | | | | | | | | |
| B-4. | Subtotal | | | | | | | | | 29,699 |
| 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. | | | | | | | | | | |
| D. | Total Amortization | | | | | | | | | 29,699 |

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

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

| Name of FacilityLicense No.Jewish Home for the Elderly of Fairfie923 | | Report for Year En 9/30/2021 | ded | | Page 25 | of 37 |
|-------------------------------------------------------------------------------|-------------|---------------------------------|----------------------|---------------|-------------------|------------|
| 11. Property Questionnaire | | • | | | · · · | |
| Part A | | | | | | |
| Is the property either owned by the Facility | 0 | V | 0 | N. | If "Yes," complet | te Part B. |
| or leased from a Related Party?* | 0 | Yes | U | No | If "No," complete | e Part C. |
| *If any owner or operator of this facility is related by | | | | | | |
| business association to any person or organization related party transaction. | from whom b | ouildings are leased, the | n it is considered a | | | |
| Description | | Total | | | | |
| 1. Date Land Purchased | | 02/24/14 | | | | |
| 2. Date Structure Completed | | 07/01/16 | | | | |
| 3. If NOT Original Owner, Date of Purchase | e | | | | | |
| 4. Date of Initial Licensure | | 05/26/05 | | | | |
| 5. Total Licensed Bed Capacity | | 294 | | | | |
| 6. Square Footage | | 367,000 | | | | |
| 7. Acquisition Cost | | 7 000 000 | | | | |
| a. Land b. Building | | 5,000,000 | | | | |
| Part B - Owner and Related Parties | | 1st Mortgage | 2nd Mortgage | 3rd Mortgage | 4th Mortga | 202 |
| 1. Financing | | Tst Wortgage | 2nd Mongage | Jid Mongage | 411 1011ga | age |
| a. Type of Financing (e.g., fixed, variable | e) | Var. Tax - Exempt | | | | |
| b. Date Mortgage Obtained | -) | 04/29/14 | | | | |
| c. Interest Rate for the Cost Year | | 2.38%-2.67% | | | | |
| d. Term of Mortgage (number of years) | | 25 | | | | |
| e. Amount of Principal Borrowed | | 62,000,000 | | | | |
| f. Principal balance outstanding as of 9/3 | 30/2021 | 52,604,167 | | | | |
| Complete if Mortgage was Refinanced | | | | | | |
| During Current Cost Year | <u></u> | | | | | |
| g. Type of Financing (e.g., fixed, variable | e) | | | | | |
| h. Date of Refinancing i. New Interest Rate | | | | | | |
| j. Term of Mortgage (number of years) | | | | | | |
| k. Amount of Principal Borrowed | | | | | | |
| 1. Principal Outstanding on Note Paid-O | ff | | | | | |
| Part C - Arms-Length Leases for Real H | Property I | mprovements Only | y | | • | |
| Name and Address of Lessor | Proj | perty Leased | Date of Lease | Term of Lease | Annual Amount | of Lease |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ļ | | | | | | |
| | | | | | | |

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 | ar Ended | | Page of |
|------------------------------------------------------------------------|---------------------|------|----------------|-----------|------|-----------|
| Jewish Home for the Elderly of Fairf | і 923-С | | 9/30/2021 | | | 26 37 |
| Item | | | Total | CCNH | RHNS | (Specify) |
| 12. Interest | | | | | | |
| A. Building, Land Improver | nent & Non-Movab | ole | | | | |
| Equipment | | | | | | |
| 1. First Mortgage | | \$ | 1442604 | 1,442,604 | | |
| Name of Lender | | Rate | | | | |
| People's United Bank | | 67% | | | | |
| Address of Lender | 0.4 | | | | | |
| 850 Main Street, Bridgeport, CT 066 |)4 | ሰ | | | | |
| 2. Second Mortgage Name of Lender | | \$ | | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 3. Third Mortgage | | \$ | | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | | | | | |
| 4. Fourth Mortgage | | \$ | | | | |
| Name of Lender | | Rate | | | | |
| Address of Lender | | 1 | | | | |
| B. CHEFA Loan Information |)n | | | | | |
| 1. Original Loan Amoun | nt | \$ | | | | |
| 2. Loan Origination Dat | e | | | | | |
| 3. Interest Rate % | | | | | | |
| 4. Term | | | | | | |
| 5. CHEFA Interest Expe | ense | | | | | |
| 12 B7. Total Building Interest Expe | ense (A1 - A4 + B5) |) \$ | 1,442,604 | 1,442,604 | | |
| 3. Interest Rate % 4. Term 5. CHEFA Interest Expension | ense |) \$ | , , | 1,442,604 | | |

(Carry Subtotals forward to next page)

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

| Name of Facility License N | Jo. | | Report for Ye | ear Ended | | Page | of |
|--------------------------------------------------|------------|---------------|---------------|------------|------|------|-------|
| Jewish Home for the Elderly of Fair 923 | 3-С | | 9/30/2021 | | | 27 | 37 |
| | | | | | | | |
| Item | | | Total | CCNH | RHNS | (Spe | cify) |
| Sub | totals Bro | ught Forward: | 1,442,604 | 1,442,604 | | | |
| 12. C. Movable Equipment | | | | | | | |
| 1. Automotive Equipment | | \$ | | | | | |
| A. Item | Rate | Amount | | | | | |
| Lender | | | | | | | |
| Address of Lender | | | | | | | |
| | | | | | | | |
| 2. Other (<i>Specify</i>) | | \$ | | | _ | | _ |
| A. Item | Rate | Amount | | | | | |
| Equipment loan | | 34,217 | | | | | |
| Lender | | | | | | | |
| W.I. Clark Company | | | | | | | |
| Address of Lender | E 0 C 40 2 | | | | | | |
| 30 Barnes Industrial Park Rd, Wallingford, CT | | | - | | | | |
| B. Item | Rate | Amount | | | | | |
| Equipment loan | | 75,826 | | | | | |
| Lender | | | | | | | |
| W.I. Clark Company Address of Lender | | | | | | | |
| 30 Barnes Industrial Park Rd, Wallingford, CT | Г 06492 | | | | | | |
| 12. C. 3. Total Movable Equipment Intere | | | | | | | |
| Expense $(C1 + 2)$ | .51 | \$ | | | | | |
| 12. D. Other Interest Expense (<i>Specify</i>) | | \$ | 3,889 | 3,889 | | | |
| Related party loan | | Ψ | 5,005 | 5,007 | | | |
| | | | | | | | |
| 13. Total All Interest Expense (12B7 + 120 | (23 + 12D) | \$ | 1,446,493 | 1,446,493 | | | |
| 14. Insurance | / | | | | | | |
| a. Insurance on Property (buildings on | ly) | \$ | 63,714 | 63,714 | | | |
| b. Insurance on Automobiles | | \$ | | 12,908 | | 1 | |
| c. Insurance other than Property (as sp | ecified ab | | | | | | |
| 1. Umbrella (Blanket Coverage) | | \$ | | 330,725 | | | |
| 2. Fire and Extended Coverage | | | | | | | |
| 3. Other (<i>Specify</i>) | | | | | | | |
| Crime, Fiduciary & Cyber / Chil | | | | | | | |
| | | | | | | | |
| 14d. Total Insurance Expenditures (14a + b | +c) | \$ | 434,841 | 434,841 | | | |
| 15. Total All Expenditures (A-13 thru C-14 | / | \$ | | 41,511,064 | | 1 | |

D. Adjustments to Statement of Expenditures

| Page 1 1. 2. | | | Vame of Facility ewish Home for the Elderly of Fairfield County, Inc. d/b/a Jew | | 923-C | 9/30/2021 | 28 | 37 | |
|--------------|--------|---------|------------------------------------------------------------------------------------|----|--------------------|-----------|------|------|-------|
| Page 1 1. 2. | No | | | | Total Amount of | | | | |
| 1. 2. | | No. | Item Description | | Decrease | CCNH | RHNS | (Spe | cify) |
| | 10 - S | Salarie | es and Wages | | | | | | |
| | | | Outpatient Service Costs | \$ | | | | | |
| | | | Salaries not related to Resident Care | \$ | | | | _ | |
| 3. | | A12g | Occupational Therapy | \$ | 655,373 | 655,373 | | _ | |
| 4. | | | Other - See attached Schedule | \$ | 713,974 | 713,974 | | | |
| - | 13 - F | | sional Fees | | | | | | |
| 5. | | | Resident Care Physicians ** | \$ | | | | | |
| 6. | | | Occupational Therapy | \$ | | | | | |
| 7. | | | Other - See attached Schedule | \$ | 130,876 | 130,876 | | | |
| ~ | 15 & | | Administrative and General | | | | | | |
| 8. | | | Discriminatory Benefits | \$ | | | | | |
| 9. | 15 | 1c | Bad Debts | \$ | 391,568 | 391,568 | | | |
| 10. | | | Accounting | \$ | | | | | |
| 10a. | | | Legal | \$ | 33,826 | 33,826 | | | |
| 11. | | | Telephone | \$ | | | | | |
| 12. | 15 | 1h2 | Cellular Telephone | \$ | 59,519 | 59,519 | | | |
| 13. | | | Life insurance premiums on the life | | | | | | |
| | | | of Owners, Partners, Operators | \$ | | | | | |
| 14. | | | Gifts, flowers and coffee shops | \$ | | | | | |
| 15. | 15 | 1a9 | Education expenditures to colleges or | | | | | | |
| | | | universities for tuition and related costs | | | | | | |
| | | | for owners and employees | \$ | 1,783 | 1,783 | | | |
| 16. | | | Travel for purposes of attending | | | | | | |
| | | | conferences or seminars outside the | | | | | | |
| | | | continental U.S. Other out-of-state | | | | | | |
| | | | travel in excess of one representative | \$ | | | | | |
| 17. | 16 | L6 | Automobile Expense (e.g. personal use) | \$ | 4,262 | 4,262 | | | |
| 18. | 16 | m3 | Unallowable Advertising * | \$ | 42,976 | 42,976 | | | |
| 19. | | | Income Tax / Corporate Business Tax | \$ | | | | | |
| 20. | | | Fund Raising / Contributions | \$ | | | | | |
| 21. | | | Unallowable Management Fees | \$ | | | | | |
| 22. | 16 | m6 | Barber and Beauty | \$ | 7,009 | 7,009 | | | |
| 23. | | | Other - See attached Schedule | \$ | 653,261 | 653,261 | | | |
| Page 1 | 18 - L | Dietar | y Expenditures | | | | | | |
| 24. | | | Meals to employees, guests and others | | | | | | |
| | | | who are not residents | \$ | | | | | |
| Page 1 | 19 - I | aund | ry Expenditures | | | | | | |
| 25. | | | Laundry services to employees, guests | | | | | | |
| | | | and others who are not residents | \$ | | | | | |
| Page 2 | 20 - F | Touse | keeping Expenditures | + | | | | | |
| 26. | · 1 | | Housekeeping services to employees, guests | | | | | | |
| 20. | | | and others who are not residents | \$ | | | | | |
| | | | Subtotal (Items 1 - 26) | \$ | 2,694,427 | 2,694,427 | | + | |

* All except "Help Wanted".

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

⁽Carry Subtotal forward to next page)

Schedule of Other Salaries Adjustment

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------|---------------|--------------------------------------------------------------------|------------|------|-----------|
| 10 | A4 | Past President deferred compensation expense | \$ 60,953 | | |
| 10 | A120 | Outpatient therapy salaries | 138,896 | | |
| 10 | A2 | Administrator's salary allocable to nonreimbursable programs (20%) | 126,695 | | |
| 10 | A2 | Administrator's bonus | 30,000 | | |
| 10 | A120 | Child care salaries (See attachment) | 281,099 | | |
| 10 | Var | Unallowable (Non-Medicaid) beds disallowance - Salaries and wages | 76,331 | | |
| | | | | | |
| Total Othe | er Salaries A | Adjustment | \$ 713,974 | \$ - | \$ - |

Schedule of Fees Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------|-----------------------------|------------------------------------------------------------------|-----------|------|-----------|
| 13 | B2 | Dentist | \$ 30,986 | | |
| 13 | B4 | Podiatrist | 4,200 | | |
| 13 | B5a | Physical Therapy | 72,495 | | |
| 13 | B8e | Psychiatrist | 16,942 | | |
| 13 | B12 | Medicare office visit | 127 | | |
| 13 | B12 | Medicare office visits | 5,291 | | |
| 13 | Var | Unallowable (Non-Medicaid) beds disallowance - Professional fees | 835 | | |
| | | | | | |
| Total Othe | otal Other Fees Adjustments | | | \$- | \$ - |

Schedule of Other A&G Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------|----------|------------------------------------------------------------------|------------|------|-----------|
| 15 | Var | Child care services benefits (See attachment) | \$ 28,368 | | |
| 15 | Var | Benefits on disallowed salaries (See attachment) | 92,943 | | |
| 16 | Var | Child care services expenses on pg. 16 (See attachment) | 2,398 | | |
| 16 | L3 | Employee relations | 31,724 | | |
| 16 | m8 | CALTC | 691 | | |
| 16 | m13 | Lobbying consulting | 8,287 | | |
| 16 | m13 | Compensation study & consulting | 17,519 | | |
| 16 | m13 | Other consulting | 572 | | |
| 16 | m13 | Finance / bank / credit cards fees | 169,881 | | |
| 16 | m13 | Administration miscellaneous | 274,645 | | |
| 15 | Var | Unallowable (Non-Medicaid) beds disallowance - Employee benefits | 17,411 | | |
| 15-16 | Var | Unallowable (Non-Medicaid) beds disallowance - A&G | 8,822 | | |
| | | | | | |
| | | | | | |
| Total Othe | r A&G Ad | justments | \$ 653,261 | \$ - | \$ - |

Jewish Senior Services Cell Phone Disallowance September 30, 2021

| | <u>No. of</u> | All | <u>owable</u> | , | <u>Total</u> |
|---------|---------------|------------------|---------------|----|--------------|
| Beds | Phones | <u>Per Month</u> | | Al | lowable |
| 1-100 | 3 | \$ | 30 | \$ | 1,080 |
| 101-200 | 4 | \$ | 30 | \$ | 1,440 |
| 201-300 | 5 | \$ | 30 | \$ | 1,800 |
| 301-400 | 6 | \$ | 30 | \$ | 2,160 |

Cell Phone Expense

\$ 61,319 **TB Linked**

1,800

Amount Allowable

Disallowed Cell Phone Expense

\$ 59,519 Page 28, Line 12

Jewish Senior Services Child Care Disallowance FYE 9/30/2021

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 | Unallocated Amt | Allocation Basis | Allocation Stat | Allocated Amt | <u>% Disallowed</u> | Disallowed Amt | |
|------|------|-----------------------------|-----------------|------------------|-----------------|---------------|---------------------|----------------|----------|
| 10 | A12o | Child care salaries / wages | 335,157 | Direct | 100.0000% | 335,157 | 83.87% | 281,099 | |
| 15 | 1g | Office supplies | 4,259 | Direct | 100.0000% | 4,259 | 83.87% | 3,572 | |
| 15 | 1h2 | Cell phone | 1,301 | Direct | 100.0000% | 1,301 | 0.00% | - | See NOTE |
| 16 | L6 | Education | 1,180 | Direct | 100.0000% | 1,180 | 83.87% | 990 | |
| 16 | m7 | Postage | 83 | Accum cost | 69.0595% | 57 | 83.87% | 48 | |
| 16 | m10 | Subscriptions | 2,349 | Accum cost | 69.0595% | 1,622 | 83.87% | 1,360 | |
| 18 | 2a1 | Raw food | 2,945 | Meals | 78.3279% | 2,307 | 83.87% | 1,935 | |
| 20 | 5c | Medical supplies | 391 | Direct | 100.0000% | 391 | 83.87% | 328 | |
| 20 | 5i | Recreation | 6,880 | Direct | 100.0000% | 6,880 | 83.87% | 5,770 | |
| 20 | 51 | Other | 751 | Direct | 100.0000% | 751 | 83.87% | 630 | |
| 27 | 14c3 | Day care insurance | 11,252 | Direct | 100.0000% | 11,252 | 83.87% | 9,437 | |

| Disallowance Summary | Amount | |
|-----------------------------|---------|--------------------------|
| Salaries | 281,099 | Ties to page 28, line 4 |
| Benefits | 28,368 | Ties to page 28, line 23 |
| Pg. 16 | 2,398 | Ties to page 28, line 23 |
| Pg. 18 | 1,935 | Ties to page 29, line 42 |
| Pg. 20 - Med Supplies | 328 | Ties to page 29, line 34 |
| Pg. 20 - Other | 6,400 | Ties to page 29, line 34 |
| Pg Other 27 | 9,437 | Ties to page 29, line 39 |

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 expense is fully disallowed within the allowable cell phone expense.

| | <u># of Children</u> | | |
|-------------------------------------------------|----------------------|---------------------|------|
| Children of employees enrolled | 5 | 16.13% | D.05 |
| Other children enrolled | 26 | 83.87% | D.05 |
| Total children enrolled | 31 | | |
| Accumulated cost basis stat Meals basis stat | 69.0595% 78.3279% | | |
| Total salaries per page 10 | 22,568,195 | | |
| Total benefits (1a1, 1a3 & 1a4) | 2,277,564 | TB link | |
| % to total | 10.0919% | | |
| Total benefits disallowed | 28,368 | Linked to the above | |

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 | <u>Benefits Disallow %</u> | Benefits Disallowed |
|------|------|-----------------------------|-------------------|----------------------------|----------------------------|
| 10 | A12g | OT | 655,373 | 10.0919% | 66,140 |
| 10 | A120 | 20% of Administrator salary | 126,695 | 10.0919% | 12,786 |
| 10 | A12o | Outpatient therapy | 138,896 | 10.0919% | 14,017 |
| | | | | Ties to page 28, line 23 | 92,943 |

| Total salaries per page 10 | 22,568,195 TB link |
|---------------------------------|--------------------------|
| Total benefits (1a1, 1a3 & 1a4) | 2,277,564 TB link |
| % to total | 10.0919% |

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 Temperary Dave | 4,424 | D 02 |
|--------|--------------------------|--------------------------------------------------------------------------------|------------|------|
| | | Total Temporary Days Total Medicaid days per Temporary Census | · · · · · | D.03 |
| | | Total Medicald days per Temporary Census | 350 | D.03 |
| | | Total Days per the 2021 Annual Report | 97,294 | D 03 |
| | | Percentage of Unallowable Days | 0.36% | |
| | | recentage of chanowable Days | 0.5070 | |
| | | Total Expenses for Cost Year 2021 | 41,511,064 | |
| | | Total Disallowances Prior to Temp Days Disallowance | 3,117,259 | |
| | | Total Allowable Expenses for Cost Year 2020 | 38,393,805 | - |
| | | Total Unallowable Expenses | 138,117 | |
| | | | 100,117 | |
| Page # | Cost Center | Disallowance | | |
| 10 | Salary | 1,293,016 Total Pg 10 Disallowances | | |
| | ~ y | 1,2,2,0,010 Total 1 g 10 2 load 0 had 00 | | |
| | | 22,568,195 Total Salary Expenses on Pg 10 | | |
| | | (1,293,016) Less: Total Pg 10 Disallowances | | |
| | | 21,275,179 Net Allowable Expenses | | |
| | | 76,331 Temp Bed Days Disallowance | | |
| | | · •, | | |
| 13 | Professional Fees | 130,041 Total Pg 13 Disallowances | | |
| | | | | |
| | | 362,708 Total Professional Fees Expenses on page | 2 13 | |
| | | (130,041) Total Pg 13 Disallowances | | |
| | | 232,667 Net Allowable Expenses | | |
| | | 835 Temp Bed Days Disallowance | | |
| | | | | |
| 15 | Emp Benefits | 123,094 Total Pg 15 Benefits Disallowances | | |
| | | | | |
| | | 4,975,923 Total Emp Benefits Expenses on page 15 | | |
| | | (123,094) Total Pg 15 Benefits Disallowances | | |
| | | 4,852,829 Net Allowable Expenses | | |
| | | 17,411 Temp Bed Days Disallowance | | |
| | | | | |
| 15/16 | A/G | 1,110,683 Total Pg 15/16 Disallowances | | |
| | | 2.070.800 Total & & C. European on Do 15 | | |
| | | 2,079,800 Total A&G Expenses on Pg 15 1,489,853 Total A&G Expenses on Pg 16 | | |
| | | (1,110,683) Total Pg 15/16 A&G Disallowances | | |
| | | 2,458,970 Net Allowable Expenses | | |
| | | 8,822 Temp Bed Days Disallowance | | |
| | | 0,022 Temp Bed Days Disanowance | | |
| 18 | Dietary | 73,459 Total Pg 18 Disallowances | | |
| -0 | | | | |
| | | 2,211,397 Total Dietary Expenses on Pg 18 | | |
| | | (73,459) Total Pg 18 Disallowances | | |
| | | <u> </u> | | |

| | | 2,137,938 | Net Allowable Expenses |
|--------|------------------------------|------------|------------------------------------------------------|
| | | 7,670 | Temp Bed Days Disallowance |
| 19 | Laundry | 125,900 | Total Laundry Expenses on Pg 19 |
| | y | | Temp Bed Days Disallowance |
| 20 | Housekeeping | 98 269 | Total Housekeeping Expenses on Pg 20 |
| 20 | nousekeeping | | Temp Bed Days Disallowance |
| 20 | Resident Care Exp | 718 654 | Total Pg 20 Resident Expense Disallowances |
| 20 | Resident Care Exp | /10,034 | Total I g 20 Resident Expense Disanowances |
| | | | Total Resident Care Expenses on Pg 20 |
| | | | Total Pg 20 Resident Expense Disallowances |
| | | | Net Allowable Expenses Temp Bed Days Disallowance |
| | | 3,341 | Temp Bed Days Disanowance |
| 22 | Maint & Operating Exp | 1,374,795 | Total Maint & Oper Expenses on Pg 22 |
| | | | Temp Bed Days Disallowance |
| | | | |
| 22 | Amortization | 29,699 | Total Pg 22 Disallowances |
| | | 29 699 | 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 |
| | | 2,730,709 | Total Depreciation expenses on Pg 22 |
| | | | Total Pg 22 Disallowances |
| | | | Net Allowable Expenses |
| | | 11,142 | Temp Bed Days Disallowance |
| 22 | Property Exp | 35,229 | Total Property Expenses on Pg 22 |
| | | 126 | Temp Bed Days Disallowance |
| 26/27 | Interest Expense | 3 889 | Total Pg 27 Disallowances |
| 20/27 | Interest Expense | 5,005 | Total 1 g 27 Distriowances |
| | | | Total Interest Expense on Pg 26 &27 |
| | | | Total Pg 27 Disallowances |
| | | | Net Allowable Expenses |
| | | 5,176 | Temp Bed Days Disallowance |
| 27 | Insurance Expense | 9,437 | Pg 27 Disallowances |
| | | 434,841 | Total Insurance Exp on Pg 27 |
| | | | Pg 27 Disallowances |
| | | | Net Allowable Expenses |
| | | 1,526 | Temp Bed Days Disallowance |
| | | | |
| Total | Temp Bed Days Disallowance | 138,117 | |
| i utai | Total Net Allowable Expenses | 38,496,387 | |
| | | 20,190,207 | |

| Total Disallowances prior to Temp Bed | (3,117,259) |
|-----------------------------------------|-------------------|
| Total Disallowances Per CR | (3,255,376) Check |
| Variance | 138,117 |
| Total Temp Bed Days Disallowance | 138,117 |
| | - Check |

State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 9/2018

| | D. Adjustments to Statement of Expenditures (cont'd) | | | | | | | | |
|----------------------------------------|------------------------------------------------------|--------|-----------------------------------------------|--------------|-----------|-----------|------|------|-------|
| Name of Facility License No. Report fo | | | | Report for Y | ear Ended | Page | of | | |
| Jewis | sh Hor | ne for | the Elderly of Fairfield County, Inc. d/b/a J | | 923-С | 9/30/2021 | | 29 | 37 |
| | | | | | Total | | | | |
| Item | Page | Line | | | Amount of | | | | |
| No. | No. | No. | Item Description | | Decrease | CCNH | RHNS | (Spe | cify) |
| | | | Subtotals Brought Forward | \$ | 2,694,427 | 2,694,427 | | | |
| Page | 20 - I | Reside | nt Care Supplies*** | | | | | | |
| 27. | 20 | 5a2 | Prescription Drugs | \$ | 358,940 | 358,940 | | | |
| 28. | 20 | 5d | Ambulance/Limousine | \$ | 11,783 | 11,783 | | | |
| 29. | 20 | 5f | X-rays, etc | \$ | 37,205 | 37,205 | | | |
| 30. | 20 | 5h | Laboratory | \$ | 118,066 | 118,066 | | | |
| 31. | | | Medical Supplies | \$ | | | | | |
| 32. | 20 | 5e2 | Oxygen (non emergency) | \$ | 44,660 | 44,660 | | | |
| 33. | | | Occupational Therapy | \$ | | | | | |
| 34. | | | Other - See Attached Schedule | \$ | 151,341 | 151,341 | | | |
| Page | 22 - N | Maint | enance and Property | | | | | | |
| 35. | | | Excess Movable Equipment Depreciation | | | | | | |
| | | | See Attached Schedule | \$ | | | | | |
| 36. | | | Depreciation on Unallowable | | | | | | |
| | | | Motor Vehicles | \$ | | | | | |
| 37. | | | Unallowable Property and Real | | | | | | |
| | | | Estate Taxes | \$ | | | | | |
| 38. | | | Rental of Building Space or Rooms | \$ | | | | | |
| 39. | | | Other - See Attached Schedule | \$ | (317,851) | (317,851) | | | |
| Page | 27 - I | nsura | nce | | | | | | |
| 40. | | | Mortgage Insurance | \$ | | | | | |
| 41. | | | Property Insurance | \$ | | | | | |
| Othe | r - Mi | scella | neous | | | | | | |
| 42. | | | Other - Indirect | \$ | 81,934 | 81,934 | | | |
| 43. | | | Interest Income on Account Rec. | \$ | | | | | |
| 44. | | | Other - Miscellaneous Administrative | \$ | 65,806 | 65,806 | | | |
| 45. | | | Management Fees Direct | \$ | | | | | |
| 46. | | | Management Fees Indirect | \$ | | | | | |
| 47. | | | Other - Direct | \$ | | | | I | |
| Not I | For Pr | ofit P | roviders Only | | | | | | |
| 48. | | | Building/Non Movable Eq. Depreciation | | | | | | |
| | | | Unallowable Building Interest - | | | | | | |
| | | | See Attached Schedule | \$ | 9,065 | 9,065 | | | |
| 49. | Total | Amo | unt of Decrease (Items 1 - 48) | \$ | 3,255,376 | 3,255,376 | | | |

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

Schedule of Other Ancillary Costs

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|------------|-------------|--------------------------------------------------------------|------------|------|-----------|
| 20 | 5g | Dental supplies | \$ 11,807 | | |
| 20 | 5L | Inpatient therapy supplies | 102 | | |
| 20 | 5L | SDW swallowing diagnostics | 4,827 | | |
| 20 | 5L | Medicare consulting | 44,604 | | |
| 20 | 5L | Inpatient therapy equipment | 13,720 | | |
| 20 | 5L | Nursing support - Patient lost articles | 2,550 | | |
| 20 | 5L | Inpatient therapy - Minor equipment | 2,358 | | |
| 20 | 5c | Child care center medical supplies (See attachment) | 328 | | |
| 20 | 5L | Child care center supplies (See attachment) | 6,400 | | |
| 20 | 5L | Inpatient therapy supplies | 10,257 | | |
| 20 | 5L | Outpatient therapy supplies | 686 | | |
| 20 | 5L | Satellite TV (See attachment) | 50,361 | | |
| 20 | Var | Unallowable (Non-Medicaid) beds disallowance - Resident care | 3,341 | | |
| Total Othe | r Ancillary | Costs | \$ 151,341 | \$ - | \$ - |

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------|------------|---------------------------------------------------------------------|--------------|------|-----------|
| 22 | 8b | Amortization expense | \$ 29,699 | | |
| 27 | 14c3 | Child care insurance (See attachment) | 9,437 | | |
| 22 | 7b | Depreciation - adjust assets to 30 year life (See attachment) | (374,713) | | |
| 22 | Var | Unallowable (Non-Medicaid) beds disallowance - Maint. And Operating | 4,932 | | |
| 22 | Var | Unallowable (Non-Medicaid) beds disallowance - Depreciation expense | 11,142 | | |
| 22 | Var | Unallowable (Non-Medicaid) beds disallowance - Property expense | 126 | | |
| 27 | Var | Unallowable (Non-Medicaid) beds disallowance - Insurance expense | 1,526 | | |
| Total Othe | r Property | Adjustments | \$ (317,851) | \$ - | \$ - |

Schedule of Other - Indirect Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------|------------|-------------------------------------------------------------|-----------|------|-----------|
| 18 | 2a1 | Child care services raw food (See attachment) | \$ 1,935 | | |
| 30 | IV8 | Catering revenue | 71,524 | | |
| 18 | Var | Unallowable (Non-Medicaid) beds disallowance - Dietary | 7,670 | | |
| 19 | Var | Unallowable (Non-Medicaid) beds disallowance - Laundry | 452 | | |
| 20 | Var | Unallowable (Non-Medicaid) beds disallowance - Housekeeping | 353 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Othe | r Adjustme | nts | \$ 81,934 | \$ - | \$ - |

Schedule of Other - Miscellaneous Administrative Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------|------------|--------------------------|-----------|------|-----------|
| 30 | IV8 | Community events revenue | \$ 39,116 | | |
| 30 | IV8 | Vending machine revenue | 415 | | |
| 30 | IV8 | Miscellaneous income | 26,275 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Othe | r Adjustme | nts | \$ 65,806 | \$ - | \$ - |
| - | | | | | |

Schedule of Other - Direct Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | (Specify) |
|-------------------|------------|-------------|------|------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Othe | r Adjustme | nts | \$ - | \$ - | \$ - |

Schedule of Unallowable Building Interest

| Page Ref | Line Ref | Description | C | CNH | RHNS | (Specify) |
|-------------------|-------------------------------------|---------------------------------------------------------|----|-------|------|-----------|
| 27 | 12D | Interest on related party loan payable | \$ | 3,889 | | |
| 26 | 12a1 | Unallowable (Non-Medicaid) beds disallowance - Interest | | 5,176 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Unal | Total Unallowable Building Interest | | \$ | 9,065 | \$ - | \$ - |

Jewish Senior Services Disallowance Schedule for Cable TV FY 9/30/2021

| Total Cable TV Expense acct #7275-7425 | <u>Amount</u> 76,586 Pg. 20, line 5L |
|----------------------------------------|-----------------------------------------|
| Sq/ft allocation | 70.4578% |
| Allocated to SNF | 53,961 |
| Monthly Allowable amount | \$ 300 |
| Months in Cost Report Year | <u>12</u> |
| Total Allowable Cost | \$ 3,600 |
| Disallowed Cable TV | \$ 50,361 |

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.

| ace in Service Date | Description | Amount | Life (Yrs) | <u>Adj Life</u> | Actual Depreciation | Adj. <u>Depreciation</u> | 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 | 1,5 16 | 21 | (150) |
| 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 | (407,120) |
| 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 | 59,797 | 55,003 80 | (13,200) (20) |
| 7/1/2016 | Capitlaized Interest | 932,498 | 40 | 30 | 23,312 | 31,083 | |
| | 1 | · · · · · | | | | , | (7,771) |
| 7/1/2016 | Southern Conn Gas | 92,488 | 40 | 30 | 2,312 | 3,083 | (771) |
| 7/1/2016 | Thermal Consulting and inspecting | 25,800 | 40 | 30 | 645 | 860 | (215) |
| 7/1/2016 | Soil sample, PH sample | 441 | 40 | 30 | 11 | 15 | (4) |
| 7/1/2016 | Electricity | 88,035 | 40 | 30 | 2,201 | 2,935 | (734) |
| 7/1/2016 | Structural Engineer | 7,000 | 40 | 30 | 175 | 233 | (58) |
| 7/1/2016 | Courtyard Renderings | 3,030 | 40 | 30 | 76 | 101 | (25) |
| 7/1/2016 | Bridgeport Dept of Health-Inspections | 3,135 | 40 | 30 | 78 | 105 | (27) |
| 7/1/2016 | Demolition and Abatement | 881,042 | 40 | 30 | 22,026 | 29,368 | (7,342) |
| 7/1/2016 | Fire Protection-Sprinkler | 961,651 | 40 | 30 | 24,041 | 32,055 | (8,014) |
| 11/18/2016 | General construction appl 33,34,35 | 1,732,330 | 40 | 30 | 43,308 | 57,744 | (14,436) |
| 12/31/2016 | General construction appl 36, 37 & 38 | 1,816,998 | 40 | 30 | 45,425 | 60,567 | (15,142) |
| 4/30/2018 | Building Permits-Adult Day | 20,485 | 40 | 30 | 512 | 683 | (171) |
| 4/30/2018 | Project Management-Adult Day | 50,000 | 40 | 30 | 1,250 | 1,667 | (417) |
| 4/30/2018 | Construction Cost-Adult Day | 232,161 | 40 | 30 | 5,804 | 7,739 | (1,935) |
| 4/30/2018 | Architect fee for Adult Day | 4,585 | 40 | 30 | 115 | 153 | (38) |
| 4/30/2018 | Performance bond for adult day | 20,597 | 40 | 30 | 515 | 687 | (172) |
| | | | | | Total Add-back | | (531,826) |

SNF 70.4578%

(374,713) **

** Ties to page 29, line 39

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

F. Statement of Revenue

| F. Statement of Rev | ven | | | | |
|-----------------------------------------------------------------|-----|--------------|------------|------|-----------|
| Name of Facility License No. | | Report for Y | ear Ended | | Page of |
| Jewish Home for the Elderly of Fairfield (923-C | | 9/30/2021 | | | 30 37 |
| Item | | Total | CCNH | RHNS | (Specify) |
| I. Resident Room, Board & Routine Care Revenue | | | | | |
| 1. a. Medicaid Residents (CT only) | \$ | 21,644,399 | 21,644,399 | | |
| 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) | \$ | 5,521,635 | 5,521,635 | | |
| b. Medicare Room and Board Contractual Allowance ** | \$ | | | | |
| 4. a. Private-Pay Residents and Other | \$ | 13,178,632 | 13,178,632 | | |
| b. Private-Pay Room and Board Contractual Allowance ** | \$ | | | | |
| II. Other Resident Revenue | | | | | |
| 1. a. Prescription Drugs - Medicare | \$ | | | | |
| b. Prescription Drugs - Medicare Contractual Allowance ** | \$ | | | | 1 |
| c. Prescription Drugs - Non-Medicare | \$ | (6) | (6) | | 1 |
| d. Prescription Drugs - Non-Medicare Contractual Allowance ** | \$ | | | | 1 |
| 2. a. Medical Supplies - Medicare | \$ | | | | |
| b. Medical Supplies - Medicare Contractual Allowance ** | \$ | | | | |
| c. Medical Supplies - Non-Medicare | \$ | 12,037 | 12,037 | | |
| d. Medical Supplies - Non-Medicare Contractual Allowance ** | \$ | | | | |
| 3. a. Physical Therapy - Medicare | \$ | 284,375 | 284,375 | | |
| b. Physical Therapy - Medicare Contractual Allowance ** | \$ | , | | | |
| c. Physical Therapy - Non-Medicare | \$ | 340,506 | 340,506 | | |
| d. Physical Therapy - Non-Medicare Contractual Allowance ** | \$ | , | | | |
| 4. a. Speech Therapy - Medicare | \$ | 53,978 | 53,978 | | |
| b. Speech Therapy - Medicare Contractual Allowance ** | \$ | | , | | |
| c. Speech Therapy - Non-Medicare | \$ | 45,183 | 45,183 | | |
| d. Speech Therapy - Non-Medicare Contractual Allowance ** | \$ | | | | |
| 5. a. Occupational Therapy - Medicare | \$ | 193,877 | 193,877 | | |
| b. Occupational Therapy - Medicare Contractual Allowance ** | \$ | | | | |
| c. Occupational Therapy - Non-Medicare | \$ | 156,687 | 156,687 | | |
| d. Occupational Therapy - Non-Medicare Contractual Allowance ** | \$ | | | | |
| 6. a. Other (Specify) - Medicare | \$ | 10,431 | 10,431 | | |
| b. Other (Specify) - Non-Medicare | \$ | 5,240 | 5,240 | | |
| III. Total Resident Revenue (Section I. thru Section II.) | \$ | 41,446,974 | 41,446,974 | | |
| IV. Other Revenue* | | | , , | | |
| 1. Meals sold to guests, employees & others | \$ | | | | |
| 2. Rental of rooms to non-residents | \$ | | | | 1 |
| 3. Telephone | \$ | | | | 1 |
| 4. Rental of Television and Cable Services | \$ | | | | 1 |
| 5. Interest Income (Specify) | \$ | | | | 1 |
| 6. Private Duty Nurses' Fees | \$ | | | | 1 |
| 7. Barber, Coffee, Beauty and Gift shops | \$ | | | | 1 |
| 8. Other (<i>Specify</i>) | \$ | 4,977,217 | 4,977,217 | | 1 |
| V. Total Other Revenue (1 thru 8) | \$ | 4,977,217 | 4,977,217 | | 1 |
| | \$ | | | | 1 |
| VI. Total All Revenue (III +V) | Ф | 46,424,191 | 46,424,191 | | 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.

Attachment Page 30

Schedule of Other Resident Revenue - Medicare

Related Exp

| Page Ref | Description | CCNH | RHNS | (Specify) |
|-----------|--------------------------------------------------|-----------|------|-----------|
| | | - | | - |
| 30 II 6a | Long term care-X-RAY-Medicare A | \$ 33,063 | | |
| 30 II 6a | Long term care-X-RAY Allow-Medicare A | (33,063) | | |
| 30 II 6a | Long term care-Medical/Surgical-Medicare A | 3,621 | | |
| 30 II 6a | Long term care-Medical/Surgical Allow-Medicare A | (668) | | |
| 30 II 6a | Long term care-Laboratory-Medicare A | 56,711 | | |
| 30 II 6a | Long term care-Laboratory Allow-Medicare A | (56,711) | | |
| 30 II 6a | Long term care-Laboratory-Medicare B | 7,154 | | |
| 30 II 6a | Long term care-Laboratory Allow-Medicare B | 324 | | |
| Total Oth | Total Other Resident Revenue - Medicare | | \$ - | \$ - |

Schedule of Other Non-Medicare Resident Revenue

Related Exp

| Page Ref | Description | | RHNS | (Specify) |
|-----------|---------------------------------------------------|----------|------|-----------|
| | | - | | - |
| 30 II 6b | Long term care-X-RAY-Medicaid | \$ 132 | | |
| 30 II 6b | Long term care-X-RAY Allow-Medicaid | (132) | | |
| 30 II 6b | Long term care-Laboratory-Medicaid | 382 | | |
| 30 II 6b | Long term care-Laboratory Allow-Medicaid | (382) | | |
| 30 II 6b | Long term care-X-RAY-Medicare Managed Care | 19,027 | | |
| 30 II 6b | Long term care-X-RAY Allow-Medicare Managed Care | (19,027) | | |
| 30 II 6b | Long term care-Medical/Surgical-Medicare Mgd Care | 297 | | |
| 30 II 6b | Long term care-Med/Surg Allow-Medicare Mgd Care | (297) | | |
| 30 II 6b | Long term care-Laboratory-Medicare Managed Care | 36,723 | | |
| 30 II 6b | Long term care-Laboratory Allow-Medicare Mgd Care | (36,449) | | |
| 30 II 6b | Long term care-X-RAY-Commercial | 1,841 | | |
| 30 II 6b | Long term care-X-RAY Allow-Commercial | (252) | | |
| 30 II 6b | Long term care-Medical/Surgical-Commercial | 201 | | |
| 30 II 6b | Long term care-Laboratory-Commercial | 6,166 | | |
| 30 II 6b | Long term care-Laboratory Allow-Commercial | (5,857) | | |
| 30 II 6b | Long term care-Medical/Surgical-Evercare | 45 | | |
| 30 II 6b | Long term care-Medical/Surgical Allow-Evercare | (45) | | |
| 30 II 6b | Long term care-Laboratory-Evercare | 10,381 | | |
| 30 II 6b | Long term care-Laboratory-Contractual-Evercare | (7,514) | | |
| Total Oth | er Resident Revenue | \$ 5,240 | s - | \$ - |

Interest Income

Account

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

Schedule of Other Revenue

| Page Ref | Description | CCNH | RHNS | (Specify) |
|-----------|-----------------------------------------------------------------------------------------|--------------|------|-----------|
| | | - | | - |
| 30 IV 8 | HHS PRF (No disallowance necessary) | \$ 46,388 | | |
| 30 IV 8 | Medicaid CRF (No disallowance necessary) | 353,079 | | |
| 30 IV 8 | Child care center revenue (related expenses disallowed) | 409,970 | | |
| 30 IV 8 | Foundation contributions (Related expenses removed as non-reimb.) | 1,755,356 | | |
| 30 IV 8 | Other operating - Café (Related expenses disallowed) | 138,286 | | |
| 30 IV 8 | Foundation - Men's club / Women's Auxilliary (All foundation accounts grouped to non-re | 271,806 | | |
| 30 IV 8 | Catering (Disallowed) | 71,524 | | |
| 30 IV 8 | Community events (Disallowed) | 39,116 | | |
| 30 IV 8 | Vending machine (Disallowed) | 415 | | |
| 30 IV 8 | Congregate food program (Disallowed based on statistics for number of meals) | 8,028 | | |
| 30 IV 8 | Television (Allocated expense disallowed) | 65,440 | | |
| 30 IV 8 | Physician practice office rent (Expenses removed through sq/ft statistic) | 13,500 | | |
| 30 IV 8 | Net investment activity (expenses are netted) | 1,713,897 | | |
| 30 IV 8 | Interest income | 58 | | |
| 30 IV 8 | Miscellaneous income (Allowable grants) | 55,000 | | |
| 30 IV 8 | Miscellaneous income (Disallowed) | 26,275 | | |
| 30 IV 8 | Late fee (Late fee expenses disallowed) | 6,727 | | |
| 30 IV 8 | Change in swap (No disallowance necessary) | 2,352 | | |
| | | | | |
| Total Oth | er Revenue | \$ 4,977,217 | s - | \$ - |

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

G. Balance Sheet

| Name of Facility | License No. | Report for Year Ended | Page | |
|---------------------------------------------|----------------------------------------|-----------------------|---------|------------|
| Jewish Home for the Elderly of Fai | | 9/30/2021 | 31 | 37 |
| | Account | | | Amount |
| Assets | | | | |
| A. Current Assets | | | | |
| 1. Cash (on hand and in bar | / | | \$ | 4,677,427 |
| 2. Resident Accounts Receiv | , | , | \$ | 5,019,966 |
| 3. Other Accounts Receivab | le (Excluding Owners | or Related Parties) | \$ | 240,006 |
| 4 Inventories | | | \$ | 133,995 |
| 5. Prepaid Expenses | | | \$ | 43,461 |
| a. Prepaid Expense - Agr | reements | 43,461 | | |
| b | | | | |
| c. | | | | |
| d. See Schedule | | | | |
| 6. Interest Receivable | | | \$ | |
| 7. Medicare Final Settlemen | t Receivable | | \$ | |
| 8. Other Current Assets (iter | nize) | | \$ | 394,220 |
| Resident Trust Funds | , | 217,727 | | |
| Current Portion of Pledge I Due from GPG | Rec | 135,986 | | |
| See Schedule | | 768 39,745 | | |
| A-9. Total Current Assets (Lines | A1 thru 8) | | \$ | 10,509,081 |
| B. Fixed Assets | ···· ··· ·· ·· · · · · · · · · · · · · | | | 10,000,000 |
| 1. Land | | | \$ | 5,000,000 |
| 2. Land Improvements | *Historical Cost | | \$ | 5,000,000 |
| 2. Land improvements | Accum. Deprecia | tion Net | Ψ | |
| 3. Buildings | *Historical Cost | 92,460,664 | \$ | 75,282,742 |
| 5. Bundings | Accum. Deprecia | | φ | 73,282,742 |
| 4 Loogahald Immersion anta | *Historical Cost | 11011 17,177,922 Net | \$ | |
| 4. Leasehold Improvements | | tion Net | Ф | |
| | Accum. Deprecia | | Φ | 452.04(|
| 5. Non-Movable Equipment | | <u>1,299,965</u> | \$ | 453,940 |
| | Accum. Deprecia | | | |
| 6. Movable Equipment | *Historical Cost | 4,296,823 | \$ | 1,315,467 |
| | Accum. Deprecia | | | |
| 7. Motor Vehicles | *Historical Cost | 294,515 | \$ | 20,659 |
| | Accum. Deprecia | tion 273,856 Net | | |
| 8. Minor Equipment-Not De | epreciable | | \$ | |
| 9. Other Fixed Assets (itemi | ze) | | \$ | 30,48 |
| Construction in Progre | , | 30,483 | | · |
| 8 | | | | |
| See Schedule | | (2) | | |

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

(Carry Total forward to next page)

Attachment Page 31-34

Schedule of Prepaid Expenses Page 31 Line A5

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

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

| Page Ref | Line Ref | Description | | |
|-------------|--------------------------------------|---------------------|----|--------|
| 31 | A8 | Due from Auxilliary | \$ | 4,467 |
| 31 | A8 | Due from Gift Shop | | 1,457 |
| 31 | A8 | 457B Plan | | 33,821 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total Other | Total Other Current Assets (Itemize) | | | 39,745 |

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

| Page Ref | Line Ref | Description | |
|-------------|--------------|---------------------|-----------|
| 31 | B9 | Rounding Variance | \$ (2) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other | r Other Fixe | ed Assets (Itemize) | \$ (2) |

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

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

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

| Page Ref | Line Ref | Description | |
|-------------|-------------|--------------------------------|-----------------|
| 33 | A12 | Paid family leave | \$ 35,835 |
| 33 | A12 | Voluntary choice care W/H | 95,771 |
| 33 | A12 | Employee giving fund | 44,632 |
| 33 | A12 | Deferred expenses | 52,097 |
| 33 | A12 | Deferred revenue - stimulus | 260,700 |
| 33 | A12 | Medicaid advances | 385,000 |
| 33 | A12 | Deferred revenue - receivables | 186,661 |
| 33 | A12 | Deferred revenue - ADHC | 26,250 |
| 33 | A12 | Deferred revenue - grants | 52,940 |
| 33 | A12 | Deferred revenue - SCAH | 17,710 |
| 33 | A12 | Deposits - AL | 277,200 |
| 33 | A12 | Resident trust fund | 217,726 |
| Total Other | r Current L | iabilities (Itemize) | \$ 1,652,522 |

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

Page Ref Line Ref Description

| 34 | B4 | Gift annuity liability | \$ 152,384 |
|-------------|-------------------------------------------|------------------------|---------------|
| 34 | B4 | Swap liability | 111,290 |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other | Total Other Current Liabilities (Itemize) | | \$ 263,674 |

State of Connecticut Annual Report of Long-Term Care Facility CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

| | | Facility | License No. | Report for Year Ended | Page | | of |
|------|------|----------------------------------|----------------------------|------------------------|--------|--------|--------|
| Jewi | sh H | Iome for the Elderly of Fairfiel | 923-С | 9/30/2021 | 32 | | 37 |
| | | | Account | | А | mount | |
| | | | | Total Brought Forward: | \$ | 92,61 | 2,370 |
| C. | Le | asehold or like property record | ed for Equity Purpose | 5. | | | |
| | 1. | Land | | | \$ | | |
| | 2. | Land Improvements | *Historical Cost | | | | |
| | | | Accum. Depreciation | Net | \$ | | |
| | 3. | Buildings | *Historical Cost | | | | |
| | | | Accum. Depreciation | Net | \$ | | |
| | 4. | Non-Movable Equipment | *Historical Cost | | | | |
| | | | Accum. Depreciation | Net | \$ | | |
| | 5. | Movable Equipment | *Historical Cost | | | | |
| | | | Accum. Depreciation | Net | \$ | | |
| | 6. | Motor Vehicles | *Historical Cost | | | | |
| | | | Accum. Depreciation | Net | \$ | | |
| | 7. | Minor Equipment-Not Deprec | iable | | \$ | | |
| C-8 | То | tal Leasehold or Like Properti | <i>es</i> (C1 thru 7) | | \$ | | |
| D. | Inv | vestment and Other Assets | | | | | |
| | 1. | Deferred Deposits | | | \$ | | |
| | 2. | Escrow Deposits | | | \$ | | |
| | 3. | Organization Expense | *Historical Cost | | | | |
| | | | Accum. Depreciation | Net | \$ | | |
| | 4. | Goodwill (Purchased Only) | | | \$ | | |
| | 5. | Investments Related to Reside | ent Care (<i>temize</i>) | | \$ | 14,16 | 51,763 |
| | | Morgan Stanley | | 12,946,434 | | | |
| | | Merrill Lynch | | 1,215,329 | | | |
| | 6. | Loans to Owners or Related P | arties <i>(itemize</i>) | | \$ | | |
| | | Name and Address | Amount | Loan Date | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 7. | Other Assets (<i>itemize</i>) | | | \$ | 54 | 3,284 |
| | | Pledge Receivables | | 543,284 | | | |
| | | | | | | | |
| | | See Schedule | | | | | |
| D-8. | | tal Investments and Other Ass | | | \$ | 14,70 |)5,047 |
| D-9. | То | tal All Assets (Lines A9 + B10 | + C8 + D8) | | \$ | 107,31 | 7,417 |

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

G. Balance Sheet (cont'd)

| Name of Fac | cility | | License No. | Report for Year E | nded | Pa | ge | of |
|-------------|--------|-------------------------------|---------------------------------------|---------------------------------------|-----------|----|---------|------------|
| Jewish Hom | e for | the Elderly of Fairfield Cou | n 923-C | 9/30/2021 | | 33 | 3 | 37 |
| | | | Account | | | | Amount | |
| Liabilities | | | | | | | | |
| А. | Cu | rrent Liabilities | | | | | | |
| | 1. | Trade Accounts Payable | | | | \$ | 861,1 | 35 |
| | 2. | Notes Payable (itemize) | | | | \$ | 179,5 | 517 |
| | | ADHC related party loan | | 179,517 | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | See Schedule | | | | | | |
| | 3. | Loans Payable for Equipm | · · · · · · · · · · · · · · · · · · · | itemize) | | \$ | 18,3 | \$52 |
| | | Name of Lender | Purpose | Amount | Date Due | | | |
| | | | | | | | | |
| | | W.I. Clark Company | Equipment | 18,352 | Various | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 4. | Accrued Payroll (Exclusive | e of Owners and/or Sto | ckholders only) | | \$ | 427,9 |)) 1 1 |
| | 5. | Accrued Payroll (Owners of | · · · · | · · · · · · · · · · · · · · · · · · · | | \$ | | |
| | 6. | Accrued Payroll Taxes Pay | | | | \$ | 27,5 | 599 |
| | 7. | Medicare Final Settlement | | | | \$ | 27,5 | .,,, |
| | 8. | Medicare Current Financia | | | | \$ | | |
| | 9. | Mortgage Payable (Curren | • • | | | \$ | 2,246,6 | 567 |
| | | . Interest Payable (Exclusive | | ted Parties) | | \$ | _,, | |
| | | . Accrued Income Taxes* | | | | \$ | | |
| | | . Other Current Liabilities (| itemize) | | | \$ | 3,933,3 | 314 |
| | _ | Accrued expenses | · | 457B pension plan | 34,844 | | | |
| | | Patient refund clearing | |) Hospice pass thru | 111,542 | | | |
| | | Accrued vacation | 1,102,661 | | 129 | | | |
| | | Employee pension liability | | See Schedule | 1,652,522 | | | |
| A-13 | . To | tal Current Liabilities (Lin | es A1 thru 12) | | | \$ | 7,694,4 | 195 |

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

(Carry Total forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility CSP-34 Rev. 6/95

G. Balance Sheet (cont'd)

| Name of Facility | License No. | Report for Year | Ended | Pag | | of |
|-----------------------------------------------------|------------------------|-----------------|-------------|----------|--------|--------|
| Jewish Home for the Elderly of Fairfield C | ou 923-C | 9/30/2021 | | 34 | | 37 |
| | Account | | | | Amount | |
| | | Total Broug | ht Forward: | | 7,6 | 94,495 |
| Liabilities (cont'd) | | | | | | |
| B. Long-Term Liabilities | | | | | | |
| 1. Loans Payable-Equipment | | 1 | 1 | \$ | | 6,130 |
| Name of Lender | Purpose | Amount | Date Due | | | |
| W.I. Clark Company | Equipment | 6,130 | Various | | | |
| 2. Mortgages Payable 3. Loans from Owners or Re | ated Parties (itemize) | | | \$ \$ | 50,3 | 57,500 |
| Name and Address of Lender | Amount | Loan D | ate | φ | | |
| | | | | | | |
| 4. Other Long-Term Liabiliti | es (itemize) | | | \$ | 4,9 | 10,808 |
| Prepaid pension expense | . / | 1,337,236 | | | | |
| Deferred bond cost | | (741,151) | | | | |
| Deferred revenue - SCAH | | 4,051,049 | | | | |
| See Schedule | | 263,674 | | | | |
| B-5. Total Long-Term Liabilities | (Lines B1 thru 4) | , | | \$ | 55,2 | 74,438 |
| C. Total All Liabilities (Lines A | | | | \$ | | 68,933 |

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

| | ne of Facility License No. Report for Year Ended | | Page | of |
|-----|------------------------------------------------------------------------------------------|---------|------|-------------|
| Jew | ish Home for the Elderly of Fairfiel 923-C 9/30/2021 | | 35 | 37 |
| A. | Account Reserves | | P | mount |
| | 1. Reserve for value of leased land | \$ | | |
| | Reserve for depreciation value of leased buildings and appurtenances | ψ | | |
| | to be amortized | \$ | | |
| | | | | |
| | 3. Reserve for depreciation value of leased personal property (<i>Equity</i>) | \$ | | |
| | 4. Reserve for leasehold real properties on which fair rental value is based | \$ | | |
| | 5. Reserve for funds set aside as donor restricted | \$ | | |
| | 6. Total Reserves | \$ | | |
| B. | Net Worth | | | |
| | 1. Owner's Capital | \$ | | |
| | 2. Capital Stock | \$ | | |
| | 3. Paid-in Surplus | \$ | | |
| | 4. Treasury Stock | \$ | | |
| | 5. Cumulated Earnings | \$ | | 43,631,104 |
| | 6. Gain or Loss for Period 10/1/2020 thru 9/30/20 | 21 \$ | | 717,380 |
| | 7. Total Net Worth | \$ | | 44,348,484 |
| C. | Total Reserves and Net Worth | \$ | | 44,348,484 |
| D. | Total Liabilities, Reserves, and Net Worth | \$ | | 107,317,417 |

State of Connecticut Annual Report of Long-Term Care Facility CSP-36 Rev. 6/95

H. Changes in Total Net Worth

| H. | Balance at End of Period | 09/30/ | /21 | \$ | | 44,348,484 |
|-----------------|--------------------------------------|------------------|------------------------------|-----------|------------|-------------|
| | 3. Total Deductions | | | \$ | | |
| | | | | | | |
| | | | | | | |
| | Purpose | | Amor | unt | | |
| | 2. Other Withdrawings (Specify) | | | \$ | | |
| | | | | | | |
| | Name and Address (No., City, 2 | State, Zip) | Title | Amount | | |
| | 1. Drawings of Owners/Operators/ | | | \$ | | |
| G. | Deductions | | | | | |
| F-3. | Total Additions | | | \$ | | (4,195,75 |
| | | | | | | |
| | Rounding | - 8 | (4) | | | |
| | Loss on nonreimbursable pr | ograms | (4,195,747) | | | |
| | 2. Other (<i>itemize</i>) | | | | | |
| | | | | | | |
| | 1. Additional Capital Contributed | (itemize) | | | | |
| F. | Additions | | | | | |
| E. | Balance | | | \$ | | 48,544,23 |
| D. | Net Income or Deficit | | (480 27) | \$ | | 4,913,12 |
| <u>D.</u> С. | Total Expenditures (From Statement | | Page 27) | \$ | | 41,511,064 |
| <u>А.</u> В. | Total Revenue (From Statement of I | A | 075072020 | <u>\$</u> | | 46,424,19 |
| A. | Balance at End of Prior Period as sh | | 43,631,108 | | | |
| Jewis | sh Home for the Elderly of Fairfield | 923-C Account | 9/30/2021 | | 1 | 37 mount |
| | 5 | License No. | Report for Year 9/30/2021 | Ended | Page 36 | of |

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|------|----|--|--|
| Jewish Home for the Elderly of Fairfield | 923-С | 9/30/2021 | 37 | 37 | | |
| | Check appropriate category | | | | | |
| ☑ Chronic and Convalescent Nursing Home only (CCNH) | □ Rest Home with Nursing Supervision only (RHNS) | □ (Specify) | | | | |
| | Preparer/Reviewer Certifica | ition | | | | |
| I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. 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 | 02/08/2022 | | | | |
| Printed Name of Preparer | | | | | | |
| Matthew S. Bavolack | | | | | | |
| Addres Address | | Phone Number | | | | |
| 555 Long Wharf Drive, New Haven, CT 06511 | | 203-781-9600 | | | | |
| Contacted Person Regarding Additional Info | ormation Needed Regarding This Report | Phone Number | | | | |
| Roger F. Sliby | | 203-365-6405 | | | | |
| Contact Email Address | | | | | | |
| RSLIBY@JSENIORS.ORG | | | | | | |

I. Preparer's/Reviewer's Certification

| Client: Engagement: Period Ending: Trial Balance: | Jewish Senior Services Medicaid - Jewish Senior Services 9/30/2021 A.010 - TB | | | | |
|------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------|----------|-----|-----------------------------------|
| Account | Description | ADJ | JE Ref # | RJE | FINAL |
| | | 9/30/2021 | | | 9/30/2021 |
| 1003 | People's Bank-Operating | 2,751,436.00 | | | 2,751,436.00 |
| 1006 | Checking Clearing Account | 8,807.00 | | | 8,807.00 |
| 1016 1018 | PEOPLE'S BANK - PAYROLL CASH-SENIOR CHOICE AT HOME | 2,009.00 981,018.00 | | | 2,009.00 981,018.00 |
| 1019 | BANK OF AMERICA - UHC/DENTAL | 5,000.00 | | | 5,000.00 |
| 1020 | PETTY CASH JHE | 600.00 | | | 600.00 |
| 1022 | Petty Cash - ADHC | 200.00 | | | 200.00 |
| 1025 1030 | PETTY CASH DINING SERVICES RESIDENT BANK - CHECKING | 500.00 216,551.00 | | | 500.00 216,551.00 |
| 1030 | RESIDENT BANK - CASH ON HAND | 1,176.00 | | | 1,176.00 |
| 1044 | PEOPLE'S BANK - FOUNDATION | 924,211.00 | | | 924,211.00 |
| 1046 | PEOPLE'S BANK - FOUNDATION - CREDIT CARDS | 3,646.00 | | | 3,646.00 |
| 1101 | MORGAN STANLEY - UNRESTRICTED | 829,311.00 | | | 829,311.00 |
| 1103 1104 | MORGAN STANLEY - ENDOWMENT MORGAN STANLEY - TEMPORARILY RESTRICTED | 9,713,581.00 2,303,542.00 | | | 9,713,581.00 2,303,542.00 |
| 1123 | MERRILL LYNCH - HW | 1,215,329.00 | | | 1,215,329.00 |
| 1131 | ISRAEL BONDS | 100,000.00 | | | 100,000.00 |
| 1210 | A/R - PRIVATE | 800,757.00 | | | 800,757.00 |
| 1212 | A/R - Private Pending Medicaid | 188,090.00 1.784.704.00 | | | 188,090.00 |
| 1220 1230 | A/R - MEDICAID A/R MEDICARE Fee for Service | 521,494.00 | | | 1,784,704.00 521,494.00 |
| 1235 | A/R MEDICARE PT B | 50,777.00 | | | 50,777.00 |
| 1240 | A/R MEDICARE A SECONDARY | 173,709.00 | | | 173,709.00 |
| 1245 | A/R MEDICARE B SECONDARY | 16,545.00 | | | 16,545.00 |
| 1250 | | 213,902.00 | | | 213,902.00 |
| 1255 1260 | A/R COMMERCIAL COINSURANCE A/R MEDICARE EVERCARE | 7,218.00 37,130.00 | | | 7,218.00 37,130.00 |
| 1265 | A/R MEDICARE MANAGED | 333,696.00 | | | 333,696.00 |
| 1270 | ALLOWANCE FOR DOUBTFUL ACCOUNT | (356,572.00) | | | (356,572.00) |
| 1280 | A/R-Assisted Living Private | 27,798.00 | | | 27,798.00 |
| 1320 1350 | A/R - ADHC - GRASMERE - VETERANS ADMINISTRATION A/R - ADHC - GRASMERE - PRIVATE PAY | 3,064.00 30,329.00 | | | 3,064.00 30,329.00 |
| 1355 | A/R - ADHC - GRASMERE - SWCAA STATE | 12,706.00 | | | 12,706.00 |
| 1360 | A/R - ADHC - GRASMERE - RESPITE | 4,260.00 | | | 4,260.00 |
| 1370 BSC | Current portion of pledges receivable | 135,986.00 | | | 135,986.00 |
| 1371 BSC | Reclass portion of pledges receivable | (135,986.00) | | | (135,986.00) |
| 1373 1374 | PLEDGES RECEIVABLE - ENDOWMENT PLEDGES RECEIVABLE - SPECIAL | 23,000.00 5,721.00 | | | 23,000.00 5,721.00 |
| 1375 | PLEDGES RECEIVABLE DISCOUNT - ENDOWMENT | (5,540.00) | | | (5,540.00) |
| 1381 | ANNUAL CAMPAIGN RECEIVABLE | 11,222.00 | | | 11,222.00 |
| 1383 | CONTRIBUTIONS RECEIVABLE | 268,090.00 | | | 268,090.00 |
| 1383-BSC 1384 | CONTRIBUTIONS RECEIVABLE ALLOW ANCE PLEDGES RECEIVABLE - VISION 2031 | <mark>(142,894.00)</mark> 585,215.00 | | | (142,894.00) 585,215.00 |
| 1385 | PLEDGES DISCOUNT/ALLOWANCE | (65,544.00) | | | (65,544.00) |
| 1405 | HOME TOGETHER A/R | 141,429.00 | | | 141,429.00 |
| 1410 | A/R - FRIEDMAN HOME CARE | 437,779.00 | | | 437,779.00 |
| 1412 | | 307,041.00 | | | 307,041.00 |
| 1413 1414 | A/R-Hospice MHC & HOSPICE-ALLOWANCE FOR DOUBTFUL ACCOUNTS | 327,194.00 (1,148.00) | | | 327,194.00 (1,148.00) |
| 1415 | FHC - ALLOWANCE FOR DOUBTFUL ACCT | (43,116.00) | | | (43,116.00) |
| 1420 | ENTRANCE FEE RECEIVABLE-SCAH | 240,006.00 | | | 240,006.00 |
| 1435 | | 1,180.00 | | | 1,180.00 |
| 1445 1450 | PREPAID EXPENSE - AGREEMENTS DUE FROM GPG | 43,461.00 768.00 | | | 43,461.00 768.00 |
| 1464 | DUE FROM AUXILIARY | 4,467.00 | | | 4,467.00 |
| 1466 | DUE FROM GIFT SHOP | 1,457.00 | | | 1,457.00 |
| 1510 | FOOD INVENTORY | 85,439.00 | | | 85,439.00 |
| 1520 | MED SURG INVENTORY | 48,556.00 | | | 48,556.00 |
| 1610 1620 | LAND BUILDING | 5,000,000.00 92,460,664.00 | | | 5,000,000.00 92,460,664.00 |
| 1630 | FURNITURE & EQUIPMENT | 4,106,691.00 | | | 4,106,691.00 |
| 1635 | COMPUTERS AND SOFTWARE | 1,407,610.00 | | | 1,407,610.00 |
| 1645 | AUTOMOBILES | 377,001.00 | | | 377,001.00 |
| 1650 1720 | CONSTRUCTION IN PROGRESS ACCUM.DEP-BUILDING | 30,483.00 | | | 30,483.00 |
| 1720 1730 | ACCUM.DEP-BUILDING ACCUM.DEP-FURNITURE & EQUIPMEN | (17,177,922.00) (2,493,498.00) | | | (17,177,922.00) (2,493,498.00) |
| 1735 | ACCUM.DEP-COMPUTERS & SOFTWARE | (1,277,073.00) | | | (1,277,073.00) |
| 1745 | ACCUM.DEP-AUTOMOBILES | (330,667.00) | | | (330,667.00) |
| 1800 | PREPAID PENSION EXPENSE | (1,337,236.00) | | | (1,337,236.00) |
| 1825 1930 | 457B PENSION PLAN DEFERRED BOND COST | 33,821.00 741,151.00 | | | 33,821.00 741,151.00 |
| 1300 | | 771,101.00 | | | 171,101.00 |

| 900/021 900/021 900/021 210 ACCOUNTS PAVABLE (6) 1155 (0) (6) 1155 (0) 210 ACCOUNTS PAVABLE (6) 1155 (0) (6) 1150 (0) 210 ACCOUNTS PAVABLE (1002,770.00) (1002,770.00) 210 ACCOUNTS PAVABLE (122,911.00) (42,911.00) 210 ACCOUNTS PAVABLE (122,911.00) (42,911.00) 210 ACCOUNTS PAVABLE (122,911.00) (42,911.00) 210 ACCOUNTS PAVABLE (123,900) (124,940.00) 211 ACCOUNTS PAVABLE (123,900) (124,940.00) 212 AVAD PAM THEND LABLEY (123,900) (124,940.00) 2200 AAD FAM YLEA VEL ACE ALE WH (123,900) (128,900.00) 2201 CARENTHER TREAD REVENUE (123,900.00) (280,700.00) (280,700.00) 2202 DEFERRED REVENUE STANLES (280,700.00) (280,700.00) (280,700.00) (280,700.00) (280,700.00) (280,700.00) (280,700.00) (280,700.00) (280,700.00) (280,700.00) (280,700.00) (280,700.00) | Account | Description | ADJ | JE Ref # | RJE | FINAL |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------------------------------------|----------|-----|--------------|
| 2110 ACCRUE EXPENSES (1.02.779.00) (1.52.079.00) 2120 ACCRUE DYARTICIN (1.75.010) (1.75.010) 2130 ACCRUE DYARTICIN (1.75.010) (1.75.010) 2140 ACCRUE DYARTICIN (1.75.010) (1.75.010) 2151 STREM SENSION LABILITY (2.75.010) (2.75.010) 2151 STREM SENSION LABILITY (2.75.010) (2.75.010) 2120 CARNISHIMENTS (7.75.010) (7.75.010) 2210 CARNISHIMENTS (7.75.010) (6.75.00) 2220 CARNISHIMENTS (7.75.010) (6.75.00) 2201 CARNISHIMENTS (2.75.00) (6.85.00) 2202 VOLUTARY CACCE CARE WH (8.71.00) (6.75.00) 2203 DEFERSED EVENUE - STIMULUS (2.00.700.00) (2.65.000) 2204 DEFERSED EVENUE - STIMULUS (2.00.700.00) (2.65.000) 2205 DEFERSED EVENUE - STIMULUS (2.77.200.00) (2.77.200.00) 2204 DEFERSED EVENUE - STIMULUS (2.77.200.00) (2.25.000) <t< th=""><th></th><th></th><th>9/30/2021</th><th></th><th></th><th>9/30/2021</th></t<> | | | 9/30/2021 | | | 9/30/2021 |
| 2120 PATENT REFUND CLEARING (158.00) (127.311.00) 2120 ACCRUED VACATION UNBUTY (1.102.811.00) (127.22.811.00) 2120 ACCRUED VACATION UNBUTY (1.102.811.00) (127.598.00) 2121 ACCRUED VACATION UNBUTY (1.64.44.00) (1.112.801.00) (1.112.801.00) 2120 ACCRUED VALUE (1.115.200) (1.112.801.00) (1.112.801.00) 2120 CANNENDERT (1.81.00) (1.112.801.00) (1.112.801.00) 2200 CANNENDERT (1.81.00) (1.112.801.00) (1.112.801.00) 2201 CANNENDERT (1.81.00) (1.81.00) (1.81.00) 2202 CANNENDERT (1.81.00) (1.82.00) (1.82.00) 2203 DEFERRED EXTENDE (1.81.00) (1.82.00) (1.82.00) 2203 DEFERRED EXTENDE (1.81.00) (1.82.800.00) (1.82.800.00) 2203 DEFERRED EXTENDE (1.81.00) (1.82.800.00) (1.82.800.00) (1.82.800.00) (1.82.800.00) (1.82.800.00) (1.82.800.00) (1.82.800.00) (1.82.800.00)< | 2105 | ACCOUNTS PAYABLE | (861,135.00) | | | (861,135.00) |
| 140 ACCRUE PAYROLL (427,911.00) (427,911.00) 1210 ACCRUE PAACTON (1.2884.00) (1.2684.00) 1210 ACCRUE PAACTON (1.9994.00) (2.3684.00) 1210 ACCRUE PAACTON (1.9994.00) (2.3684.00) 1210 FCAP AVABLE (2.7690.00) (2.7590.00) 1210 ACCRUE PASS THRU (1.11.420.0) (1.11.420.0) 1220 CANRISHENTE (1.26.00) (1.62.00) 1220 CANRISHENTE (1.66.01.0) (1.62.00.0) 2200 CANRISHENTE (1.66.01.00) (1.62.00.0) 2201 CANRISHENTE (1.66.01.00) (1.62.00.0) 2202 CANRISHENTE (1.66.01.00) (1.62.00.0) 2203 CANRISHENTE (1.66.01.00) (1.62.00.0) 2204 DEFERRED EXPENSES (1.66.01.00) (1.62.00.0) 2203 DEFERRED EXPENSE ENCLOADE (2.24.00.0) (2.24.00.0) 2204 DEFERRED EXPENSE ENCLOADE (2.46.00.0) (2.24.00.0) 2203 DEFERRED EXPENSE ENCLOADE< | | | | | | |
| 2160 ACCRUED VACATION (1,102,661.00) (1,20,261.00) 2160 AFD FENSION LABULTY (20,065.00) (22,061.00) 2170 AFD FENSION LABULTY (20,065.00) (22,061.00) 2120 CARNISHMENTS (111,562.00) (111,562.00) 2120 CARNISHMENTS (12,000) (22,000) (23,053.00) (23,053.00) 2200 DEFINITUAL VEAVE (26,070.00) (26,070.00) (26,070.00) 2300 DEFERRED REVENUE-ANCHARES (26,070.00) (25,097.00) 2300 DEFERRED REVENUE-ANCHARES (26,070.00) (25,087.00) 2300 DEFERRED REVENUE-ANCHARES (26,290.00) (25,290.00) 2301 DEFERRED REVENUE-ANCHORE CHORE -CARE COORDINATI (17,710.00) (17,710.00) 2302 DEFERRED REVENUE-ANCHORE CHORE -CARE COORDINATI (27,728.00) (25,294.00) 23230 Deferrat Revenue-Sennet Choice at Home (4,051.040.00) (17,710.00) 23030 DEFERRED REVENUE-ANCHORE CHORE -CARE COORDINATI (17,710.00) (17,770.00) 23040 DEFERRED REVENUE-ANCHORE CHORE -CORE C | | | | | | |
| 2160 EMPLOYEE PENSION LABILITY (29.965.00) (23.968.00) 2161 FIGURY LEANE (77.961.00) (77.961.00) 2101 FIGURY LEANE (77.961.00) (78.961.00) 2201 FIGURY LEANE (79.961.00) (78.961.00) 2202 FAD FAMILY LEANE (79.961.00) (63.853.00) (53.853.00) 2203 EMPLOYEE GINNE GUND (44.072.00) (63.97.97.00) (63.97.97.00) 2204 EMPLOYEE GUNS GUND (79.960.00) (63.97.00.00) (63.97.00.00) 2305 DEFERRED REVENUE - STRULUS (26.07.00.00) (63.97.00.00) (63.97.00.00) 2305 DEFERRED REVENUE - SENDR CHORE - CARE COORDNATI (17.71.00.00) (77.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) (27.72.00.00) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | |
| 2165 4727 EPNSION PLAN (24,644.00) (27,566.00) 2200 HOSPCE PASS TRU (11,142.00) (11,142.00) 2201 HOSPCE PASS TRU (11,142.00) (11,142.00) 2202 HOSPCE PASS TRU (11,142.00) (11,142.00) 2203 VOLUNTARY CHOICE CARE W/H (65,771.00) (65,771.00) 2204 DEFERTED ENPENSES (62,047.00) (62,097.00) 2305 DEFERTED ENPENSES (62,047.00) (62,097.00) 2305 DEFERTED ENVENUE-ARCES (186,061.00) (63,050.00) 2300 DEFERTED ENVENUE-ARCES (186,061.00) (63,049.00) 23210 DEFERTED ENVENUE-ARCE (186,061.00) (63,049.00) 2322 Deferral Revenue-Srants (22,490.00) (27,720.00) 2337 Deposita-Assisted LWng (17,723.00) (27,723.00) 2336 Deferral Revenue-Srants (77,920.00) (27,723.00) 2337 Deposita-Assisted LWng (11,93,97.00) (17,723.00) 2336 Deferral Revenue-Srants (24,46,67.00) (24,46,66 | | | | | | |
| 2200 HOS/ICE PASS THRU (11152:00) (122:00) 221 PADL FAMLY LEAVER CARE W/H (125:00) (125:00) 2230 PADL FAMLY LEAVER CARE W/H (126:03:00) (126:02) 2230 DEFERRED EXPENDES (12:07:00) (22:07:00) (22:07:00) 2300 DEFERRED EXPENDES (12:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) 2303 DEFERRED EXPENDES (12:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (22:07:00) (17:00:0) (17:10:00) (17:11:00) (17:11:00) (17:11:00) (17:11:00) (17:11:00:0) (17:12:00:0) (12:07:00) (12:07:00) (12:07:00) (12:07:00) (12:07:00) (12:07:00) (12:07:00) (12:0 | | | | | | |
| 2210 GARNISHMENTS (12200) (12200) 2220 VOLUNTARY CHOLE CARE WH (65,75.00) (65,75.00) 2200 VOLUNTARY CHOLE CARE WH (65,77.00) (65,77.00) 2200 DEFERRED REVENUE - STIMUUS (260,700.00) (200,700.00) 2305 DEFERRED REVENUE - STIMUUS (260,700.00) (260,700.00) 2305 Marcones (365,000.00) (365,000.00) 2305 DEFERRED REVENUE - RECEIVABLES (186,661.00) (260,700.00) 2305 DEFERRED REVENUE - RECEIVABLES (186,661.00) (260,700.00) 2305 DEFERRED REVENUE - RECEIVABLES (177,710.00) (177,710.00) 2305 DEFERRED REVENUE - SENDER CORDINATI (27,720.00) (27,720.00) 2335 DEFERRED REVENUE - SENDER CORDINATI (27,720.00) (179,757.00) 2336 DEFERRED REVENUE - SENDER CORDINATI (27,720.00) (27,720.00) 2347 DEFERRED REVENUE - SENDER CORDINATI (27,720.00) (27,720.00) 2447 BOND LABLITY (36,357.000.00) (36,357.000.00) 2445 | | | | | | |
| 2220 PAD FAMLY LEAVE (55,855.00) (65,771.00) 2230 EMFLOYEE CMING FUND (44,852.00) (44,852.00) 2305 DEFFERED EVENUE: STMULUS (260,700.00) (265,700.00) 2305 DEFFERED REVENUE: STMULUS (260,700.00) (265,700.00) 2305 DEFFERED REVENUE: RECEIVABLE S (186,661.00) (26,240.00) (26,250.00) 2305 DEFFERED REVENUE: SENOR CHOICE - CARE COORDINATI (17,710.00) (17,720.00) 2335 DEFFERED REVENUE: SENOR CHOICE - CARE COORDINATI (17,720.00) (27,720.00) 2336 CEFFARED REVENUE: SENOR CHOICE - CARE COORDINATI (17,730.00) (17,730.00) 2340 CIFT ANUTY LABLITY (12,728.00) (12,728.00) (17,730.00) 2440 COAN FAYARDE - EOUIPMENT (6,130.00) (6,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) (11,130.00) | | | | | | |
| 2230 VOLUNTARY CHOICE CARE WH (65,771.00) (64,532.00) 2300 DEFERRED EXPENSES (62,007.00) (62,007.00) 2301 DEFERRED EXPENSES (62,007.00) (62,007.00) 2302 DEFERRED REVENUE - RECENABLES (196,661.00) (186,650.00) 2322 DEFERRED REVENUE - RECENABLES (196,661.00) (62,200.00) 2323 DEFERRED REVENUE - RECENABLES (196,661.00) (62,200.00) 2330 DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI (177.100.00) (177.100.00) 2330 DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI (177.100.00) (177.100.00) 2330 DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI (177.100.00) (177.278.00) 2400 GET ANNUTY LABILITY (122,384.00) (132,384.00) (132,384.00) 2424-BSC Current portion of aui/pement Ioan (18,352.00) (18,352.00) (18,352.00) 2424-BSC Current portion of AUHC Debt (11,200.00) (11,202.384.00) (11,202.384.00) (11,202.384.00) 2424-BSC Current portion of aui/pement Ioan (18,352.00) | | | | | | |
| 2290 EMPLOYEE GWNG FUND (44.852.00) (44.852.00) 2305 DEFERRED REVENUES (26.070.00) (260.700.00) 2305 DEFERRED REVENUES (385.000.00) (385.000.00) 2307 DEFERRED REVENUE-ADHC (22.490.00) (22.490.00) 2320 Deferred Revenue-Grants (22.490.00) (22.490.00) 2330 Deferred Revenue-Grants (22.490.00) (27.700.00) 2331 Deferred Revenue-Grants (22.490.00) (27.700.00) 2332 Deferred Revenue-Grants (27.400.00) (27.700.00) 2333 Deferred Revenue-Grants (17.57.00) (27.72.00.00) 2448 Current Portion of ADIC Dett (17.95.70.00) (27.72.00.00) 2428-BSC Current Portion of ADIC Dett (17.95.70.00) (13.83.20.00) 2448 LOAN PAYABLE - FOUPMENT (6.13.00.00) (6.13.00.00) (6.13.00.00) 2449 BOND LABELTY - VT (2.34.66.77.00) (11.007.58.400) (11.007.58.400) 2400 BOND LABELTY - ST (11.007.58.400) (11.007.58.400) (11.02 | | | | | | |
| 2300 DEFERRED EXPENSES (52,097.00) (52,097.00) 2305 DEFERRED REVENUE - STMULUS (260,700.00) (35,000.00) 2305 DEFERRED REVENUE - STMULUS (36,000.00) (35,000.00) 2310 DEFERRED REVENUE - ORIGINARIES (38,600.00) (35,000.00) 2322 Deferred Rewnue-Sonor Choice at Home (36,400.00) (40,51.040.00) (40,51.040.00) 2335 DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI (17,710.00) (17,710.00) (27,720.00) 2340 Deposite-Assantic Living (27,720.00) (27,720.00) (27,720.00) 2424 ESC Current portion of ADIC Delt (17,95,77.00) (17,95,77.00) (17,95,77.00) 2424 BOND LVABULTY - ST (22,46,667.00) (63,357.500.00) (63,357.500.00) 2449 BOND LVABULTY - ST (23,440,688.00) (14,40,680.00) (14,40,680.00) 3010 FUND PALACE (11,407,544.00) (11,407,544.00) (14,40,680.00) 3011 NET ASSETS - ENDOWIGHT-FERM RESTRICTED (11,402,540.00) (14,52,57.00) 3013 NET ASSETS - ENDO | | | | | | |
| 2300 DEFERRED REVENUE - RECEIVABLES (38, 000.00) (36, 661.00) 2301 DEFERRED REVENUE-ADHC (22, 220.00) (32, 240.00) 2303 Deferred Revenue-Crants (12, 400.00) (42, 61.048.00) 2303 Deferred Revenue-Crants (12, 400.00) (42, 61.048.00) 2303 Deposits-Assisted Living (12, 77, 200.00) (12, 77, 200.00) 2304 RESIDENT BANK - EQUITY (12, 77, 260.00) (12, 77, 200.00) 2405 Current Portion of Apulpment Ioan (13, 25, 200) (13, 25, 200) 2424-8ESC Current Portion of Apulpment Ioan (13, 25, 200) (13, 25, 200) 2445 LOAN PAXABLE - EQUITY (11, 20, 200) (11, 20, 200) 2445 BOND LIABLITY - LT (12, 12, 200, 200) (13, 25, 200) 2450 BOND LIABLITY - LT (13, 140, 680, 00) (11, 20, 200, 200, 200, 200, 200, 200, 20 | | | | | | |
| 2310 DEFERRED REVENUE - RECEIVABLES (186,661.00) (26,250.00) 2322 Deferred Revenue-Grants (27,940.00) (26,240.00) 2333 DEFERRED REVENUE - SENOR CHOCE - CARE COORDINATI (17,710.00) (17,710.00) 2335 DEFERRED REVENUE - SENOR CHOCE - CARE COORDINATI (17,710.00) (17,710.00) 2336 DEFERRED REVENUE - SENOR CHOCE - CARE COORDINATI (17,710.00) (17,710.00) 2337 DEFERRED REVENUE - SENOR CHOCE - CARE COORDINATI (17,710.00) (17,7720.00) 2400 GET ANNUTY LIABLITY (17,23.30) (12,234.00) (13,22.30.00) 2424-85C Current portion of equipment loan (11,352.00) (16,35.00) (22,46.67.00) 2443 BOND LIABLITY - ST (2,246.67.00) (2,246.67.00) (2,246.67.00) 2501 FUND BALANCE (11,07,594.00) (11,07,594.00) (11,07,594.00) 3014 NET ASSETS - TEMOWMENT-PERM RESTRICTED (11,07,594.00) (13,247.00) (23,650.00) 4100-1000 Long term care-Private Private (9,850.776.00) (86,67.60.0) (86,67.60.0) 4100-2040 | | | | | | |
| 2220 DEFERRED REVENUE-ADHC (22,200.00) (26,204.00) 2330 Deferred Revnue-Grants (4,65,1049.00) (4,05,1049.00) 2337 Deposits Assisted Lingi (27,720.00) (27,720.00) 2338 DEFERRED RAVK. ECOURT (27,720.00) (27,720.00) 2337 Deposits Assisted Lingi (27,720.00) (27,720.00) 2426-BSC Current Fotion of ADHC Dabh (17,710.00) (17,751.00) 2427-BSC Current Fotion of ADHC Dabh (17,785.17.00) (17,852.00) 2424-BSC Current Fotion of ADHC Dabh (17,785.17.00) (17,95.17.00) 2445 LOAN PAYABLE - EQUIPMENT (6,130.00) (6,130.00) 2405 BOND LABLITY - LT (50,357.500.00) (17,07,94.00) 2409 BOND LABLITY - LT (50,357.500.00) (13,440.880.00) (11,00,794.00) 3010 FUND BALANCE FUND MENT-FERM RESTRICTED (11,00,794.00) (11,00,794.00) 4100-1000 Long term care-Provate Proving Medicaid 330,174.00 (33,440.880.00) (485.078.80.0) 4100-1000 Long term care-P | | | | | | |
| 2322 Deferred Revenue-Senior Choice at Home (22,940.00) (425,1496.00) 2333 DEFERRED REVENUE - SENOR CHOICE - CARE COORDINATI (17,710.00) (17,710.00) 2337 Deposits-Asside Ling (27,720.00) (27,720.00) 2337 RESIZHAT DAVK. EDUTY (217,728.00) (27,720.00) 2426-BSC Current portion of AD/ED Debt (17,817.00) (17,817.00) 2427-BSC Current portion of AD/ED Debt (17,817.00) (18,352.00) 2448 BOND LABLITY - ST (2,246.667.00) (2,246.67.00) 2449 BOND LABLITY - ST (2,246.667.00) (11,250.00) 2500 Swap Lablity (11,200.00) (11,250.00) 3014 NET ASETS - ENDOWMENT-PERM RESTRICTED (11,020.00) (11,250.00) 3014 NET ASETS - SENDOWMENT-PERM RESTRICTED (10,020.00) (235.00) 4100-2040 Post-actus/Rehab-F(no) and Board-Phytate (286.00) (235.00) 4100-2040 Post-actus/Rehab-F(no) and Board-Phytate (286.00) (235.00) 4100-2040 Post-actus/Rehab-F(no) and Board-Phytate (287.00) | | | | | | |
| 2330 Deferred Revenue-Senior Choice at Home (4,051,049.00) (4,051,049.00) 2337 Deposits-Assisted Uving (277,200.00) (277,200.00) 2307 RESDENT BANK - EQUITY (217,726.00) (277,200.00) 2400 CEFT ANNUTY LIABULTY (112,344.00) (112,344.00) 2424 COAN PAXABLE - EQUIPMENT (113,300.00) (133,300.00) 2445 LOAN PAXABLE - EQUIPMENT (133,00.00) (133,00.00) 2446 BOND LIABULTY - VIT (50,337,500.00) (50,337,500.00) 2450 BOND LIABULTY - VIT (50,337,500.00) (11,02,840.00) 3010 FUND BALANCE (11,102,840.00) (11,102,840.00) 3011 NET ASSETS - ENDOWMENT-PERM RESTRICTED (11,102,784.00) (11,102,784.00) 41100-2000 Long term care-PT (n patient)-Private (225.00) (258,982.00) (58,982.00) 41100-1000 Long term care-PT (n patient)-Private (225.00) (225.00) (224,980.00) 4120-1000 Long term care-PT (n patient)-Private (225.00) (225.00) (225.00) (225.00) (225.99.00) </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | |
| 2335 DEFERRED REVENUE-SENIOR CHOICE - CARE COORDINATI (17,710.00) (27,720.00) 2350 RESDENT BANK - EQUITY (217,726.00) (27,728.00) 2400 GFT AMUNTY LABILITY (152,384.00) (152,384.00) 2428-BSC Current Portion of ADHC Debt (179,171.00) (163,522.00) 2428-BSC Current Portion of ADHC Debt (179,171.00) (163,522.00) 2424-BSC Current Portion of ADHC Debt (179,171.00) (2246,667.00) 2440 BOND LIABILITY - VIT (2346,667.00) (53,575.00.00) (53,575.00.00) 2500 Swap Liability (111,07,594.00) (111,025,940.0) (11,128,241.00) (11,128,241.00) 3013 NET ASSETS - TEMP RESTRUCTED (11,107,594.00) (246,682.00) (246,882.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) (248,982.00) | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| 2350 RESIDENT BANK - EQUITY (217,28.00) (217,28.00) 2420-BSC Current Portion of ADHC Debt (179,517.00) (178,517.00) 2427-BSC Current Portion of ADHC Debt (179,517.00) (18,352.00) 2428-BSC Current Portion of ADHC Debt (179,517.00) (18,352.00) 2445 LOAN PAYABLE - EQUIPMENT (6,130.00) (21,26,667.00) 2449 BDND LIABILITY - ST (224,667.00) (234,667.00) 3013 NET ASSETS - ENDOWMENT-PERM RESTRICTED (11,007,594.00) (11,028,241.00) 3014 NET ASSETS - TEMP RESTRICTED (11,82,821.00) (11,62,821.00) (34,40,680.0) 4100-1000 Long term care-Private (9,860,766.00) (9,860,766.00) (4102,204) 4102-1000 Long term care-Private (314,00) (325,00) (325,00) 4120-1000 Long term care-Private (325,00) (325,00) (325,00) 4120-1000 Long term care-Private (314,00) (325,00) (423,00) (423,00) (423,00) (423,00) (423,00) (423,00) (423,00) | | DEFERRED REVENUE - SENIOR CHOICE - CARE COORDINATI | | | | |
| 2400 GIFT ANNUTY LIBILITY (152,384.00) (175,517.00) 2247-BSC Current portion of ADHC Debt (179,517.00) (175,517.00) 2247-BSC Current portion of ADHC Debt (179,517.00) (18,352.00) 2445 LOAN PAVABLE - CUIPMENT (6,130.00) (2,246,667.00) 2449 BOND LUBILITY - LT (50,357,500.00) (2,246,667.00) 2500 Swap Liability (111,220,00) (111,200,00) 3011 FUET ASETS - EMP RESTRICTED (1142,820,00) (141,800,40) 3014 NET ASETS - TEMP RESTRICTED (1162,821,00) (141,800,40) 4100-1000 Long term care-Roman and Board-Private (28,807,706,00) (28,807,706,00) 4102-1000 Long term care-Private Pending Medicaid 330,174,00 330,174,00 330,174,00 4120-1000 Long term care-ST (in patient)-Private (22,36,00) (22,500) (22,500) 4120-1000 Long term care-ST (in patient)-Private (72,00) (71,73,730,00) (71,73,730,00) 4120-1000 Long term care-ST (in patient)-Private (72,07,00) (71,73,730,00) (| | · · · · · · · · · · · · · · · · · · · | | | | |
| 2426-BSC Current Portion of ADHC Debt (179,517.00) (172,517.00) 2425 Current Portion of equipment loan (18,352.00) (6,130.00) 2445 BOND LIABILITY - STT (2,246,667.00) (2,246,667.00) 2450 BOND LIABILITY - LT (50,357,500.00) (60,357,500.00) 3010 FUND BALANCE (31,440,689.00) (31,440,689.00) 3013 NET ASSETS - ENDOWMENT-PERM RESTRICTED (11,82,821.00) (11,82,871.00) 3014 NET ASSETS - TEMP RESTRICTED (11,82,821.00) (38,567,660.00) 4100-100 Long term care-Rorm and Board-Frivate (58,07,760.00) (38,074.00) 4100-1000 Long term care-Rorm and Board-Frivate (58,07,760.00) (38,074.00) 4120-2000 Long term care-Rorm and Board-Frivate (225,00) (225,00) 4120-2000 Long term care-Rorm and Board-Frivate (225,00) (225,00) 4120-2000 Long term care-Rorm and Board-Frivate (225,00) (225,00) 4120-2000 Long term care-Rorm and Board-Frivate (220,70.0) (220,70.0) 4120-2000 Long term care-Rorm | | | | | | |
| 2427-RSC Current portion of equipment loan (18.352.00) (18.352.00) 2449 BOND LIABILITY - ST (2.246.667.00) (2.246.667.00) 2450 Swap Liability (11.290.00) (11.250.00) 2500 Swap Liability (11.290.00) (11.250.00) 3013 NET ASSETS - ENDOWMENT-PERM RESTRICTED (11.007.594.00) (11.007.594.00) 3014 NET ASSETS - TEMP RESTRICTED (11.62.821.00) (12.8221.00) (12.8221.00) 4100-1000 Long term care-Room and Board-Private (54.892.00) (64.892.00) (34.802.00) 4102-2040 Post-acute/Rehat-Room and Board-Private (32.00) (250.00) (250.00) 4120-1000 Long term care-Private Pending Medicaid 330.174.00 (32.50.00) (250.00) 4120-2040 Post-acute/Rehat-Room and Board-Private (32.60.00) (32.60.00) (32.60.00) 4120-1000 Long term care-Private (61.60.00) (61.60.00) (61.61.00) 4120-2040 Post-acute/Rehat-Room and Board-Medicare A (61.75.73.30.0) (61.75.73.30.0) (61.75.73.30.0) (61.75.73.30.0) | | | | | | |
| 2445 LOAN PÅYABLE - ÉQUIPMENT (6,130.00) (c,130.00) 2449 BOND LUBILITY - VT (C,246,667.00) (2246,667.00) 2450 BOND LUBILITY - VT (S,0357.500.00) (G,375.500.00) 3010 FUND BALANCE (G,140.00) (G,140.08) 3011 NET ASSETS - ENDOWMENT-PERM RESTRICTED (1,107.594.00) (G,140.08) 3014 NET ASSETS - ENDOWMENT-PERM RESTRICTED (1,162.261.00) (G,850.706.00) 4100-1000 Long term care-Rom and Board-Private (648.982.00) (G,849.82.00) 4101-1000 Long term care-Private Pending Medicaid 330,174.00 330,174.00 4120-1000 Long term care-FT (in patient)-Private (225.00) (225.00) 4120-1000 Long term care-ST (in patient)-Private (72.07) (7,917.00) 4140-1000 Long term care-ST (in patient)-Private (72.07) (7,917.00) 4200-2040 Post-acute/Rehab-FT (in alteint)-Private (72.03,030) (643,880.0) 4200-1000 Long term care-ST (in patient)-Medicare A (10,236.00) (12,67.73.00) 4200-2040 Post-acute/Rehab-Ro | | | | | | |
| 2449 BOND LABILITY - ST (2.246.667.00) (2.246.667.00) 2500 Swap Liability (111.290.00) (111.290.00) 3010 FUND BALANCE (31.440.689.00) (31.440.689.00) 3013 NET ASSETS - TEM RESTRICTED (11.62.821.00) (11.82.821.00) 4100-1000 Long term care-Room and Board-Private (84.89.200) (84.821.00) 4100-1000 Long term care-Frivate Pending Medicaid 330.174.00 330.174.00 330.174.00 4120-2000 Long term care-Frivate Pending Medicaid 330.174.00 (325.00) (485.00) 4120-2000 Long term care-Sr (in patient)-Private (286.00) (325.00) (325.00) 4120-2000 Long term care-Sr (in patient)-Private (361.00) (881.00) (481.00) 4140-1000 Long term care-Sr (in patient)-Private (285.00) (275.73.00) (475.73.80) 4200-2040 Pest-acute/Rehab-Room and Board-Medicare A (67.75.73.00) (475.73.80) (475.73.80) 4201-1000 Long term care-Sr (in patient)-Arivate Medicare A (738.383.00) (728.388.00) (728.488.00) | | | | | | |
| 2500 Swap Liability (111.200.00) (111.200.00) 3010 FUND BALANCE (31.440.689.00) (31.440.689.00) 3013 NET ASSETS - TEM RESTRICTED (11.007.594.00) (11.007.594.00) 4100-1000 Long tem care-Room and Board-Private (64.8.982.00) (64.8.982.00) 4100-2000 Long tem care-Private Pending Medicaid 330.174.00 330.174.00 4120-2040 Post-acute/Rehab-Private (285.00) (325.00) 4130-1000 Long tem care-Private Pending Medicaid (325.00) (325.00) 4130-1000 Long tem care-OT (in patient)-Private (7.97.00) (7.97.30) 4130-1000 Long tem care-ST (in patient)-Private (7.17.00) (7.97.30) 4200-1000 Long tem care-Room and Board-Medicare A (668.745.00) (667.73.30) 4200-1000 Long tem care-Room and Board-Medicare A (46.38.00) (74.38.53.00) 4201-2040 Post-acute/Rehab-Room and Board-Medicare A (74.38.40) (74.38.43.00) 4201-2040 Post-acute/Rehab-Room and Board-Medicare A (74.38.43.00) (74.28.48.00) 4201-1000 | 2449 | BOND LIABILITY - S/T | (2,246,667.00) | | | |
| 3010 FUND BALANCE (3140,689,00) (3140,689,00) 3013 NET ASSETS - ENDOWMENT -PERM RESTRICTED (11,007,594,00) (11,82,821,00) 4100-1000 Long term care-Rom and Board-Private (54,892,00) (54,892,00) 4100-2040 Post-acute/Rehab-Room and Board-Private (54,982,00) (356,076,00) 4103-1000 Long term care-Private Pending Medicaid 330,174,00 330,174,00 4120-1000 Long term care-Private Pending Medicaid (325,00) (325,00) 4120-1000 Long term care-ST (in patient)-Private (3140,682,00) (68,745,00) 4140-1000 Long term care-ST (in patient)-Private (13,037,00) (12,037,00) 4200-1000 Long term care-Room and Board-Medicare A (6,173,733,00) (6,173,733,00) 4200-2040 Post-acute/Rehab-Room and Board-Medicare A (10,2346,00) (452,880,0) 4201-1000 Long term care-Room & Board Allow-Medicare A (122,180,0) (422,180,0) 4201-1000 Long term care-Room & Board Allow-Medicare A (122,348,00) (122,348,00) 4201-1000 Long term care-ST (in patient)-Medicare A (122,180,0) | | | | | | |
| 3013 NET ASSET3 - TEM PERSTICTED (11007.594.00) (1107.594.00) 3014 NET ASSET3 - TEM PERSTICTED (1182.821.00) (182.821.00) 4100-1000 Long term care-Room and Board-Private (9.860.006.00) (9.850.706.00) 4100-2000 Long term care-Private Pending Medicaid 330.174.00 330.174.00 4120-2040 Post-acute/Rehat-Private (250.00) (325.00) 4130-1000 Long term care-ST (in patient)-Private (881.00) (325.00) 4140-1000 Long term care-ST (in patient)-Private (71.077.00) (7.917.00) 4200-1000 Long term care-Room and Board-Medicare A (66.715.733.00) (66.75.733.00) 4200-1000 Long term care-Room and Board-Medicare A (12.037.00) (12.376.00) 4201-1000 Long term care-Room and Board-Medicare A (68.75.733.00) (67.75.733.00) 4201-2040 Post-acute/Rehat-Room & Board Allow-Medicare A (12.346.00) (12.346.00) 4221-1000 Long term care-ST (in patient)-Medicare A (72.868.00) (73.843.00) 4221-1000 Long term care-ST (in patient)-Medicare A (12.748.00) (74.3 | | | | | | |
| 3014 NET ASSETS - TEMP RESRTICTED (1182,82100) (1182,82100) 4100-2040 Post-acute/Rehab-Room and Board-Private (94,850,706.00) (95,850,706.00) 4100-2040 Long term care-Private Pending Medicaid 330,174.00 330,174.00 330,174.00 4120-1000 Long term care-Private Pending Medicaid 330,174.00 330,174.00 325,00 4120-1000 Long term care-OT (in patient)-Private (225,00) (235,00) (325,00) 4130-1000 Long term care-Sort (in patient)-Private 7,917.00 7,917.00 (7,917,00) 4190-1000 Long term care-Sorm and Board-Medicare A (6,175,733.00) (66,745.00) (66,745.00) 4200-2040 Post-acute/Rehab-Room and Board-Medicare A (102,344.00) (102,346.00) (122,37.00) 4201-1000 Long term care-Room & Board Allow-Medicare A (122,480.00) (122,480.00) (122,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) (123,480.00) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | |
| 4100-1000 Long term care-Room and Board-Private (9.850,706.00) (9.850,706.00) 4100-1000 Long term care-Private Pending Medicaid 330,174.00 330,174.00 330,174.00 330,174.00 330,174.00 325.00 (259.00) 4120-2040 Post-acute/Rehab-Private 225.00 (235.00) (235.00) (235.00) (235.00) (235.00) (235.00) (235.00) (235.00) (237.00) (210.700) (210.700) (210.700) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.27.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) (210.77.00) | | | | | | |
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| 4130-1000 Long term care-OT (in patient)-Private (881.00) (881.00) 4140-1000 Long term care-Dental-Private 7.917.00 7.917.00 4200-1000 Long term care-Dental-Private (12.037.00) (12.037.00) 4200-1000 Long term care-Room and Board-Medicare A (66.77.733.00) (61.75.733.00) 4200-2040 Post-acute/Rehab-Room & Board Allow-Medicare A (102.346.00) (102.346.00) 4201-2040 Post-acute/Rehab-Room & Board Allow-Medicare A (738.353.00) (738.353.00) 4220-1000 Long term care-PT (in patient)-Medicare A (738.353.00) (738.353.00) 4221-1000 Long term care-OT (in patient)-Medicare A (728.688.00) (728.688.00) 4230-1000 Long term care-OT (in patient)-Medicare A (728.688.00) (728.688.00) 4231-1000 Long term care-ST (in patient)-Medicare A (23.063.00) (23.063.00) 4240-1000 Long term care-ST (in patient)-Medicare A (23.063.00) (33.063.00) 4240-1000 Long term care-ST (in patient)-Medicare A (32.063.00) (33.063.00) 4240-1000 Long term care-ST (in patient)-Medicare A (32.063.00) (33.063.00) 4250-1000 | | | | | | |
| 4140-1000 Long term care-ST (in patient)-Private 7,917.00 7,917.00 4190-1000 Long term care-Room and Board-Medicare A (668,745.00) (612,037.00) 4200-1000 Long term care-Room and Board-Medicare A (661,75,733.00) (661,75,733.00) 4200-2040-Marcum CARES Medicare Monies (46,388.00) (46,388.00) (46,388.00) 4201-1000 Long term care-Room & Board Allow-Medicare A 1,425,189.00 (122,346.00) (122,346.00) 4220-1040 Post-acute/Rehab-Room & Board Allow-Medicare A 1,425,189.00 (1738,353.00) (738,353.00) 4221-1000 Long term care-PT (in patient)-Medicare A 743,394.00 778,353.00) (728,688.00) 4230-1000 Long term care-OT (in patient)-Medicare A 728,034.00 728,034.00 728,034.00 4240-1000 Long term care-ST (in patient)-Medicare A (33,063.00) (33,063.00) (33,063.00) 4250-1000 Long term care-RAY-Medicare A (30,063.00) (32,063.00) (32,063.00) 4261-1000 Long term care-ST (in patient)-Medicare A (36,21.00) (36,21.00) (36,21.00) 4261-1000 Long term care-Predical/Surgical Allow-Medicare A (36,21.00) | | | | | | |
| 4190-1000 Long term care-Dential-Firvaté (12.037.00) (12.037.00) 4200-2040 Post-acute/Rehab-Room and Board-Medicare A (66.75,733.00) (66.75,733.00) 4200-2040 Post-acute/Rehab-Room & Board-Medicare A (10.2346.00) (46.388.00) 4201-2040 Post-acute/Rehab-Room & Board Allow-Medicare A (102.346.00) (102.346.00) 4201-2040 Post-acute/Rehab-Room & Board Allow-Medicare A (738.353.00) (738.353.00) 4220-1000 Long term care-PT (in patient)-Medicare A (728.688.00) (728.688.00) 4221-1000 Long term care-OT (in patient)-Medicare A (728.688.00) (728.688.00) 4231-1000 Long term care-ST (in patient)-Medicare A (122.748.00 (12.748.00 4240-1000 Long term care-ST (in patient)-Medicare A (123.746.00) (13.736.00) (115.736.00) 4250-1000 Long term care-XRY-Medicare A (32.063.00) (33.063.00) (33.063.00) 4260-1000 Long term care-XRY-Molw-Medicare A (36.21.00) (36.21.00) (36.711.00) 4260-1000 Long term care-XRY-Molw-Medicare A (36.21.00) (37.478.00) (37.487.00) 4271-1000 Long term care-Pharmacy-Medicare A </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | |
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| 4240-1000 Long term care-ST (in patient)-Medicare A (115.736.00) (115.736.00) 4241-1000 Long term care-ST (in patient) Allow-Medicare A 122,748.00 122,748.00 4250-1000 Long term care-X-RAY-Medicare A (33.063.00) (33.063.00) 4250-1000 Long term care-X-RAY Allow-Medicare A (36.21.00) (36.21.00) 4261-1000 Long term care-Medical/Surgical-Medicare A (36.21.00) (36.21.00) 4261-1000 Long term care-Pharmacy-Medicare A (36.21.00) (36.62.100) 4261-1000 Long term care-Pharmacy-Medicare A (36.21.00) (36.67.10) 4270-1000 Long term care-Pharmacy-Medicare A (174.878.00) (174.878.00) 4271-1000 Long term care-Laboratory-Medicare A (56.711.00) (56.711.00) 4280-1000 Long term care-Laboratory-Medicare A 56.711.00 (794.268.00) 4320-1000 Long term care-PT (in patient)-Medicare B (794.268.00) (794.268.00) 4321-1000 Long term care-OT (in patient)-Medicare B (15.23.00) (15.23.00) 4321-1000 Long term care-OT (in patient)-Medicare B (228,143.00) (228,143.00) 4321-5220 Inpatient Therapy | | | | | | |
| 4241-1000 Long term care-ST (in patient) Allow-Medicare A 122,748.00 122,748.00 4250-1000 Long term care-X-RAY-Medicare A (33,063.00) (33,063.00) 4251-1000 Long term care-X-RAY Allow-Medicare A 33,063.00 33,063.00 4260-1000 Long term care-Medical/Surgical-Medicare A (3,621.00) (3,621.00) 4261-1000 Long term care-Medical/Surgical Allow-Medicare A 668.00 668.00 4270-1000 Long term care-Pharmacy-Medicare A (174,878.00) (174,878.00) 4270-1000 Long term care-Pharmacy-Medicare A (56,711.00) (56,711.00) 4280-1000 Long term care-Laboratory-Medicare A (56,711.00) (56,711.00) 4280-1000 Long term care-PT (in patient)-Medicare B 7,467.00 7,467.00 4320-5220 Inpatient Therapy-PT (in patient)-Medicare B 10,732.00 10,732.00 4321-5220 Inpatient Therapy-PT (in patient) Allow-Medicare B (1,523.00) (1,523.00) 4330-63220 Inpatient Therapy-OT (in patient) Medicare B (28,143.00) (228,143.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (1,523.00) (1,523.00) 4330-5220 Inpa | | | | | | |
| 4250-1000 Long term care-X-RAY-Medicare A (33,063.00) (33,063.00) 4251-1000 Long term care-X-RAY Allow-Medicare A 33,063.00 33,063.00 4260-1000 Long term care-Medical/Surgical-Medicare A (3621.00) (3621.00) 4261-1000 Long term care-Medical/Surgical Allow-Medicare A (668.00) (668.00) 4270-1000 Long term care-Pharmacy-Medicare A (174,878.00) (174,878.00) 4271-1000 Long term care-Laboratory-Medicare A (66,711.00) (56,711.00) 4280-1000 Long term care-Laboratory-Medicare A (66,711.00) (56,711.00) 4281-1000 Long term care-Laboratory Allow-Medicare B 7,467.00 7,467.00 4320-5220 Inpatient Therapy-PT (in patient)-Medicare B (1,523.00) (794,268.00) (174,278.00) 4321-1000 Long term care-OT (in patient)-Medicare B 10,732.00 10,732.00 10,732.00 4330-5220 Inpatient Therapy-PT (inpatient)-Medicare B (1,523.00) (128,143.00) (228,143.00) (33,643.00) 4330-5220 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (1,523.00) (1,523.00) (1,523.00) (1,754,00) (1,64,700) (| | 0 (1) | | | | |
| 4251-1000 Long term care-X-RAY Allow-Medicare A 33,063.00 33,063.00 4260-1000 Long term care-Medical/Surgical-Medicare A (3,621.00) (3,621.00) 4261-1000 Long term care-Medical/Surgical Allow-Medicare A (668.00 668.00 4270-1000 Long term care-Pharmacy-Medicare A (174,878.00) (174,878.00) 4270-1000 Long term care-Pharmacy-Medicare A (174,878.00) (174,878.00) 4281-1000 Long term care-Laboratory-Medicare A (56,711.00) (56,711.00) 4280-1000 Long term care-Laboratory-Medicare B 7,467.00 7,467.00 4320-1000 Long term care-PT (in patient)-Medicare B 10,732.00 10,732.00 4321-5220 Inpatient Therapy-PT (inpatient)-Medicare B (1,523.00) (1,523.00) 4330-5220 Inpatient Therapy-PT (inpatient)-Medicare B (1,523.00) (1,523.00) 4330-5220 Inpatient Therapy-OT (inpatient)-Medicare B (2,8,143.00) (228,143.00) 4330-5220 Inpatient Therapy-ST (inpatient)-Medicare B (61,487.00) (61,487.00) 4331-5220 Inpatient Therapy-ST (inpatient)-Medicare B (61,487.00) (61,487.00) 4340-5220 Inpatien | | | | | | |
| 4261-1000 Long term care-Medical/Surgical Allow-Medicare A 668.00 668.00 4270-1000 Long term care-Pharmacy-Medicare A (174,878.00) (174,878.00) 4271-1000 Long term care-Pharmacy Allow-Medicare A 174,878.00 174,878.00 4280-1000 Long term care-Laboratory-Medicare A (56,711.00) (56,711.00) 4281-1000 Long term care-Laboratory-Medicare B 7,467.00 7,467.00 4320-1000 Long term care-PT (in patient)-Medicare B (794,268.00) (794,268.00) 4321-1000 Long term care-PT (in patient)-Medicare B 10,732.00 10,732.00 4321-5220 Inpatient Therapy-PT (inpatient) Allow-Medicare B (1,523.00) (1,523.00) 4330-1000 Long term care-OT (in patient)-Medicare B (228,143.00) (228,143.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (61,487.00) (61,487.00) 4331-5220 Inpatient Therapy-OT (in patient)-Medicare B (61,487.00) (7,154.00) 43351-1000 Long term care-Laboratory-Medicare B (97.00) (47.00) 43351-1000 Long term care-Laboratory-Medicare B (61,487.00) (7,154.00) 4340-5220 Inpatien | | Long term care-X-RAY Allow-Medicare A | 33,063.00 | | | 33,063.00 |
| 4270-1000 Long term care-Pharmacy-Medicare A (174,878.00) (174,878.00) 4271-1000 Long term care-Pharmacy Allow-Medicare A 174,878.00 174,878.00 4280-1000 Long term care-Laboratory-Medicare A (56,711.00) (56,711.00) 4281-1000 Long term care-Laboratory-Medicare A 56,711.00 56,711.00 4280-1000 Long term care-PT (in patient)-Medicare B 7,467.00 7,467.00 4320-5220 Inpatient Therapy-PT (in patient)-Medicare B 10,732.00 10,732.00 4321-5220 Inpatient Therapy-PT (in patient)-Medicare B 11,523.00) 486,653.00 486,653.00 4330-5220 Inpatient Therapy-PT (in patient)-Medicare B (1,523.00) (1,523.00) (1,523.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (228,143.00) 35,443.00 35,443.00 4340-5220 Inpatient Therapy-ST (inpatient) Allow-Medicare B (61,487.00) (61,487.00) (7,154.00) (7,154.00) (7,154.00) (7,154.00) (324,00) 4324.00) 4324.00 4326.00) (324.00) (324.00) (324.00) (324.00) (324.00) (324.00) (324.00) (324.00) (324.00) (324.00)< | | | | | | |
| 4271-1000 Long term care-Pharmacy Allow-Medicare A 174,878.00 4280-1000 Long term care-Laboratory-Medicare A (56,711.00) 4281-1000 Long term care-Laboratory Allow-Medicare A 56,711.00 4281-1000 Long term care-Datory Allow-Medicare A 56,711.00 4320-1000 Long term care-PT (in patient)-Medicare B 7,467.00 4320-5220 Inpatient Therapy-PT (in patient)-Medicare B (794,268.00) 4321-1000 Long term care-PT (in patient) Allow-Medicare B 10,732.00 4321-5220 Inpatient Therapy-PT (in patient) Allow-Medicare B 1,523.00) (1,523.00) 4330-1000 Long term care-OT (in patient)-Medicare B (1,523.00) (1,523.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (228,143.00) (228,143.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (61,487.00) (61,487.00) 4341-5220 Inpatient Therapy-ST (in patient)-Medicare B (61,487.00) (7,154.00) 4350-1000 Long term care-Laboratory-Medicare B (7,154.00) (7,154.00) 4351-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (39,609,826.00) (39,609,826.00) (39,609,826.00) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | |
| 4280-1000 Long term care-Laboratory-Medicare A (56,711.00) (56,711.00) 4281-1000 Long term care-Laboratory Allow-Medicare A 56,711.00 4320-1000 Long term care-PT (in patient)-Medicare B 7,467.00 7,467.00 4320-5220 Inpatient Therapy-PT (in patient)-Medicare B (794,268.00) (794,268.00) (794,268.00) 4321-5220 Inpatient Therapy-PT (in patient) Allow-Medicare B 10,732.00 10,732.00 10,732.00 4321-5220 Inpatient Therapy-PT (in patient) Allow-Medicare B (228,143.00) (228,143.00) 486,653.00 4330-1000 Long term care-OT (in patient)-Medicare B (228,143.00) (228,143.00) (228,143.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (61,487.00) (61,487.00) (61,487.00) 4340-5220 Inpatient Therapy-ST (in patient)-Medicare B (61,487.00) (7,154.00) (7,154.00) 4340-5220 Inpatient Therapy-ST (inpatient)-Medicare B (324.00) (324.00) (324.00) 4341-5220 Inpatient Cherapy-ST (inpatient)-Allow-Medicare B (324.00) (324.00) (324.00) (324.00) (324.00) (324.00) (324.00) (324.00) (324.00) (353,079. | | о , | | | | |
| 4281-1000 Long term care-Laboratory Allow-Medicare A 56,711.00 4320-1000 Long term care-PT (in patient)-Medicare B 7,467.00 4320-5220 Inpatient Therapy-PT (in patient)-Medicare B (794,268.00) 4321-5220 Inpatient Therapy-PT (in patient) Allow-Medicare B 10,732.00 4321-5220 Inpatient Therapy-PT (in patient)-Medicare B 486,653.00 4330-1000 Long term care-OT (in patient)-Medicare B (1,523.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (228,143.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (61,487.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (61,487.00) 4330-5220 Inpatient Therapy-ST (in patient)-Medicare B (61,487.00) 4340-5220 Inpatient Therapy-ST (in patient)-Medicare B (61,487.00) 4340-5220 Inpatient Therapy-ST (in patient)-Medicare B (7,154.00) 4350-1000 Long term care-Laboratory-Medicare B (324,00) 4351-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (39,609,826.00) 4400-1000 Long term care-Room and Board-Medicaid (353,079.00) (353,079.00) (353,079.00) (353,079.0 | | | | | | , |
| 4320-5220 Inpatient Therapy-PT (in patient)-Medicare B (794,268.00) (794,268.00) 4321-1000 Long term care-PT (in patient) Allow-Medicare B 10,732.00 10,732.00 4321-5220 Inpatient Therapy-PT (inpatient) Allow-Medicare B 486,653.00 486,653.00 4330-1000 Long term care-OT (in patient)-Medicare B (1,523.00) (1,523.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (228,143.00) (228,143.00) 4331-5220 Inpatient Therapy-OT (inpatient) Allow-Medicare B (61,487.00) (61,487.00) 4340-5220 Inpatient Therapy-ST (inpatient)-Medicare B (61,487.00) (61,487.00) 4341-5220 Inpatient Therapy-ST (inpatient)-Allow-Medicare B (71,54.00) (7,154.00) 4350-1000 Long term care-Laboratory-Medicare B (324.00) (324.00) 4351-1000 Long term care-Laboratory Allow-Medicare B (324.00) (39,609,826.00) 4400-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (39,609,826.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456,056.00) 4400-2040 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00< | 4281-1000 | | | | | 56,711.00 |
| 4321-1000 Long term care-PT (in patient) Állow-Medicare B 10,732.00 4321-5220 Inpatient Therapy-PT (inpatient) Allow-Medicare B 486,653.00 486,653.00 4330-1000 Long term care-OT (in patient)-Medicare B (1,523.00) (1,523.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (228,143.00) (228,143.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B 35,443.00 35,443.00 4340-5220 Inpatient Therapy-ST (in patient)-Medicare B (61,487.00) (61,487.00) 4341-5220 Inpatient Therapy-ST (inpatient)-Allow-Medicare B 497.00 497.00 4350-1000 Long term care-Laboratory-Medicare B (324.00) (324.00) 4351-1000 Long term care-Laboratory Allow-Medicare B (324.00) (39,609,826.00) 4400-1000 Long term care-Room and Board-Medicaid (353,079.00) (353,079.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456,056.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | | | | | | |
| 4321-5220 Inpatient Therapy-PT (inpatient) Allow-Medicare B 486,653.00 486,653.00 4330-1000 Long term care-OT (in patient)-Medicare B (1,523.00) (1,523.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (228,143.00) (228,143.00) 4331-5220 Inpatient Therapy-OT (in patient)-Medicare B (228,143.00) (35,443.00) 4340-5220 Inpatient Therapy-OT (inpatient) Allow-Medicare B 35,443.00 (61,487.00) 4340-5220 Inpatient Therapy-ST (inpatient)-Medicare B (61,487.00) (61,487.00) 4341-5220 Inpatient Therapy-ST (inpatient)-Allow-Medicare B 497.00 497.00 4350-1000 Long term care-Laboratory-Medicare B (7,154.00) (7,154.00) 4351-1000 Long term care-Laboratory Allow-Medicare B (324.00) (324.00) 4400-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (359,099,826.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456,056.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | | | | | | |
| 4330-1000 Long term care-OT (in patient)-Medicare B (1,523.00) (1,523.00) 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (228,143.00) (228,143.00) 4331-5220 Inpatient Therapy-OT-(inpatient) Allow-Medicare B 35,443.00 35,443.00 4340-5220 Inpatient Therapy-ST (in patient)-Medicare B (61,487.00) (61,487.00) 4341-5220 Inpatient Therapy-ST (inpatient)-Allow-Medicare B 497.00 497.00 4350-1000 Long term care-Laboratory-Medicare B (7,154.00) (7,154.00) 4351-1000 Long term care-Laboratory Allow-Medicare B (324,00) (324,00) 4400-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (359,079.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456,056.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | | | | | | |
| 4330-5220 Inpatient Therapy-OT (in patient)-Medicare B (228,143.00) (228,143.00) 4331-5220 Inpatient Therapy-OT-(inpatient) Allow-Medicare B 35,443.00 35,443.00 4340-5220 Inpatient Therapy-ST (in patient)-Medicare B 35,443.00 (61,487.00) 4341-5220 Inpatient Therapy-ST (inpatient)-Medicare B (61,487.00) (61,487.00) 4341-5220 Inpatient Therapy-ST (inpatient)-Medicare B (7,154.00) (7,154.00) 4350-1000 Long term care-Laboratory-Medicare B (324.00) (324.00) 4351-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (39,609,826.00) 4400-1000 Long term care-Room and Board-Medicaid (456,056.00) (456,056.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456,056.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | | | | | | |
| 4331-5220 Inpatient Therapy-OT-(inpatient) Allow-Medicare B 35,443.00 35,443.00 4340-5220 Inpatient Therapy-ST (in patient)-Medicare B (61,487.00) (61,487.00) 4341-5220 Inpatient Therapy-ST (inpatient)-Allow-Medicare B (61,487.00) 497.00 4350-1000 Long term care-Laboratory-Medicare B (7,154.00) (7,154.00) 4351-1000 Long term care-Laboratory Allow-Medicare B (324.00) (324.00) 4400-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (39,609,826.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456,056.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | | | | | | |
| 4341-5220 Inpatient Therapy-ST (inpatient)-Allow-Medicare B 497.00 497.00 4350-1000 Long term care-Laboratory-Medicare B (7,154.00) (7,154.00) 4351-1000 Long term care-Laboratory Allow-Medicare B (324.00) (324.00) 4400-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (39,609,826.00) 4400-1000-Marcum Medicaid CRF Funds (353,079.00) (353,079.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456.050.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | 4331-5220 | | 35,443.00 | | | 35,443.00 |
| 4350-1000 Long term care-Laboratory-Medicare B (7,154.00) (7,154.00) 4351-1000 Long term care-Laboratory Allow-Medicare B (324.00) (324.00) 4400-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (39,609,826.00) 4400-1000-Marcum Medicaid CRF Funds (353,079.00) (353,079.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456.05.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | | | | | | |
| 4351-1000 Long term care-Laboratory Allow-Medicare B (324.00) (324.00) 4400-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (39,609,826.00) 4400-1000-Marcum Medicaid CRF Funds (353,079.00) (353,079.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456,056.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | | | | | | |
| 4400-1000 Long term care-Room and Board-Medicaid (39,609,826.00) (39,609,826.00) 4400-1000-Marcum Medicaid CRF Funds (353,079.00) (353,079.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456,056.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | | | | | | |
| 4400-1000-Marcum Medicaid CRF Funds (353,079.00) (353,079.00) 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456,056.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | | | | | | |
| 4400-2040 Post-acute/Rehab-Room and Board-Medicaid (456,056.00) (456,056.00) 4401-1000 Long term care-Room & Board Allow-Medicaid 17,805,229.00 17,805,229.00 | | | | | | |
| | 4400-2040 | Post-acute/Rehab-Room and Board-Medicaid | (456,056.00) | | | (456,056.00) |
| 4401-2040 Post-acute/Renab-Room & Board Allow-Medicaid 286,080.00 286,080.00 | | | | | | |
| | 4401-2040 | rust-acute/remap-room & Board Allow-Medicald | 280,080.00 | | | 286,080.00 |

| Account | Description | ADJ | JE Ref # RJE | FINAL |
|------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------|--------------|-------------------------------------|
| | | 9/30/2021 | | 9/30/2021 |
| 4420-1000 | Long term care-PT (in patient)-Medicaid | 93.00 | | 93.00 |
| 4421-1000 | Long term care-PT (in patient) Allow-Medicaid | (339.00) | | (339.00) |
| 4430-1000 | Long term care-OT (in patient)-Medicaid | 473.00 | | 473.00 |
| 4431-1000 4440-1000 | Long term care-OT (in patient) Allow-Medicaid Long term care-ST (in patient)-Medicaid | <mark>(473.00)</mark> 213.00 | | <mark>(473.00)</mark> 213.00 |
| 4441-1000 | Long term care-ST (in patient) Allow-Medicaid | (462.00) | | (462.00) |
| 4450-1000 | Long term care-X-RAY-Medicaid | (132.00) | | (132.00) |
| 4451-1000 | Long term care-X-RAY Allow-Medicaid | 132.00 | | 132.00 |
| 4470-1000 4471-1000 | Long term care-Pharmacy-Medicaid Long term care-Pharmacy Allow-Medicaid | (6,835.00) 6,835.00 | | <mark>(6,835.00)</mark> 6,835.00 |
| 4480-1000 | Long term care-Laboratory-Medicaid | (382.00) | | (382.00) |
| 4481-1000 | Long term care-Laboratory Allow-Medicaid | 382.00 | | 382.00 |
| 4500-1000 | Long term care-Room and Board-Medicare Mgd Care | (406,928.00) | | (406,928.00) |
| 4500-2040 4501-1000 | Post-acute/Rehab-Room & Board-Mdcare Mgd Care Long term care-Room & Board Allow-Mdcare Mgd Care | (3,375,512.00) 834,747.00 | | (3,375,512.00) 834,747.00 |
| 4501-2040 | Post-acute/Rehab-Room & Board Allow-Mdcare Mgd | 932,255.00 | | 932,255.00 |
| 4521-1000 | Long term care-PT (in pat) Allow-Medicare Mgd Care | (158.00) | | (158.00) |
| 4550-1000 | Long term care-X-RAY-Medicare Managed Care | (19,027.00) | | (19,027.00) |
| 4551-1000 4560-1000 | Long term care-X-RAY Allow-Medicare Managed Care Long term care-Medical/Surgical-Medicare Mgd Care | 19,027.00 (297.00) | | 19,027.00 (297.00) |
| 4561-1000 | Long term care-Med/Surg Allow-Medicare Mgd Care | 297.00 | | 297.00 |
| 4570-1000 | Long term care-Pharmacy-Medicare Managed Care | (101,186.00) | | (101,186.00) |
| 4571-1000 | Long term care-Pharmacy Allow-Medicare Mgd Care | 101,192.00 | | 101,192.00 |
| 4580-1000 4581-1000 | Long term care-Laboratory-Medicare Managed Care | (36,723.00) | | (36,723.00) |
| 4600-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-Room and Board-Commercial | 36,449.00 (540,453.00) | | 36,449.00 (540,453.00) |
| 4600-2040 | Post-acute/Rehab-Room and Board-Commercial | (253,208.00) | | (253,208.00) |
| 4601-1000 | Long term care-Room & Board Allow-Commercial | 173,022.00 | | 173,022.00 |
| 4601-2040 | Post-acute/Rehab-Room & Board Allow-Commercial | 85,651.00 | | 85,651.00 |
| 4620-1000 4620-5220 | Long term care-PT (in patient)-Commercial Inpatient Therapy-PT (in patient)-Commercial | (8,308.00) (39,192.00) | | (8,308.00) (39,192.00) |
| 4621-1000 | Long term care-PT Inpatient Comm Allowance | (45,100.00) | | (45,100.00) |
| 4621-5220 | Inpatient Therapy-PT (in patient) Allow-Commercial | 36,496.00 | | 36,496.00 |
| 4630-5220 | Inpatient Therapy-OT (in patient)-Commercial | (496,876.00) | | (496,876.00) |
| 4631-5220 4640-1000 | Inpatient Therapy-OT (in patient) Allow-Commercial Long term care-ST (in patient)-Commercial | 436,139.00 460.00 | | 436,139.00 460.00 |
| 4640-5220 | Inpatient Therapy-ST (in patient)-Commercial | (83,634.00) | | (83,634.00) |
| 4641-5220 | Inpatient Therapy-ST (in patient) Allow-Commercial | 58,290.00 | | 58,290.00 |
| 4650-1000 | Long term care-X-RAY-Commercial | (1,841.00) | | (1,841.00) |
| 4651-1000 4660-1000 | Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial | 252.00 (201.00) | | 252.00 (201.00) |
| 4670-1000 | Long term care-Pharmacy-Commercial | (201.00) | | (28,660.00) |
| 4671-1000 | Long term care-Pharmacy Allow-Commercial | 28,660.00 | | 28,660.00 |
| 4680-1000 | Long term care-Laboratory-Commercial | (6,166.00) | | (6,166.00) |
| 4681-1000 | Long term care-Laboratory Allow-Commercial | 5,857.00 | | 5,857.00 |
| 4700-1000 4701-1000 | Long term care-Room and Board-Evercare Long term care-Room & Board Allow-Evercare | (328,576.00) 100,058.00 | | (328,576.00) 100,058.00 |
| 4720-1000 | Long term care-PT (in patient)-Evercare | (4,587.00) | | (4,587.00) |
| 4720-5220 | Inpatient Therapy- PT(inpatient)-Evercare B | (145,187.00) | | (145,187.00) |
| 4721-1000 | Long term care-PT (in patient) Allow-Evercare | 4,587.00 | | 4,587.00 |
| 4721-5220 4730-1000 | Inpatient Therapy- PT(inpatient)-Allow-Evercare B Long term care-OT (in patient)-Evercare | 14,302.00 (6,487.00) | | 14,302.00 (6,487.00) |
| 4730-5220 | Inpatient Therapy-OT(inpatient)-Evercare B | (75,846.00) | | (75,846.00) |
| 4731-1000 | Long term care-OT (in patient) Allow-Evercare | 6,487.00 | | 6,487.00 |
| 4731-5220 | Inpatient Therapy-OT(inpatient)-Evercare B Long term care-ST (in patient)-Evercare | (3,382.00) | | (3,382.00) |
| 4740-1000 4740-5220 | Inpatient Therapy-ST (in patient)-Evercare B | (1,603.00) (20,970.00) | | (1,603.00) (20,970.00) |
| 4741-1000 | Long term care-ST (in patient) Allow-Evercare | 1,226.00 | | 1,226.00 |
| 4741-5220 | Inpatient Therapy-ST(inpatient)-Allow-Evercare B | (2,590.00) | | (2,590.00) |
| 4760-1000 | Long term care-Medical/Surgical-Evercare | (45.00) | | (45.00) |
| 4761-1000 4770-1000 | Long term care-Medical/Surgical Allow-Evercare Long term care-Pharmacy-Evercare | 45.00 (6,273.00) | | 45.00 (6,273.00) |
| 4771-1000 | Long term care-Pharmacy Allow-Evercare | 6,273.00 | | 6,273.00 |
| 4780-1000 | Long term care-Laboratory-Evercare | (10,381.00) | | (10,381.00) |
| 4781-1000 | Long term care-Laboratory-Contractual-Evercare | 7,514.00 | | 7,514.00 |
| 4800-2510 4800-2520 | Assisted Living - Private Assisted Living/Memory Care - Private | (1,336,082.00) (1,221,164.00) | | (1,336,082.00) (1,221,164.00) |
| 4800-2520 | Assisted Living/Memory Care - Private Assisted Living -Marvin-Private | (1,221,164.00) (31,296.00) | | (1,221,164.00) (31,296.00) |
| 4801-2530 | Assisted Living -Marvin-Medicaid | (379.00) | | (379.00) |
| 4802-2530 | Assisted Living -Marvin-Other | (1,835.00) | | (1,835.00) |
| 4803-2510 4803-2520 | Assisted Living-Levels of Care | (98,300.00) (39,135.00) | | (98,300.00) |
| | | | | (39,135.00) |
| | Assisted Living/Memory Care-Levels of Care Assisted Living-Medication Packages | | | |
| 4805-2510 4805-2520 | Assisted Living/Memory Care-Levels of Care Assisted Living/Memory Care-Medicatin Packages | (61,686.00) (20,850.00) | | (61,686.00) (20,850.00) |
| 4805-2510 | Assisted Living-Medication Packages | (61,686.00) | | (61,686.00) |

| Account | Description | ADJ | JE Ref # | RJE | FINAL |
|------------------------|------------------------------------------------------------------------------------------------|------------------------------|------------|----------------------------------|------------------------------|
| | | 9/30/2021 | | | 9/30/2021 |
| 5000-5025 | Child Care Center-Revenue | (409,970.00) | | | (409,970.00) |
| 5000-5030 | Senior Choice at Home-Revenue | (677,738.00) | | | (677,738.00) |
| 5000-5050 | Friedman Home Care-Revenue | (2,843,334.00) | | | (2,843,334.00) |
| 5000-5070 | Home Together - Revenue | (1,774,678.00) | | | (1,774,678.00) |
| 5000-5075 5000-5150 | Elder Abuse Prevention-Revenue Medical Home Care-Revenue | (3,667.00) (1,832,460.00) | | | (3,667.00) (1,832,460.00) |
| 5000-6000 | Other Operating- Dental Revenue | (1,032,400.00) | | | (1,032,400.00) (59,398.00) |
| 5000-7550 | Work Activity Center-Revenue | (4,322.00) | | | (4,322.00) |
| 5000-7600 | Fitness Center - Revenue - Dues | (375,032.00) | | | (375,032.00) |
| 50011.00 | VP OF OPERATIONS/BUSINESS | 0.00 | D IE 2004 | 246,500.00 | 246,500.00 |
| 5002-5050 | Friedman Home Care-Revenue-Other | (32,513.00) | RJE - 3001 | 246,500.00 | (32,513.00) |
| 5002-5050 | Fitness Center - Revenue - Personal Trainer | (19,072.00) | | | (19,072.00) |
| 5003-5155 | Hospice Revenue | (1,583,397.00) | | | (1,583,397.00) |
| 5005-5025 | Child Care Center-Fund Raising Revenue | (82.00) | | | (82.00) |
| 5008-7600 | Fitness Center - Revenue - Swim Lessons | (76,465.00) | | | (76,465.00) |
| 5009-7600 5025-5225 | Fitness Center - Revenue - Other Outpatient Therapy-Physical Therapy | (70,328.00) | | | (70,328.00) |
| 5031-5225 | Outpatient Therapy-Contractual | (208,335.00) 55,288.00 | | | (208,335.00) 55,288.00 |
| 5035-5225 | Outpatient Therapy-Occupational Therapy | (15,841.00) | | | (15,841.00) |
| 5045-5225 | Outpatient Therapy-Speech Therapy | (4,030.00) | | | (4,030.00) |
| 5100-5015 | ADHC-Grasmere-Private Pay Revenue | (166,028.00) | | | (166,028.00) |
| 5110-5015 | ADHC-Grasmere-SWCAA/Medicaid Revenue | (126,578.00) | | | (126,578.00) |
| 5115-5015 5130-5015 | ADHC-Grasmere-Respite (State) Revenue ADHC-Grasmere-Title III Grant | (23,144.00) (25,837.00) | | | (23,144.00) (25,837.00) |
| 5140-5015 | ADHC-Grasmere-Department of Ed Grant | (8,939.00) | | | (8,939.00) |
| 5150-5015 | ADHC-Grasmere-Veterans Admin Revenue | (14,280.00) | | | (14,280.00) |
| 5155-5015 | ADHC-Grasmere-TOF Grant Revenue | (35,000.00) | | | (35,000.00) |
| 5165-5015 | ADHC-Grasmere-CDBG Grant Revenue | (5,000.00) | | | (5,000.00) |
| 5175-5015 5178-5015 | ADHC-Grasmere-Alzheimers Grant ADHC-Grasmere-EML Revenue | (12,204.00) (26,950.00) | | | (12,204.00) (26,950.00) |
| 5200-5030 | Senior Choice at Home - Monthly Revenue | (761,352.00) | | | (761,352.00) |
| 5210-5030 | Senior Choice at Home-Application Fee | (2,500.00) | | | (2,500.00) |
| 5215-5030 | Senior Choice at Home - Care Coordination Revenue | (1,610.00) | | | (1,610.00) |
| 5401-3000 | Foundation-Contributions - Unrestricted | (1,553,762.00) | | | (1,553,762.00) |
| 5403-3000 5404-3000 | Foundation-Contributions - Endowment | (33,054.00) | | | (33,054.00) |
| 5520-6000 | Foundation-Contributions - Temporarily Restricted Other Operating-Cafe | (168,540.00) (138,286.00) | | | (168,540.00) (138,286.00) |
| 5523-3000 | Foundation-Men's Club/Women's Auxiliary | (271,806.00) | | | (271,806.00) |
| 5525-6000 | Other Operating-Catering | (71,524.00) | | | (71,524.00) |
| 5530-6000 | Other Operating - Community Events | (39,116.00) | | | (39,116.00) |
| 5535-6000 | Other Operating-Vending Machine | (415.00) | | | (415.00) |
| 5540-6000 5545-6000 | Other Operating-Congregate Food Program Other Operating-ADHC Meals | (8,028.00) (21,775.00) | | | (8,028.00) (21,775.00) |
| 5550-6000 | Other Operating-Television | (65,440.00) | | | (65,440.00) |
| 5555-6000 | Other Operating-Physician Practice Office Rent | (13,500.00) | | | (13,500.00) |
| 5565-6000 | Other Operating-Beauty Salon | (29,634.00) | | | (29,634.00) |
| 5570-6000 | Other Operating-GPG LLC Income | (12,703.00) | | | (12,703.00) |
| 5601-7710 5603-7710 | Non-Operating-Investment Income - Unrestricted Non-Operating-Investment Income - Restricted | (53,711.00) (77,335.00) | | | (53,711.00) (77,335.00) |
| 5604-7710 | Non-Operating-Investment Income - Temp Restricted | (432,371.00) | | | (432,371.00) |
| 5620-7710 | Non-Operating-Interest Income | (58.00) | | | (58.00) |
| 5621-7710 | Non-Operating-Realized Gain/Loss-Unrestricted | (43,505.00) | | | (43,505.00) |
| 5623-7710 | Non-Operating-Realized Gain/Loss-Endowment | (41,330.00) | | | (41,330.00) |
| 5624-7710 5630-6000 | Non-Operating-Realized Gain/Loss-Temporarily Restr Other Operating-Miscellanenous Income | (350,215.00) (81,275.00) | | | (350,215.00) (81,275.00) |
| 5632-1000 | Long term care-Late Fee | (6,727.00) | | | (6,727.00) |
| 5641-7710 | Non-Operating-Unrealized Gain/Loss - Unrestricted | (65,957.00) | | | (65,957.00) |
| 5643-7710 | Non-Operating-Unrealized Gain/Loss - Restricted | (201,664.00) | | | (201,664.00) |
| 5644-7710 | Non-Operating-Unrealized Gain/Loss - Temp Restrict | (530,952.00) | | | (530,952.00) |
| 5651-7710 6010-7010 | Non-Operating-Unrealized Gain/Loss-Change in Swap | (2,352.00) | | (4 477 202 00) | (2,352.00) |
| 6010-7010 | Administration-Salary - Director | 1,652,501.00 | RJE - 3001 | (1,177,382.00) (1,177,382.00) | 475,119.00 |
| 6010-7010a | Admin Salary - Administrator | 0.00 | | 689,382.00 | 689,382.00 |
| | | | RJE - 3001 | 689,382.00 | , |
| 6010-7010c | Administration Salary - VP Finance | 0.00 | RJE - 3001 | 241,500.00 | 241,500.00 |
| 6020-2100 | Post-Acute/Rehab-Salary - Director | 88,534.00 | NJL - 3001 | 241,500.00 | 88,534.00 |
| 6020-2510 | Assisted Living - Salary - Director | 40,032.00 | | | 40,032.00 |
| 6020-5015 | ADHC-Grasmere-Salary - Director | 17,515.00 | | | 17,515.00 |
| 6020-5025 | Child Care Center-Salary - Director | 59,705.00 | | | 59,705.00 |
| 6020-5070 6020-5075 | Home Together - Salary - Director Elder Abuse Prevention-Salary - Director | 75,140.00 | | | 75,140.00 |
| 6020-5075 6020-5125 | Institute on Aging-Salary - Director | 9,552.00 9,687.00 | | | 9,552.00 9,687.00 |
| 6020-5155 | Hospice-Salary - Director | 68,447.00 | | | 68,447.00 |
| 6020-7075 | Clinical Support Services-Salary - Director | 119,026.00 | | | 119,026.00 |
| | | | | | |

| Account | Description | ADJ JE Ref # | RJE FINAL |
|------------------------|------------------------------------------------------------------------------------------|---------------------------------|-----------------------------|
| | | 9/30/2021 | 9/30/2021 |
| 6020-7250 | Finance-Salary - Director | 209,834.00 | 209,834. |
| 6020-7300 | Information Technology-Salary - Director | 76,620.00 | 76,620. |
| 6020-7400 | Pastoral Services-Salary - Director | 96,842.00 | 96,842. |
| 6020-7450 6020-7525 | Purchasing-Salary - Director Therapeutic Recreation-Salary - Director | 73,339.00 87,338.00 | 73,339. 87,338. |
| 6020-7550 | Work Activity Center-Salary - Director | 43,551.00 | 43,551. |
| 6020-7600 | Fitness Center - Salary - Director | 88,153.00 | 88,153. |
| 6025-1190 | 1f-FTO Accrual | 8,899.00 | 8,899. |
| 6025-1201 | 2-FTO Accrual | (3,327.00) | (3,327.) |
| 6025-1300 6025-1400 | 3-FTO Accrual 4-FTO Accrual | (27,589.00) | (27,589.) |
| 6025-2100 | Post-Acute/Rehab-FTO Accrual | (10,744.00) (15,130.00) | (10,744.) (15,130.) |
| 6025-2510 | Assisted Living-FTO Accrual | (16,816.00) | (16,816.) |
| 6025-2530 | Assisted Living -Marvin-FTO Accrual | (16,116.00) | (16,116.) |
| 6025-3000 | Foundation-FTO Accrual | (3,789.00) | (3,789.) |
| 6025-5015 | ADHC-Grasmere-FTO Accrual | (3,585.00) | (3,585.) |
| 6025-5025 6025-5030 | Child Care Center-FTO Accrual Senior Choice at Home-FTO Accrual | (39.00) (3,706.00) | (39.) (3,706.) |
| 6025-5050 | Friedman Home Care-FTO Accrual | (3,619.00) | (3,619.) |
| 6025-5070 | Home Together-FTO Accrual | 561.00 | 561. |
| 6025-5125 | Institute on Aging-FTO Accrual | (1,251.00) | (1,251.) |
| 6025-5150 | Medical Home Care-FTO Accrual | (3,802.00) | (3,802.) |
| 6025-5155 | Hospice-FTO Accrual Inpatient Therapy-FTO Accrual | (11,390.00) | .(11,390) 1,319.00 0.1 |
| 6025-5220 | працент Пегару-г то Асстиа | (1,319.00) RJE - 3001 | 1,319.00 0. |
| 6025-5225 | Outpatient Therapy-FTO Accrual | 19.00 | 19. |
| 6025-7010 6025-7025 | Administration-FTO Accrual Administrative Services-FTO Accrual | (55,905.00) | (55,905.) (6,237.) |
| 6025-7025 | Admissions-FTO Accrual | (6,237.00) (2,276.00) | (0,237.) |
| 6025-7075 | Clinical Support Services-FTO Accrual | 4,427.00 | 4,427. |
| 6025-7080 | Clinic-FTO Accrual | (927.00) | (927.) |
| 6025-7150 | Dining Services-FTO Accrual | 1,286.00 | 1,286. |
| 6025-7200 | Employee Relations-FTO Accrual | (1,080.00) | (1,080.) |
| 6025-7225 | Environmental Services-FTO Accrual Finance-FTO Accrual | (13,732.00) | (13,732.) |
| 6025-7250 6025-7275 | Health Information-FTO Accrual | <mark>(460.00)</mark> 191.00 | <mark>(460</mark> . 191. |
| 6025-7300 | Information Technology-FTO Accrual | (991.00) | (991.) |
| 6025-7325 | Laundry-FTO Accrual | (6,404.00) | (6,404.) |
| 6025-7400 | Pastoral Services-FTO Accrual | 750.00 | 750. |
| 6025-7425 | Physical Plant-FTO Accrual | (7,065.00) | (7,065.) |
| 6025-7450 6025-7500 | Purchasing-FTO Accrual Security-FTO Accrual | (1,500.00) 433.00 | (1,500.) 433. |
| 6025-7525 | Therapeutic Recreation-FTO Accrual | (5,707.00) | (5,707.) |
| 6025-7550 | Work Activity Center-FTO Accrual | (257.00) | (257.) |
| 6025-7600 | Fitness Center-FTO Accrual | (4,722.00) | (4,722.) |
| 6040-2510 | Assisted Living - Salary - Salaried Staff | 25,575.00 | 25,575. |
| 6040-3000 | Foundation-Salary - Salaried Staff | 240,111.00 | 240,111. |
| 6040-5015 6040-5030 | ADHC-Grasmere - Salary - Salaried Senior Choice at Home-Salary - Salaried Staff | 63,451.00 80,472.00 | 63,451. 80,472. |
| 6040-5050 | Friedman Home Care-Salary - Salaried Staff | 240,335.00 | 240,335. |
| 6040-5070 | Home Together-Salary - Salaried Staff | 9,677.00 | 9,677. |
| 6040-5075 | Elder Abuse Prevention-Salary - Salaried Staff | 1,380.00 | 1,380. |
| 6040-5125 | Institute on Aging-Salary - Salaried Staff | 12,507.00 | 12,507. |
| 6040-5150 6040-5200 | Medical Home Care-Salary - Salaried Staff Physician Practice-Salary - Salaried Staff | 138,734.00 55,585.00 | 138,734. 55,585. |
| 6040-5200 | Administrative Svcs-Salary - Salaried Staff | 221,492.00 | 221,492. |
| 6040-7050 | Admissions-Salary - Salaried Staff | 80,591.00 | 80,591. |
| 6040-7200 | Employee Relations-Salary - Salaried Staff | 209,812.00 | 209,812. |
| 6040-7600 | Fitness Center-Salary-Salaried Staff | 59,161.00 | 59,161. |
| 6050-5015 6050-5025 | ADHC-Grasmere-Salary - Hourly Staff Child Care Center-Salary - Hourly Staff | 174,512.00 | 174,512. 93,815. |
| 6050-5025 6050-5050 | Friedman Home Care-Salary - Hourly Staff | 93,815.00 99.627.00 | 93,815. 99,627. |
| 6050-5070 | Home Together - Salary - Hourly Staff | 13,709.00 | 13,709. |
| 6050-5075 | Elder Abuse Prevention-Salary - Hourly Staff | 18,759.00 | 18,759. |
| 6050-5125 | Institute on Aging-Salary - Hourly Staff | 2,949.00 | 2,949. |
| 6050-5150 | Medical Home Care-Salary - Hourly Staff | 133,696.00 | 133,696. |
| 6050-5155 6050-7025 | Hospice-Salary-Hourly Administrative Svcs-Salary - Hourly Staff | 28,439.00 282,981.00 | 28,439. 282,981. |
| 6050-7025 6050-7050 | Administrative Svcs-Salary - Houry Stan Admissions-Hourly Staff | 68,793.00 | 282,981. 68,793. |
| 6050-7080 | Clinic- Salary - Hourly Staff | 117,972.00 | 117,972. |
| 6050-7200 | Employee Relations-Salary - Hourly Staff | 195,869.00 | 195,869. |
| 6050-7210 | Education-Salary - Hourly Staff | 52,465.00 | 52,465. |
| 6050-7225 | Environmental Services-Salary - Hourly Staff | 1,130,223.00 | 1,130,223. |
| 6050-7250 6050-7275 | Finance-Salary - Hourly Staff | 185,052.00 | 185,052. |
| 6050-7275 6050-7300 | Health Information-Salary - Hourly Staff Information Technology-Salary - Hourly Staff | 44,657.00 88,253.00 | 44,657. 88,253. |
| | | 00,200.00 | 00,200. |

| Account | Description | ADJ JE Ref | # RJE FINAL |
|------------------------|----------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | 9/30/2021 | 9/30/2021 |
| 6050-7325 | Laundry-Salary - Hourly Staff | 312,879.00 | 312,879.00 |
| 6050-7425 | Physical Plant-Salary - Hourly Staff | 264,733.00 | 264,733.00 |
| 6050-7450 | Purchasing-Salary - Hourly Staff | 32,303.00 | 32,303.00 |
| 6050-7500 6050-7525 | Security-Salary - Hourly Staff Therapeutic Recreation-Salary - Hourly Staff | 152,093.00 462,015.00 | 152,093.00 462,015.00 |
| 6050-7550 | Work Activity Center-Salary - Hourly Staff | 1,795.00 | 1,795.00 |
| 6050-7600 | Fitness Center - Salary - Hourly | 394,423.00 | 394,423.00 |
| 6060-7425 | Physical Plant-Salary - Supervisor | 67,105.00 | 67,105.00 |
| 6070-7150 | Dining Services -Salary - Cooks | 389,552.00 | 389,552.00 |
| 6080-7150 6090 7150 | Dining Services -Salary - Full Time Workers Dining Services -Salary - Shift Leaders | 1,451,321.00 | 1,451,321.00 |
| 6090-7150 6120-1190 | 1f-Salary - Social Worker | 33,070.00 20,836.00 | 33,070.00 20,836.00 |
| 6120-1201 | 2 - Salary - Social Worker | 60,415.00 | 60,415.00 |
| 6120-1300 | 3 - Salary - Social Worker | 57,454.00 | 57,454.00 |
| 6120-1400 | 4 - Salary - Social Worker | 72,175.00 | 72,175.00 |
| 6120-2100 | Post-Acute/Rehab - Salary - Social Worker | 57,203.00 | 57,203.00 |
| 6120-5030 | Senior Choice at Home-Salary - Social Worker | 8,387.00 | 8,387.00 |
| 6120-5150 6120-5155 | Medical Home Care-Salary - Social Worker Hospice-Salary-Social Worker | 20,504.00 111,692.00 | 20,504.00 111,692.00 |
| 6130-5015 | ADHC-Grasmere-Salary - Professional Staff -Hourly | 44,271.00 | 44,271.00 |
| 6130-5025 | Child Care Center-Salary - Prof Staff - Hourly | 181,675.00 | 181,675.00 |
| 6140-5050 | Friedman Home Care-Salary - Caregivers | 1,498,943.00 | 1,498,943.00 |
| 6140-5150 | Medical Home Care-Salary - Caregivers | 59,968.00 | 59,968.00 |
| 6150-1300 | 3-Salary-Guide | 96,413.00 | 96,413.00 |
| 6160-5030 | Senior Choice at Home-Salary - Coordinator | 42,018.00 | 42,018.00 |
| 6160-5050 | Friedman Home Care-Salary - Coordinator | 18,544.00 | 18,544.00 |
| 6160-5125 | Institute on Aging-Salary - Coordinator | (135.00) | (135.00) |
| 6160-5150 | Medical Home Care-Salary - Coordinator | 126,849.00 | 126,849.00 |
| 6160-5200 6170-1190 | Physician Practice-Salary - Coordinator 1f - Salary - RN | 1,279.00 34,965.00 | 1,279.00 34,965.00 |
| 6170-1201 | 2 - Salary - RN/Clinical Leader | 496,810.00 | 496,810.00 |
| 6170-1300 | 3 - Salary - RN/Clinical Leader | 538,063.00 | 538,063.00 |
| 6170-1400 | 4 - Salary - RN/Clinical Leader | 412,124.00 | 412,124.00 |
| 6170-2100 | Post-Acute/Rehab - Salary - RN/Clinical Leader | 703,789.00 | 703,789.00 |
| 6170-2510 | Assisted Living - Salary - Clinical Nurse Leader | 192,696.00 | 192,696.00 |
| 6170-2530 | Assisted Living -Marvin - Salary - CNL | 17,659.00 | 17,659.00 |
| 6170-5070 | Home Together - Salary - RN | 80,687.00 | 80,687.00 |
| 6170-5150 | Medical Home Care-Salary - RN | 381,939.00 | 381,939.00 |
| 6170-5155 6175-1201 | Hospice-Salary - RN 2 - Salary - Assistant Guide | 237,003.00 100,562.00 | 237,003.00 100,562.00 |
| 6175-1300 | 3 - Salary - Assistant Guide | 89,439.00 | 89,439.00 |
| 6175-1400 | 4 - Salary - Assistant Guide | 99,531.00 | 99,531.00 |
| 6180-1190 | 1f - Salary - LPN | 290,024.00 | 290,024.00 |
| 6180-1201 | 2-Salary-LPN/Clinical Leader | 1,281,170.00 | 1,281,170.00 |
| 6180-1300 | 3-Salary-LPN/Clinical Leader | 518,901.00 | 518,901.00 |
| 6180-1400 | 4-Salary-LPN/Clinical Leader | 1,204,767.00 | 1,204,767.00 |
| 6180-2100 | Post-Acute/Rehab-Salary - LPN | 223,878.00 | 223,878.00 |
| 6180-2510 | Assisted Living - Salary - LPN | 128,540.00 | 128,540.00 |
| 6180-5150 6180-5155 | Medical Home Care-Salary - LPN Hospice-Salary - LPN | 27,578.00 16,051.00 | 27,578.00 16,051.00 |
| 6190-1190 | 1f - Salary - CNA | 215,528.00 | 215,528.00 |
| 6190-1201 | 2 - Salary - CNA | 1,682,765.00 | 1,682,765.00 |
| 6190-1300 | 3 - Salary - CNA | 1,792,337.00 | 1,792,337.00 |
| 6190-1400 | 4 - Salary - CNA | 2,177,580.00 | 2,177,580.00 |
| 6190-2100 | Post-Acute/Rehab - Salary - CNA | 549,108.00 | 549,108.00 |
| 6190-2510 | Assisted Living - Salary - CNA | 611,695.00 | 611,695.00 |
| 6190-2530 | Assisted Living -Marvin - Salary - CNA | 49,917.00 | 49,917.00 |
| 6190-5150 | Medical Home Care-Salary - CNA | 1,078.00 | 1,078.00 |
| 6190-5155 6200-1400 | Hospice-Salary - CNA 4-Salary - Neighborhood Associate | 111,197.00 42,566.00 | 111,197.00 42,566.00 |
| 6200-2100 | Post-Acute/Rehab-Salary - Neighborhood Associates | 1,286.00 | 1,286.00 |
| 6210-7550 | Work Activity Center-Residents (WAC) | 2,545.00 | 2,545.00 |
| 6212-7525 | Therapeutic Recreation-Salary-Beauty Salon | 5,540.00 | 5,540.00 |
| 6220-7075 | Clinical Support Svcs-Salary - Nursing - Salaried | 499,135.00 | 499,135.00 |
| 6230-7075 | Clinical Support Svcs-Salary - Nursing - Hourly | 438,594.00 | 438,594.00 |
| 6240-5150 | Medical Home Care-Salary- PT | 472,884.00 | 472,884.00 |
| 6240-5155 | Hospice-Salary-PT | 10,807.00 | 10,807.00 |
| 6240-5220 | Inpatient Therapy-Salary Expense - PT | 703,129.00 | (526.00) 702,603.00 |
| 6240 5225 | Outpatient Therapy Solary Expanse DT | RJE - 30 | |
| 6240-5225 6245-5150 | Outpatient Therapy-Salary Expense - PT Medical Home Care-Salary Expense-OT | 128,814.00 169,223.00 | 128,814.00 169,223.00 |
| 6245-5220 | Inpatient Therapy-Salary Expense - OT | 655,862.00 | (489.00) 655,373.00 |
| | , | , | |

| Account | Description | ADJ | JE Ref # | RJE | FINAL |
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| | | 9/30/2021 | | | 9/30/2021 |
| | | 0.00/2021 | RJE - 3001 | (489.00) | 00012021 |
| 6245-5225 | Outpatient Therapy-Salary Expense - OT | 6,631.00 | | () | 6,631.00 |
| 6250-5150 | Medical Home Care-Salary Expense - ST | 26,246.00 | | | 26,246.00 |
| 6250-5220 | Inpatient Therapy-Salary Expense - ST | 198,484.00 | DIE 2001 | (148.00) | 198,336.00 |
| 6250-5225 | Outpatient Therapy-Salary Expense - ST | 3,433.00 | RJE - 3001 | (148.00) | 3,433.00 |
| 6255-5220 | Inpatient Therapy-Rehab Program Manager | 209,642.00 | | (156.00) | 209,486.00 |
| | 1 17 5 5 | , | RJE - 3001 | (156.00) | , |
| 6260-7400 | Pastoral Services-Pastoral Student Stipend | 14,767.00 | | | 14,767.00 |
| 6280-7025 | Administrative Services-Receptionist | 169,336.00 | | | 169,336.00 194,534.00 |
| 6510-7200 6515-7200 | Employee Relations-Dental Insurance Employee Relations-DPC Deduction | 194,534.00 97,227.00 | | | 97,227.00 |
| 6517-7200 | Employee Relations-Dental Contributions | (120,533.00) | | | (120,533.00) |
| 6520-7200 | Employee Relations-FICA Expense | 2,005,533.00 | | | 2,005,533.00 |
| 6530-7200 | Employee Relations-Group Life Insurance | 24,056.00 | | | 24,056.00 |
| 6535-7200 6537-7200 | Employee Relations-Medical Insurance Employee Relations-Medical Contributions | 3,027,506.00 (571,589.00) | | | 3,027,506.00 (571,589.00) |
| 6540-7200 | Employee Relations-Pension Plan | 1,011,091.00 | | | 1,011,091.00 |
| 6545-7200 | Employee Relations-Pre-Employment Screening | 47,532.00 | | | 47,532.00 |
| 6550-7200 | Employee Relations-Short Term/Long Term Disability | 118,042.00 | | | 118,042.00 |
| 6555-7200 | Employee Relations-State Unemployment Insurance | 113,479.00 | | | 113,479.00 |
| 6560-7200 6565-7200 | Employee Relations-Tuition Reimbursement Employee Relations-Workers' Comp Insurance | 2,500.00 1,073,908.00 | | | 2,500.00 1,073,908.00 |
| 66000.BSC | Additional Pension Liability | (962,052.00) | | | (962,052.00) |
| 6705-2100 | Post-Acute/Rehab-Ambulance Expense | 4,520.00 | | | 4,520.00 |
| 6721-7075 | Clinical Support Svcs-Consulting Expense - Dental | 30,986.00 | | | 30,986.00 |
| 6723-7075 | Clinical Support Svcs-Consulting Expense-Pharmacy | 17,869.00 | | | 17,869.00 |
| 6730-1000 6730-2100 | Long term care-Lab Expense Post-Acute/Rehab-Lab Expense | 19,914.00 98,152.00 | | | 19,914.00 98,152.00 |
| 6733-5075 | Elder Abuse Prevention-Medical Director | 5,000.00 | | | 5,000.00 |
| 6733-5125 | Institute on Aging-Medical Director | 9,000.00 | | | 9,000.00 |
| 6733-5155 | Hospice-Medical Director | 25,200.00 | | | 25,200.00 |
| 6733-7075 | Clinical Support Services-Medical Director | 27,961.00 | | | 27,961.00 |
| 6735-1000 6735-1190 | Long term care-Medical/Surgical Supplies 1f - Medical/Surgical Supplies | 74,884.00 36,752.00 | | | 74,884.00 36,752.00 |
| 6735-1240 | 2a - Medical/Surgical Supplies | 29,212.00 | | | 29,212.00 |
| 6735-1250 | 2b - Medical/Surgical Supplies | 12,604.00 | | | 12,604.00 |
| 6735-1260 | 2c - Medical/Surgical Supplies | 33,405.00 | | | 33,405.00 |
| 6735-1270 | 2d - Medical/Surgical Supplies | 36,219.00 | | | 36,219.00 |
| 6735-1280 6735-1290 | 2e - Medical/Surgical Supplies 2f - Medical/Surgical Supplies | 26,794.00 31,318.00 | | | 26,794.00 31,318.00 |
| 6735-1340 | 3a - Medical/Surgical Supplies | 27,173.00 | | | 27,173.00 |
| 6735-1350 | 3b - Medical/Surgical Supplies | 37,096.00 | | | 37,096.00 |
| 6735-1360 | 3c - Medical/Surgical Supplies | 29,055.00 | | | 29,055.00 |
| 6735-1370 | 3d - Medical/Surgical Supplies | 31,422.00 | | | 31,422.00 |
| 6735-1380 6735-1390 | 3e - Medical/Surgical Supplies 3f - Medical/Surgical Supplies | 26,873.00 34,162.00 | | | 26,873.00 34,162.00 |
| 6735-1440 | 4a - Medical/Surgical Supplies | 27,751.00 | | | 27,751.00 |
| 6735-1450 | 4b - Medical/Surgical Supplies | 29,649.00 | | | 29,649.00 |
| 6735-1460 | 4c - Medical/Surgical Supplies | 31,052.00 | | | 31,052.00 |
| 6735-1470 | 4d - Medical/Surgical Supplies | 37,653.00 | | | 37,653.00 |
| 6735-1480 6735-1490 | 4e - Medical/Surgical Supplies 4f - Medical/Surgical Supplies | 23,857.00 26,500.00 | | | 23,857.00 26,500.00 |
| 6735-2100 | Post-Acute/Rehab-Medical/Surgical Supplies | 87,986.00 | | | 87,986.00 |
| 6735-2510 | Assisted Living-Medical/Surgical Supplies | 948.00 | | | 948.00 |
| 6735-2520 | Assisted Living/Memory Care-Medical/Surgical Suppl | 499.00 | | | 499.00 |
| 6735-2530 | Assisted Living -Marvin-Medical/Surgical Supplies | 84.00 | | | 84.00 |
| 6735-5015 6735-5025 | ADHC-Grasmere-Medical/Surgical Su Child Care Center-Medical/Surgical Supplies | 133.00 391.00 | | | 133.00 391.00 |
| 6735-5150 | Medical Home Care-Medical/Surgical Supplies | 7,120.00 | | | 7,120.00 |
| 6735-5155 | Hospice-Medical/Surgical Supplies | 50,364.00 | | | 50,364.00 |
| 6735-5220 | Inpatient Therapy-Medical/Surgical Supplies | 636.00 | | | 636.00 |
| 6735-5225 | Outpatient Therapy-Medical/Surgical Supplies | 10.00 | | | 10.00 |
| 6735-7075 6735-7080 | Clinical Support Svcs-Medical/Surgical Supplies Clinic-Medical/Surgical Supplies | 55.00 647.00 | | | 55.00 647.00 |
| 6735-7150 | Dining Services-Medical/Surgical Supplies | 12,773.00 | | | 12,773.00 |
| 6735-7350 | Nursing Support-Medical/Surgical Supplies | 31,958.00 | | | 31,958.00 |
| 6740-1000 | Long term care-Oxygen Expense | 30,882.00 | | | 30,882.00 |
| 6740-2100 | Post-Acute/Rehab-Oxygen Expense | 13,778.00 | | | 13,778.00 |
| 6745-1000 6745-2100 | Long term care-Pharmacy Expense Post-Acute/Rehab-Pharmacy Expense | 82,890.00 209,952.00 | | | 82,890.00 209,952.00 |
| 07-0-2100 | | 209,932.00 | | | 203,302.00 |

| Account | Description | ADJ | JE Ref # | RJE | FINAL |
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| | | 9/30/2021 | | | 9/30/2021 |
| 6745-5155 | Hospice-Pharmacy Expense | 66,098.00 | | | 66,098.00 |
| 6745-7075 | Clinical Support Svcs-Pharmacy Expense | 3,968.00 | | | 3,968.00 |
| 6750-1000 | Long term care-Physician | 127.00 | | | 127.00 |
| 6750-2100 6755-7075 | Post-Acute/Rehab-Physician Clinical Support Svcs-Podiatric Expense | 5,291.00 4,200.00 | | | 5,291.00 4,200.00 |
| 6760-7075 | Clinical Support Svcs-Psychiatric Expense | 16,942.00 | | | 16,942.00 |
| 6765-5220 | Inpatient Therapy-Therapy Supplies & Expense | 102.00 | | | 102.00 |
| 6770-1000 | Long term care-X-Ray Expense | 3,385.00 | | | 3,385.00 |
| 6770-2100 | Post-Acute/Rehab-X-Ray Expense | 33,820.00 | | | 33,820.00 |
| 7005-7250 | Finance-Accounting Expense | 148,542.00 | | | 148,542.00 |
| 7008-5150 | Medical Home Care-Billing Services | 69,635.00 | | | 69,635.00 |
| 7008-5155 7010-5030 | Hospice-Billing Services | 78,483.00 13,500.00 | | | 78,483.00 13,500.00 |
| 7010-5030 | Senior Choice at Home-Consulting Services Institute on Aging-Consulting Services | 34,310.00 | | | 34,310.00 |
| 7010-5220 | Inpatient Therapy-Consulting Services | 4,827.00 | | | 4,827.00 |
| 7010-7010 | Administration-Consulting Services | 100,249.00 | | | 100,249.00 |
| 7010-7075 | Clinical Support Services-Consulting | 44,604.00 | | | 44,604.00 |
| 7010-7150 | Dining Services-Consulting Service | 44,999.00 | | | 44,999.00 |
| 7010-7200 | Employee Relations-Consulting Services | 94,745.00 | | | 94,745.00 |
| 7010-7250 7011-7150 | Finance-Consulting Dining Services-Consulting Service-Morrison | 2,043.00 | | | 2,043.00 |
| 7011-7150 | Environmental Services-Consulting Service-Morrison | 781,925.00 7,198.00 | | | 781,925.00 7,198.00 |
| 7011-7325 | Laundry-Consulting Services-Morrison | 7,198.00 | | | 7,198.00 |
| 7015-7010 | Administration-Legal Expense | 63,112.00 | | | 63,112.00 |
| 7015-7200 | Employee Relations-Legal Expense | 20,822.00 | | | 20,822.00 |
| 7020-7150 | Dining Services -Management Fee-Morrison | 135,671.00 | | | 135,671.00 |
| 7020-7225 | Environmental Services-Management Fee-Morrison | 23,749.00 | | | 23,749.00 |
| 7020-7325 | Laundry-Management Fee-Morrison | 23,749.00 | | | 23,749.00 |
| 7030-7200 7035-2510 | Employee Relations-Payroll Processing Assisted Living-Purchased Services | 17,936.00 932.00 | | | 17,936.00 932.00 |
| 7035-5030 | Senior Choice at Home-Purchased Services | 1,960,799.00 | | | 1,960,799.00 |
| 7035-5050 | Friedman Home Care-Purchased Services | 347,113.00 | | | 347,113.00 |
| 7035-5070 | Home Together - Purchased Services | 1,076,416.00 | | | 1,076,416.00 |
| 7035-5150 | Medical Home Care-Purchased Services | 43,496.00 | | | 43,496.00 |
| 7035-5155 | Hospice-Purchased Services | 207.00 | | | 207.00 |
| 7035-5220 | Inpatient Therapy-Purchased Service | 13,720.00 | | | 13,720.00 |
| 7035-7010 7035-7150 | Administration-Purchased Services Dining Services-Purcnased Services | 54,195.00 8,044.00 | | | 54,195.00 8,044.00 |
| 7035-7400 | Pastoral Services-Purchased Services | 1,800.00 | | | 1,800.00 |
| 7035-7600 | Fitness Center - Purchased Services | 86,648.00 | | | 86,648.00 |
| 7040-7200 | Employee Relations-Recruitment Fees | 9,908.00 | | | 9,908.00 |
| 7045-7300 | Information Technology-Support Expense | 173,474.00 | | | 173,474.00 |
| 7050-5220 | Inpatient Therapy-Temporary Help | 72,495.00 | | | 72,495.00 |
| 7050-7350 | Nursing Support-Temporary Help | 185,037.00 | | (159,943.00) | 25,094.00 |
| 7050 7250 1 | Nursing Support Tomp Holp I DN | 0.00 | RJE - 3002 | (159,943.00) | 66,180.00 |
| 7050-7350.1 | Nursing Support - Temp Help - LPN | 0.00 | RJE - 3002 | 66,180.00 66,180.00 | 00,100.00 |
| 7050-7350.2 | Nursing Support - Temp Help - CNA | 0.00 | NJL - 3002 | 93,763.00 | 93,763.00 |
| 1000 1000.2 | | 0.00 | RJE - 3002 | 93,763.00 | 00,700.00 |
| 7080-5015 | ADHC-Grasmere-Client Transportation | 7,263.00 | | , | 7,263.00 |
| 7085-1190 | 1f-Food Expense | 11,065.00 | | | 11,065.00 |
| 7085-1240 | 2a - Food Expense | 10,992.00 | | | 10,992.00 |
| 7085-1250 | 2b - Food Expense | 4,489.00 | | | 4,489.00 |
| 7085-1260 | 2c - Food Expense | 11,712.00 | | | 11,712.00 |
| 7085-1270 7085-1280 | 2d - Food Expense 2e - Food Expense | 10,235.00 10,698.00 | | | 10,235.00 10,698.00 |
| 7085-1280 | 2f - Food Expense | 10,656.00 | | | 10,656.00 |
| 7085-1340 | 3a - Food Expense | 10,797.00 | | | 10,797.00 |
| 7085-1350 | 3b - Food Expense | 10,861.00 | | | 10,861.00 |
| 7085-1360 | 3c - Food Expense | 10,977.00 | | | 10,977.00 |
| 7085-1370 | 3d - Food Expense | 10,028.00 | | | 10,028.00 |
| 7085-1380 | 3e - Food Expense | 10,295.00 | | | 10,295.00 |
| 7085-1390 7085-1440 | 3f - Food Expense 4a - Food Expense | 10,989.00 | | | 10,989.00 10,546.00 |
| 7085-1440 | 4a - Food Expense 4b - Food Expense | 10,546.00 9,839.00 | | | 9,839.00 |
| 7085-1460 | 4c - Food Expense | 10,196.00 | | | 10,196.00 |
| 7085-1470 | 4d - Food Expense | 10,332.00 | | | 10,332.00 |
| 7085-1480 | 4e - Food Expense | 10,466.00 | | | 10,466.00 |
| 7085-1490 | 4f - Food Expense | 8,403.00 | | | 8,403.00 |
| 7085-2100 | Post-Acute/Rehab-Food Expense | 21,334.00 | | | 21,334.00 |
| 7085-2510 | Assisted Living-Food Expense | 13,118.00 | | | 13,118.00 |
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| Account | Description | ADJ | JE Ref # RJE | FINAL |
|------------------------|----------------------------------------------------------------------------------|------------------------|--------------|------------------------|
| | | 9/30/2021 | | 9/30/2021 |
| 7085-2520 | Assisted Living/Memory Care-Food Expense | 11,024.00 | | 11,024.00 |
| 7085-3000 | Foundation-Food Expense | 2,152.00 | | 2,152.00 |
| 7085-5015 | ADHC-Grasmere-Food Expense | 28,508.00 | | 28,508.00 |
| 7085-5025 | Child Care Center-Food Expense | 2,945.00 | | 2,945.00 |
| 7085-5030 | Senior Choice at Home-Food Expense | 506.00 | | 506.00 |
| 7085-5155 7085-5200 | Hospice-Food Expense Physician Practice-Food Expense | 18.00 10.00 | | 18.00 10.00 |
| 7085-7010 | Administration-Food Expense | 56,261.00 | | 56,261.00 |
| 7085-7150 | Dining Services -Food Expense | (270,395.00) | | (270,395.00) |
| 7085-7200 | Employee Relations-Food Expense | 212.00 | | 212.00 |
| 7085-7400 | Pastoral Services-Food Expense | 1,864.00 | | 1,864.00 |
| 7085-7525 | Therapeutic Recreation-Food Expense | 634.00 | | 634.00 |
| 7086-7150 | Dining Services-Food Expense-Morrison | 1,460,944.00 | | 1,460,944.00 |
| 7088-7600 | Fitness Center - Juice Bar | 6,310.00 | | 6,310.00 |
| 7100-5030 7100-7600 | Senior Choice at Home-Marketing Fitness Center - Marketing | 39,348.00 7,991.00 | | 39,348.00 7,991.00 |
| 7105-5015 | ADHC-Grasmere-Advertising - Classified | 473.00 | | 473.00 |
| 7105-5050 | Friedman Home Care-Advertising - Classi | 3,116.00 | | 3,116.00 |
| 7105-7100 | Marketing-Advertising - Classified | 16,174.00 | | 16,174.00 |
| 7105-7200 | Employee Relations-Advertising - Classified | 17,295.00 | | 17,295.00 |
| 7107-5030 | Senior Choice at Home-Direct Mail | 6,742.00 | | 6,742.00 |
| 7110-3000 | Foundation-Bad Debt Expense | 65,544.00 | | 65,544.00 |
| 7110-5050 | Friedman Home Care-Bad Debt Expense | 6,290.00 | | 6,290.00 |
| 7110-5150 | Medical Home Care-Bad Debt Expense | 32,930.00 | | 32,930.00 |
| 7110-5155 7110-7250 | Hospice-Bad Debt Expense Finance-Bad Debt Expense | 3,550.00 391,568.00 | | 3,550.00 391,568.00 |
| 7111-3000 | Foundation-Investment Management Fees-Unrestricted | 7,385.00 | | 7,385.00 |
| 7113-3000 | Foundation-Investment Management Fees - Restricted | 16,307.00 | | 16,307.00 |
| 7114-3000 | Foundation-Investment Management Fees-Temp Restric | 59,451.00 | | 59,451.00 |
| 7115-7250 | Finance-Bank/Credit Card Fees | 245,992.00 | | 245,992.00 |
| 7125-2510 | Assisted Living-Telephone | 2,700.00 | | 2,700.00 |
| 7125-2530 | Assisted Living -Marvin-Cell Phone Expense | 253.00 | | 253.00 |
| 7125-5015 | ADHC-Grasmere-Cell Phone Expense | 879.00 | | 879.00 |
| 7125-5025 7125-5030 | Child Care Center-Cell Phone Expense Senior Choice at Home-Cell Phone Expense | 1,301.00 1,231.00 | | 1,301.00 1,231.00 |
| 7125-5050 | Friedman Home Care-Cell Phone Expense | 24,420.00 | | 24,420.00 |
| 7125-5070 | Home Together-Cell Phone Expense | 610.00 | | 610.00 |
| 7125-5075 | Elder Abuse Prevention-Cell Phone Expense | 29.00 | | 29.00 |
| 7125-5125 | Institute on Aging-Cell Phone Expense | 1,414.00 | | 1,414.00 |
| 7125-5150 | Medical Home Care-Cell Phone Expense | 20,606.00 | | 20,606.00 |
| 7125-5155 | Hospice-Cell Phone Expense | 18,746.00 | | 18,746.00 |
| 7125-5220 | Inpatient Therapy-Cell Phone Expense | 439.00 | | 439.00 |
| 7125-7025 7125-7050 | Administrative Services-Cell Phone Expense Admissions-Cell Phone Expense | 1,218.00 468.00 | | 1,218.00 468.00 |
| 7125-7050 | Clinical Support Services-Cell Phone Expense | 113.00 | | 113.00 |
| 7125-7200 | Employee Relations-Cell Phone Expense | 325.00 | | 325.00 |
| 7125-7225 | Environmental Services-Cell Phone Ecpense | 439.00 | | 439.00 |
| 7125-7300 | Information Technology-Cell Phone Expense | 764.00 | | 764.00 |
| 7125-7350 | Nursing Support-Cell Phone Expense | 14,334.00 | | 14,334.00 |
| 7125-7425 | Physical Plant-Telephone Expense | 583.00 | | 583.00 |
| 7125-7500 | Security-Cell Phone Expense | 439.00 | | 439.00 |
| 7125-7525 | Therapeutic Recreation - Cell Phone Expense | 113.00 | | 113.00 |
| 7125-7600 7130-7200 | Fitness Center-Cell Phone Expense Employee Relations-Employee Relations | 650.00 118,560.00 | | 650.00 118,560.00 |
| 7133-3000 | Foundation-Donor Recognition | 1,663.00 | | 1,663.00 |
| 7134-3000 | Foundation-Special Events | 46.00 | | 46.00 |
| 7136-3000 | Foundation-Contribution Expense | 11,133.00 | | 11,133.00 |
| 7140-5050 | Friedman Home Care-Marketing Supplies | 128.00 | | 128.00 |
| 7140-5070 | Home Together - Marketing Supplies | 3,232.00 | | 3,232.00 |
| 7140-5075 | Elder Abuse Prevention-Marketing Supplies | 1,266.00 | | 1,266.00 |
| 7140-5150 | Medical Home Care-Marketing Supplies | 143.00 | | 143.00 |
| 7140-5155 7140-7010 | Hospice-Marketing Supplies | 335.00 | | 335.00 |
| 7140-7010 7140-7200 | Administration-Marketing Supplies Employee Relations-Marketing Supplies | 420.00 249.00 | | 420.00 249.00 |
| 7140-7200 | ADHC-Grasmere-EML-Marketing Supp | 150.00 | | 150.00 |
| 7145-5015 | ADHC-Grasmere-Miscellaneous Expen | 15.00 | | 15.00 |
| 7145-7010 | Administration-Miscellaneous Expense | 397,694.00 | | 397,694.00 |
| | · · · · · · · · · · · · · · · · · · · | 1 0 10 100 00 | | 1,340,109.00 |
| 7150-7010 | Administration-Nursing Home User Tax | 1,340,109.00 | | |
| 7152-7010 | Administration-Property Tax | 50,000.00 | | 50,000.00 |
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| Account | Description | ADJ | JE Ref # | RJE | FINAL |
|------------------------|-------------------------------------------------------------------------------------|-----------------------|----------|-----|-----------------------|
| | | 9/30/2021 | | | 9/30/2021 |
| 7205-7425 | Physical Plant-Auto Maintenance & Repairs | 22,784.00 | | | 22,784.00 |
| 7210-7225 | Environmental Services-Cleaning Supplies | 26,352.00 | | | 26,352.00 |
| 7210-7600 | Fitness Center - Cleaning Supplies | 9,786.00 | | | 9,786.00 |
| 7215-7425 | Physical Plant-Electricity | 853,687.00 | | | 853,687.00 |
| 7220-7425 7225-7425 | Physical Plant-Elevator Maintenance | 58,634.00 | | | 58,634.00 |
| 7230-7425 | Physical Plant-Fire Alarm Maintenance Physical Plant-Fuel Oil | 57,957.00 2,716.00 | | | 57,957.00 2,716.00 |
| 7235-7425 | Physical Plant-Heating, Vent. Air Conditioning | 56,943.00 | | | 56,943.00 |
| 7240-7425 | Physical Plant-Landscaping | 49,967.00 | | | 49,967.00 |
| 7245-7300 | Information Technology-Maint Expense & Contracts | 23,338.00 | | | 23,338.00 |
| 7245-7425 | Physical Plant-Maint Expense & Contracts | 83,707.00 | | | 83,707.00 |
| 7245-7600 | Fitness Center - Facilities Maintenance/Contracts | 227.00 | | | 227.00 |
| 7246-7600 | Fitness Center - Equipment Maintenance/Contracts | 2,866.00 | | | 2,866.00 |
| 7247-7600 | Fitness Center - Pool Maintenance | 21,782.00 | | | 21,782.00 |
| 7250-7425 | Physical Plant-Natural Gas Environmental Services-Pest Control | 144,616.00 | | | 144,616.00 |
| 7255-7225 7270-7225 | Environmental Services-Pesi Conitor Environmental Services-Repairs & Maintenance | 8,342.00 2,167.00 | | | 8,342.00 2,167.00 |
| 7270-7325 | Laundry-Repairs & Maintenance | 6,073.00 | | | 6,073.00 |
| 7270-7425 | Physical Plant-Repairs & Maintenance | 126,893.00 | | | 126,893.00 |
| 7270-7600 | Fitness Center - Facilities Repairs | 832.00 | | | 832.00 |
| 7271-7600 | Fitness Center - Equipment Repairs | 4,122.00 | | | 4,122.00 |
| 7273-7600 | Fitness Center - Facilities Parts | 6,049.00 | | | 6,049.00 |
| 7275-7425 | Physical Plant-Satellite Television Expense | 76,586.00 | | | 76,586.00 |
| 7280-7425 | Physical Plant-Sewage | 87,389.00 | | | 87,389.00 |
| 7285-7425 | Physical Plant-Snow Removal | 1,603.00 | | | 1,603.00 |
| 7290-7425 | Physical Plant-Solid Waste Removal | 130,820.00 | | | 130,820.00 |
| 7295-5030 7295-5200 | Senior Choice at Home-Telephone Expense Physician Practice-Telephone Expense | 288.00 4,922.00 | | | 288.00 4,922.00 |
| 7295-5200 | Administration-Telephone Expense | 4,922.00 549.00 | | | 4,922.00 |
| 7295-7300 | Information Technology-Telephone Expense | 66,494.00 | | | 66,494.00 |
| 7305-7425 | Physical Plant-Water | 37,415.00 | | | 37,415.00 |
| 7410-3000 | Foundation-Printing Expense | 14,818.00 | | | 14,818.00 |
| 7410-5150 | Medical Home Care-Printing Expense | 724.00 | | | 724.00 |
| 7410-7100 | Marketing-Graphic Des/Printing Expense | 40,839.00 | | | 40,839.00 |
| 7410-7200 | Employee Relations-Printing Expense | 174.00 | | | 174.00 |
| 7410-7275 | Health Information-Printing Expense | 402.00 | | | 402.00 |
| 7410-7400 7415-7325 | Pastoral Services-Printing Expense Laundry-Linen & Bedding | 190.00 13,802.00 | | | 190.00 13,802.00 |
| 7413-7323 | Medical Home Care-Medical Supplies - nonbil | 3,826.00 | | | 3,826.00 |
| 7420-5155 | Hospice-Medical Supplies-Nonbillable | 236.00 | | | 236.00 |
| 7420-7080 | Clinic-Medical Supplies - non billable | (62.00) | | | (62.00) |
| 7425-1000 | Long term care-Minor Equipment | 979.00 | | | 979.00 |
| 7425-1260 | 2c - Minor Equipment | 124.00 | | | 124.00 |
| 7425-1290 | 2f - Minor Equipment | 414.00 | | | 414.00 |
| 7425-1480 | 4e - Minor Equipment | 75.00 | | | 75.00 |
| 7425-5015 | ADHC-Grasmere-Minor Equipment | 202.00 | | | 202.00 |
| 7425-5025 7425-5220 | Child Care Center-Minor Equipment Inpatient Therapy-Minor Equipment | 388.00 2,358.00 | | | 388.00 2.358.00 |
| 7425-7010 | Administration-Minor Equipment | 797.00 | | | 797.00 |
| 7425-7025 | Administrative Services-Minor Equipment | 339.00 | | | 339.00 |
| 7425-7075 | Clinical Support Services-Minor Equipment | 608.00 | | | 608.00 |
| 7425-7150 | Dining Services-Minor Equipment | 1,585.00 | | | 1,585.00 |
| 7425-7350 | Nursing Support-Minor Equipment | 3,243.00 | | | 3,243.00 |
| 7425-7425 | Physical Plant-Minor Equipment | 3,180.00 | | | 3,180.00 |
| 7425-7525 | Therapeutic Recreation-Minor Equipment | 18.00 | | | 18.00 |
| 7425-7600 | Fitness Center - Small Equipment | 8,930.00 | | | 8,930.00 |
| 7430-1190 7430-1240 | 1f-Office Supplies 2a - Office Supplies | 1,196.00 664.00 | | | 1,196.00 664.00 |
| 7430-1240 | 2b - Office Supplies | 647.00 | | | 647.00 |
| 7430-1290 | 2f - Office Supplies | 336.00 | | | 336.00 |
| 7430-1340 | 3a - Office Supplies | 336.00 | | | 336.00 |
| 7430-1360 | 3c - Office Supplies | 24.00 | | | 24.00 |
| 7430-1390 | 3f - Office Supplies | 306.00 | | | 306.00 |
| 7430-1440 | 4a - Office Supplies | 397.00 | | | 397.00 |
| 7430-1460 | 4c - Office Supplies | 29.00 | | | 29.00 |
| 7430-1480 | 4e - Office Supplies | 23.00 | | | 23.00 |
| 7430-1490 | 4f - Office Supplies | 1,708.00 | | | 1,708.00 |
| 7430-2100 | Post-Acute/Rehab-Office Supplies | 1,661.00 | | | 1,661.00 |
| 7430-2510 7430-2530 | Assisted Living- Office Supplies Assisted Living -Marvin-Office Supplies | 6,481.00 33.00 | | | 6,481.00 33.00 |
| 7430-2000 | Foundation-Office Supplies | 1,791.00 | | | 1,791.00 |
| | | 1,701.00 | | | 1,101.00 |

| Account | Description | ADJ | JE Ref # | RJE | FINAL |
|------------------------|----------------------------------------------------------------------------------------------------------|-----------------------|----------|-----|-----------------------|
| | | 9/30/2021 | | | 9/30/2021 |
| 7430-5015 | ADHC-Grasmere-Office Supplies | 3,771.00 | | | 3,771.00 |
| 7430-5025 | Child Care Center-Office Supplies | 3,871.00 | | | 3,871.00 |
| 7430-5030 | Senior Choice at Home-Office Supplies | 240.00 | | | 240.00 |
| 7430-5050 7430-5070 | Friedman Home Care-Office Supplies Home Together - Office Supplies | 43.00 723.00 | | | 43.00 723.00 |
| 7430-5125 | Institute on Aging-Office Supplies | 28.00 | | | 28.00 |
| 7430-5150 | Medical Home Care-Office Supplies | 15,763.00 | | | 15,763.00 |
| 7430-5155 | Hospice-Office Supplies | 3,195.00 | | | 3,195.00 |
| 7430-5200 | Physician Practice-Office Supplies | 348.00 | | | 348.00 |
| 7430-5220 7430-5225 | Inpatient Therapy-Office Supplies Outpatient Therapy-Office Supplies | 3,858.00 357.00 | | | 3,858.00 357.00 |
| 7430-7223 | Administration-Office Supplies | 8,811.00 | | | 8,811.00 |
| 7430-7025 | Administrative Services-Office Supplies | 959.00 | | | 959.00 |
| 7430-7050 | Admissions-Office Supplies | 2,577.00 | | | 2,577.00 |
| 7430-7080 | Clinic-Office Supplies | 2,075.00 | | | 2,075.00 |
| 7430-7150 7430-7200 | Dining Services-Office Supplies Employee Relations-Office Supplies | 2,537.00 4,899.00 | | | 2,537.00 4,899.00 |
| 7430-7200 | Education-Office Supplies | 4,899.00 | | | 4,899.00 |
| 7430-7225 | Environmental Services-Office Supplies | 310.00 | | | 310.00 |
| 7430-7250 | Finance-Office Supplies | 4,943.00 | | | 4,943.00 |
| 7430-7275 | Health Information-Office Supplies | 7,955.00 | | | 7,955.00 |
| 7430-7300 | Information Technology-Office Supplies | 206.00 | | | 206.00 |
| 7430-7350 | Nursing Support-Office Supplies Physical Plant-Office Supplies | 1,876.00 1,360.00 | | | 1,876.00 1,360.00 |
| 7430-7425 7430-7450 | Purchasing-Office Supplies | 8,228.00 | | | 8,228.00 |
| 7430-7525 | Therapeutic Recreation-Office Supplies | 385.00 | | | 385.00 |
| 7430-7550 | Work Activity Center-Office Supplies | 2,275.00 | | | 2,275.00 |
| 7430-7600 | Fitness Center-Office Supplies | 1,061.00 | | | 1,061.00 |
| 7437-7600 | Fitness Center-Pool Supplies | 5,622.00 | | | 5,622.00 |
| 7445-5025 7445-5030 | Child Care Center-Postage Senior Choice at Home-Postage | 83.00 63.00 | | | 83.00 63.00 |
| 7445-7010 | Administration-Postage | 25,799.00 | | | 25,799.00 |
| 7445-7200 | Employee Relations-Postage | 29.00 | | | 29.00 |
| 7445-7450 | Purchasing-Postage | 57.00 | | | 57.00 |
| 7445-7550 | Work Activity Center-Postage | 239.00 | | | 239.00 |
| 7450-1190 7450-1240 | 1f-Recreation Supplies & Activities 2a - Recreation Supplies & Activities | 5.00 90.00 | | | 5.00 90.00 |
| 7450-1240 | 2b - Recreation Supplies & Activities | 200.00 | | | 200.00 |
| 7450-1260 | 2c - Recreation Supplies & Activities | 201.00 | | | 201.00 |
| 7450-1270 | 2d - Recreation Supplies & Activities | 255.00 | | | 255.00 |
| 7450-1280 | 2e - Recreation Supplies & Activities | 239.00 | | | 239.00 |
| 7450-1290 7450-1340 | 2f - Recreation Supplies & Activities 3a - Recreation Supplies & Activities | 660.00 248.00 | | | 660.00 248.00 |
| 7450-1340 | 3b - Recreation Supplies & Activities | 248.00 | | | 248.00 |
| 7450-1360 | 3c - Recreation Supplies & Activities | 248.00 | | | 248.00 |
| 7450-1370 | 3d - Recreation Supplies & Activities | 250.00 | | | 250.00 |
| 7450-1380 | 3e - Recreation Supplies & Activities | 250.00 | | | 250.00 |
| 7450-1390 | 3f - Recreation Supplies & Activities | 250.00 | | | 250.00 |
| 7450-1440 7450-1450 | 4a - Recreation Supplies & Activities 4b - Recreation Supplies & Activities | 193.00 193.00 | | | 193.00 193.00 |
| 7450-1460 | 4c - Recreation Supplies & Activities | 193.00 | | | 193.00 |
| 7450-1470 | 4d - Recreation Supplies & Activities | 182.00 | | | 182.00 |
| 7450-1480 | 4e - Recreation Supplies & Activities | 216.00 | | | 216.00 |
| 7450-1490 | 4f - Recreation Supplies & Activities | 159.00 | | | 159.00 |
| 7450-2100 7450-2510 | Post-Acute/Rehab - Recreation Supplies & Activitie Assisted Living-Recreation Supplies & Activities | 9.00 3,929.00 | | | 9.00 3,929.00 |
| 7450-2520 | Assisted Living/Memory Care-Recreation Supplies & | 255.00 | | | 255.00 |
| 7450-2530 | Assisted Living -Marvin-Recreation Supplies & Acti | 34.00 | | | 34.00 |
| 7450-5015 | ADHC-Grasmere-Recreation Supplies & Activities | 2,540.00 | | | 2,540.00 |
| 7450-5025 | Child Care Center-Recreation Supplies & Activities | 6,880.00 | | | 6,880.00 |
| 7450-7400 7450-7525 | Pastoral Services-Recreation Supplies & Activities Therapeutic Recreation-Recreation Supplies & Activ | 2,776.00 71,805.00 | | | 2,776.00 71,805.00 |
| 7450-7525 | ADHC-Grasmere-EML-Recreation Supplies | 71,805.00 | | | 71,805.00 724.00 |
| 7452-7525 | Therapeutic Recreation-Beauty Salon Supplies | 1,469.00 | | | 1,469.00 |
| 7455-2510 | Assisted Living-Supplies Expense | 23.00 | | | 23.00 |
| 7455-5015 | ADHC-Grasmere-Supplies Expense | 449.00 | | | 449.00 |
| 7455-5025 | Child Care Center-Supplies Expense | 751.00 | | | 751.00 |
| 7455-5050 7455-5070 | Friedman Home Care-Supplies Expense Home Together-Supplies Expense | 633.00 96.00 | | | 633.00 96.00 |
| 7455-5150 | Medical Home Care-Supplies Expense | 535.00 | | | 535.00 |
| 7455-5155 | Hospice-Supplies Expense | 108.00 | | | 108.00 |
| | | | | | |

| Account | Description | ADJ | JE Ref # | RJE | FINAL |
|------------------------|----------------------------------------------------------------------------------------------|-------------------------|------------|----------|-------------------------|
| | | 9/30/2021 | | | 9/30/2021 |
| 7455-5220 | Inpatient Therapy-Supplies Expense | 10,257.00 | | | 10,257.00 |
| 7455-5225 | Outpatient Therapy-Supplies Expense | 686.00 | | | 686.00 |
| 7455-7010 | Administration-Supplies Expense | 2,769.00 | | | 2,769.00 |
| 7455-7080 | Clinic-Supplies Expense | 46.00 | | | 46.00 |
| 7455-7150 | Dining Services-Supplies Expense | 15,481.00 | | | 15,481.00 |
| 7455-7200 7455-7225 | Employee Relations-Supplies Expense Environmental Services-Supplies Expense | 213.00 8,266.00 | | | 213.00 8,266.00 |
| 7455-7325 | Laundry-Supplies Expense | 22,330.00 | | | 22,330.00 |
| 7455-7350 | Nursing Support-Supplies Expense | 23,307.00 | | | 23,307.00 |
| 7455-7400 | Pastoral Services-Supplies Expense | 882.00 | | | 882.00 |
| 7455-7425 | Physical Plant-Supplies Expense | 131,247.00 | | | 131,247.00 |
| 7455-7500 | Security-Supplies Expense | 223.00 | | | 223.00 |
| 7455-7525 | Therapeutic Recreation-Supplies Expense | 2,719.00 | | | 2,719.00 |
| 7455-7550 | Work Activity Center-Supplies Expense | 1,788.00 | | | 1,788.00 |
| 7455-7600 | Fitness Center - Amenities Supplies | 3,764.00 | | | 3,764.00 |
| 7456-7075 7457-7150 | Clinical Support Svcs-Supplies Expense - Dental Dining Services-Supplies Expense-Morrison | 11,807.00 157,275.00 | | | 11,807.00 157,275.00 |
| 7459-7150 | Dining Services-Direct Expense-Morrison | 158,886.00 | | | 158,886.00 |
| 7459-7225 | Environmental Services-Direct Expenses-Morrison | 64,738.00 | | | 64,738.00 |
| 7459-7325 | Laundry-Direct Expenses-Morrison | 64,738.00 | | | 64,738.00 |
| 7460-7225 | Environmental Services-Uniform Expense | 826.00 | | | 826.00 |
| 7460-7425 | Physical Plant-Uniform Expense | 1,265.00 | | | 1,265.00 |
| 7505-7010 | Administration-Business Meals | 1,146.00 | | | 1,146.00 |
| 7510-7010 | Administration-CALTC Expense | 1,000.00 | | | 1,000.00 |
| 7515-2510 7515-5015 | Assisted Living-Dues ADHC-Grasmere-Dues | 1,344.00 1,200.00 | | | 1,344.00 1,200.00 |
| 7515-5015 | Medical Home Care-Dues | 7,089.00 | | | 7,089.00 |
| 7515-7010 | Administration-Dues | 40,948.00 | | (240.00) | 40,708.00 |
| | | , | RJE - 3006 | (240.00) | , |
| 7515-7010.1 | License Fee | 0.00 | | 240.00 | 240.00 |
| | | | RJE - 3006 | 240.00 | |
| 7515-7400 | Pastoral Services-Dues | 900.00 | | | 900.00 |
| 7520-5025 | Child Care Center-Education/Inservice Expense | 1,180.00 | | | 1,180.00 |
| 7520-5200 | Physician Practice-Education/Inservice Expense | 1,000.00 | | | 1,000.00 |
| 7520-7010 7520-7200 | Administration-Education/Inservice Expense Employee Relations-Education/Inservice Expense | 1,545.00 9,218.00 | | | 1,545.00 9,218.00 |
| 7520-7210 | Education-Education/Inservice Expense | 54,734.00 | | | 54,734.00 |
| 7520-7350 | Nursing Support-Education/Inservice Expense | 19,083.00 | | | 19,083.00 |
| 7525-5025 | Child Care Center-Licenses/Permits | 880.00 | | | 880.00 |
| 7525-5050 | Friedman Home Care-Licenses/Permits | 375.00 | | | 375.00 |
| 7525-5150 | Medical Home Care-Licenses/Permits | 180.00 | | | 180.00 |
| 7525-5155 | Hospice-Licenses/Permits | 145.00 | | | 145.00 |
| 7525-7010 | Administration-Licenses/Permits | 11,484.00 | | | 11,484.00 |
| 7525-7150 7525-7425 | Dining Services-Licenses/Permits Physical Plant-Licenses/Permits | 2,530.00 767.00 | | | 2,530.00 767.00 |
| 7525-7550 | Work Activity Center-Licenses/Permits | 452.00 | | | 452.00 |
| 7525-7600 | Fitness Center-Licenses/Permits | 1,551.00 | | | 1,551.00 |
| 7530-5030 | Senior Choice at Home-Meeting Expense | 6,439.00 | | | 6,439.00 |
| 7535-2510 | Assisted Living-Seminars/Conferences | 1,058.00 | | | 1,058.00 |
| 7535-5015 | ADHC-Grasmere-Seminars/Conferences | 50.00 | | | 50.00 |
| 7535-5030 | Senior Choice at Home-Seminars/Conferences | 259.00 | | | 259.00 |
| 7535-5050 | Friedman Home Care-Seminars/Conferences | (139.00) | | | (139.00) |
| 7535-5150 | Medical Home Care-Conferences/Seminars | 399.00 | | | 399.00 |
| 7535-5155 7535-7010 | Hospice-Conferences/Seminars Administration-Seminars/Conferences | 695.00 1,698.00 | | | 695.00 1,698.00 |
| 7535-7400 | Pastoral Services-Seminars/Conferences | 100.00 | | | 100.00 |
| 7540-5015 | ADHC-Grasmere-Subscriptions | 350.00 | | | 350.00 |
| 7540-5025 | Child Care Center-Subscriptions | 1,469.00 | | | 1,469.00 |
| 7540-5150 | Medical Home Care-Subscriptions | 6,526.00 | | | 6,526.00 |
| 7540-5155 | Hospice-Subscriptions | 316.00 | | | 316.00 |
| 7540-7010 | Administration-Subscriptions | 5,428.00 | | | 5,428.00 |
| 7540-7150 | Dining Services-Subscriptions | 64.00 | | | 64.00 |
| 7540-7450 | Purchasing-Subscriptions | 499.00 | | | 499.00 |
| 7550-5015 | ADHC-Grasmere-Travel Expense | 72.00 | | | 72.00 |
| 7550-5030 | Senior Choice at Home-Travel Expense | 2,190.00 | | | 2,190.00 |
| 7550-5050 7550-5070 | Friedman Home Care-Travel Expense Home Together-Travel Expense | 33,080.00 2,111.00 | | | 33,080.00 2,111.00 |
| 7550-5070 | Elder Abuse Prevention-Travel Expense | 2,111.00 | | | 2,111.00 |
| 7550-5150 | Medical Home Care-Travel Expense | 25,573.00 | | | 25,573.00 |
| 7550-5155 | Hospice-Travel Expense | 4,839.00 | | | 4,839.00 |
| 7550-7010 | Administration-Travel Expense | 795.00 | | | 795.00 |
| | · - | | | | |

| Account | Description | ADJ | JE Ref # | RJE | FINAL |
|------------|--------------------------------------------------|--------------|------------|--------------|-------------|
| | | 9/30/2021 | | | 9/30/2021 |
| 7550-7200 | Employee Relations-Travel Expense | 25.00 | | | 25.0 |
| 7550-7350 | Nursing Support-Travel Expense | 183.00 | | | 183.0 |
| 7550-7350 | • • • • | | | | |
| | Pastoral Services-Travel Expense | 1,908.00 | | | 1,908.0 |
| 7550-7525 | Therapeutic Recreation-Travel Expense | (153.00) | | | (153.0 |
| 7605-7300 | Information Technology-Hardware | 43,531.00 | | | 43,531.0 |
| 7610-7300 | Information Technology-Network Expense | 79,121.00 | | | 79,121.0 |
| 7615-3000 | Foundation-Software | 20,186.00 | | | 20,186.0 |
| 7615-5015 | ADHC-Grasmere-Software | 4,125.00 | | | 4,125.0 |
| 7615-5030 | Senior Choice at Home-Software | 23.00 | | | 23.0 |
| 7615-5050 | Friedman Home Care-Software | 19,468.00 | | | 19,468.0 |
| 7615-5070 | Home Together-Software | 8,064.00 | | | 8,064.0 |
| 7615-5150 | Medical Home Care-Software | 24,752.00 | | | 24,752.0 |
| 7615-5155 | Hospice-Software | 17,683.00 | | | 17,683.0 |
| 7615-5220 | Inpatient Therapy-Software | 6,639.00 | | | 6,639.0 |
| 7615-7050 | Admissions-Software | 7,124.00 | | | 7,124.0 |
| 7615-7200 | Employee Relations-Software | 24,017.00 | | | 24,017.0 |
| 7615-7250 | Finance-Software | 8,051.00 | | | 8,051.0 |
| 7615-7300 | Information Technology-Software | 198,393.00 | | | 198,393.0 |
| 7615-7425 | Physical Plant-Software | 4,500.00 | | | 4,500.0 |
| 7615-7525 | Therapeutic Recreation-Software | 4,300.00 | | | |
| | • | | | | 355.0 |
| 7615-7600 | Fitness Center - Software | 5,038.00 | | | 5,038.0 |
| 7620-7100 | Marketing-Website Maintenance | 875.00 | | | 875.0 |
| 7620-7300 | Information Technology-Website Maintenance | 3,674.00 | | | 3,674.0 |
| 7620-7600 | Fitness Center - Website Maintenance | 3,802.00 | | (| 3,802.0 |
| 7705-7010 | Administration-Insurance General | 693,143.00 | | (602,715.00) | 90,428.0 |
| | | | RJE - 3004 | (602,715.00) | |
| 7705-7010A | Directors and Officers Insurance | 0.00 | | 70,960.00 | 70,960.0 |
| | | | RJE - 3004 | 70,960.00 | |
| 705-7010C | Auto Insurance | 0.00 | | 18,320.00 | 18,320.0 |
| | | | RJE - 3004 | 18,320.00 | |
| 7705-7010D | Umbrella Insurance | 0.00 | | 469,395.00 | 469,395.0 |
| | | | RJE - 3004 | 469,395.00 | |
| 7705-7010E | Day Care Insurance | 0.00 | | 11,252.00 | 11,252.0 |
| | <u>,</u> | | RJE - 3004 | 11,252.00 | , |
| 7705-7010F | Crime & Fiduciary / Cyber | 0.00 | | 23,519.00 | 23,519.0 |
| | | 0.00 | RJE - 3004 | 23,519.00 | 20,01010 |
| 7705-7010G | Insurance - GPG Group | 0.00 | | 9,269.00 | 9,269.0 |
| 103-10100 | | 0.00 | RJE - 3004 | 9,269.00 | 5,205.0 |
| 7005 7010 | Administration Equipment Dentel | 5,006.00 | RJE - 3004 | 9,209.00 | E 006 (|
| 7805-7010 | Administration-Equipment Rental | , | | | 5,006.0 |
| 7805-7300 | Information Technology-Leasing (Photocopy) Costs | 116,975.00 | | | 116,975.0 |
| 7805-7425 | Physical Plant-Auto/Equipment Lease | 3,783.00 | | | 3,783.0 |
| 7805-7450a | Equipment lease | 0.00 | | (89,181.00) | (89,181.0 |
| | | | RJE - 3003 | (89,181.00) | |
| 7805-7450b | Equipment lease | 0.00 | | 89,181.00 | 89,181.0 |
| | | | RJE - 3003 | 89,181.00 | |
| 7805-7550 | Work Activity Center-Leasing (Photocopy) Costs | 5,186.00 | | | 5,186.0 |
| 8005-7250 | Finance - Interest Expense - ADHC Note Payable | 5,519.00 | | | 5,519.0 |
| 8010-7250 | Finance-Bond SWAP Expense | 1,369,222.00 | | | 1,369,222.0 |
| 8040-7250 | Finance-Bond Expense | 42,151.00 | | | 42,151.0 |
| 8050-7250 | Finance-Interest Expense - Revenue Bonds | 678,250.00 | | | 678,250.0 |
| 8051-3000 | Foundation-Annuity Interest Expense-Unrestricted | 6,973.00 | | | 6,973.0 |
| 8105-7720 | Depreciation-Depreciation - Building | 3,356,329.00 | | | 3,356,329.0 |
| 8110-7720 | Depreciation-Depreciation - Computers/Software | 153,669.00 | | | 153,669.0 |
| | | | | | |
| 8115-7720 | Depreciation-Depreciation - Furniture/Fixtures | 330,440.00 | | | 330,440.0 |
| 8130-7720 | Depreciation-Depreciation - Vehicles | 35,228.00 | | (404 507 00) | 35,228.0 |
| 8150-7720A | Depreciation-Depreciation - Non-movable Reclass | 0.00 | B.E | (131,587.00) | (131,587.0 |
| | | | RJE - 3005 | (131,587.00) | |
| 8150-7720B | Depreciation-Depreciation - Non-movable Reclass | 0.00 | | 131,587.00 | 131,587.0 |
| | | | RJE - 3005 | 131,587.00 | |
| Total | | 0.00 | | 0.00 | 0.0 |

| Client: Engagement: Period Ending: Trial Balance: | Jewish Senior Services Medicaid - Jewish Senior Services 9/30/2021 A.010 - TB | | | | |
|------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------|------------|--------------------------|---------------------------|
| Workpaper: Account | A.012 - TB Grouping Report Description | ADJ 9/30/2021 | JE Ref # | RJE 9/30/2021 | FINAL 9/30/2021 |
| Group : [10-A] | Salaries and Wages | | | | |
| Subgroup : [2.16] 6010-7010a | Administrator -SNF Only Admin Salary - Administrator | 0.00 | 515 0004 | 689,382.00 | 689,382.00 |
| 6025-7010 | Administration-FTO Accrual | (55,905.00) | RJE - 3001 | 689,382.00 0.00 | (55,905.00) |
| Subtotal [2.16] | Administrator -SNF Only | (55,905.00) | _ | 689,382.00 | 633,477.00 |
| Subgroup : [3.16] 50011.00 | Assistant Administrator - Res Days VP OF OPERATIONS/BUSINESS | 0.00 | RJE - 3001 | 246,500.00 246,500.00 | 246,500.00 |
| Subtotal [3.16] | Assistant Administrator - Res Days | 0.00 | _ | 246,500.00 | 246,500.00 |
| Subgroup : [4.10] 6025-7275 | Other Administrative Salaries - SNF Only Health Information-FTO Accrual | 191.00 | | 0.00 | 191.00 |
| 6050-7275 | Health Information-Salary - Hourly Staff | 44,657.00 | | 0.00 | 44,657.00 |
| 6200-1400 | 4-Salary - Neighborhood Associate | 42,566.00 | | 0.00 | 42,566.00 |
| 6200-2100 | Post-Acute/Rehab-Salary - Neighborhood Associates | 1,286.00 | _ | 0.00 | 1,286.00 |
| Subtotal [4.10] | Other Administrative Salaries - SNF Only | 88,700.00 | | 0.00 | 88,700.00 |
| Subgroup : [4.19] 6010-7010 | Other Administrative Salaries - All Programs Administration-Salary - Director | 1,652,501.00 | | (1,177,382.00) | 475,119.00 |
| | | | RJE - 3001 | (1,177,382.00) | -, |
| 6020-7300 | Information Technology-Salary - Director | 76,620.00 | | 0.00 | 76,620.00 |
| 6020-7450 | Purchasing-Salary - Director | 73,339.00 | | 0.00 | 73,339.00 |
| 6025-7025 6025-7200 | Administrative Services-FTO Accrual Employee Relations-FTO Accrual | (6,237.00) (1,080.00) | | 0.00 0.00 | (6,237.00) (1,080.00) |
| 6025-7300 | Information Technology-FTO Accrual | (1,000.00) | | 0.00 | (1,000.00) |
| 6025-7450 | Purchasing-FTO Accrual | (1,500.00) | | 0.00 | (1,500.00) |
| 6040-7025 | Administrative Svcs-Salary - Salaried Staff | 221,492.00 | | 0.00 | 221,492.00 |
| 6040-7200 | Employee Relations-Salary - Salaried Staff | 209,812.00 | | 0.00 | 209,812.00 |
| 6050-7025 | Administrative Svcs-Salary - Hourly Staff | 282,981.00 | | 0.00 | 282,981.00 |
| 6050-7200 6050-7300 | Employee Relations-Salary - Hourly Staff | 195,869.00 88,253.00 | | 0.00 0.00 | 195,869.00 88,253.00 |
| 6050-7450 | Information Technology-Salary - Hourly Staff Purchasing-Salary - Hourly Staff | 32,303.00 | | 0.00 | 32,303.00 |
| 6280-7025 | Administrative Services-Receptionist | 169,336.00 | | 0.00 | 169,336.00 |
| Subtotal [4.19] | Other Administrative Salaries - All Programs | 2,992,698.00 | | (1,177,382.00) | 1,815,316.00 |
| Subgroup : [4.34] | Other Administrative Salaries - SNF & AL | | | | |
| 6025-7050 | Admissions-FTO Accrual | (2,276.00) | | 0.00 | (2,276.00) |
| 6040-7050 6050-7050 | Admissions-Salary - Salaried Staff Admissions-Hourly Staff | 80,591.00 68,793.00 | | 0.00 0.00 | 80,591.00 68,793.00 |
| Subtotal [4.34] | Other Administrative Salaries - SNF & AL | 147,108.00 | | 0.00 | 147,108.00 |
| Subgroup : [5C.3] | Dietary Workers | | | | |
| 6025-7150 | Dining Services-FTO Accrual | 1,286.00 | | 0.00 | 1,286.00 |
| 6070-7150 | Dining Services -Salary - Cooks | 389,552.00 | | 0.00 | 389,552.00 |
| 6080-7150 6090-7150 | Dining Services -Salary - Full Time Workers Dining Services -Salary - Shift Leaders | 1,451,321.00 33,070.00 | | 0.00 0.00 | 1,451,321.00 33,070.00 |
| Subtotal [5C.3] | Dietary Workers | 1,875,229.00 | | 0.00 | 1,875,229.00 |
| Subgroup : [6B.2] | Other Housekeeping Workers | | | | |
| 6025-7225 | Environmental Services-FTO Accrual | (13,732.00) | | 0.00 | (13,732.00) |
| 6050-7225 | Environmental Services-Salary - Hourly Staff | 1,130,223.00 | | 0.00 | 1,130,223.00 |
| Subtotal [6B.2] | Other Housekeeping Workers | 1,116,491.00 | | 0.00 | 1,116,491.00 |
| Subgroup : [7B.33] 6025-7425 | Other Maintenance Workers Physical Plant-FTO Accrual | (7,065.00) | | 0.00 | (7,065.00) |
| 6050-7425 | Physical Plant-Salary - Hourly Staff | 264,733.00 | | 0.00 | 264,733.00 |
| 6060-7425 | Physical Plant-Salary - Supervisor | 67,105.00 | | 0.00 | 67,105.00 |
| Subtotal [7B.33] | Other Maintenance Workers | 324,773.00 | | 0.00 | 324,773.00 |
| Subgroup : [8B.5] | Other Laundry Workers | | | | |
| 6025-7325 6050-7325 | Laundry-FTO Accrual Laundry-Salary - Hourly Staff | (6,404.00) 312,879.00 | | 0.00 0.00 | (6,404.00) 312,879.00 |
| Subtotal [8B.5] | Other Laundry Workers | 306,475.00 | | 0.00 | 306,475.00 |
| Subgroup : [10.19] | Protective Services | | | | |
| 6025-7500 | Security-FTO Accrual | 433.00 | | 0.00 | 433.00 |
| 6050-7500 | Security-Salary - Hourly Staff | 152,093.00 | _ | 0.00 | 152,093.00 |
| Subtotal [10.19] | Protective Services | 152,526.00 | _ | 0.00 | 152,526.00 |
| Subgroup : [11A] 6010-7010c | Head Accountant Administration Salary - VP Finance | 0.00 | | 241,500.00 | 241,500.00 |
| | | | RJE - 3001 | 241,500.00 | |
| Subtotal [11A] | Head Accountant | 0.00 | | 241,500.00 | 241,500.00 |
| Subgroup : [11B] | Other Accountants | | | | |
| 6020-7250 | Finance-Salary - Director | 209,834.00 | | 0.00 | 209,834.00 |
| 6025-7250 | Finance-FTO Accrual | (460.00) | | 0.00 | (460.00) |

| 6050-7250 Subtotal [11B] | Finance-Salary - Hourly Staff Other Accountants | 185,052.00 394,426.00 | - | 0.00 0.00 | 185,052.00 394,426.00 |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------|----------------------|---------------------------------|
| Subgroup : [12A.10] | Director of Nurses/Assistant Director - SNF Only | | | | |
| 6020-2100 | Post-Acute/Rehab-Salary - Director | 88,534.00 | | 0.00 | 88,534.00 |
| 6150-1300 | 3-Salary-Guide | 96,413.00 | - | 0.00 | 96,413.00 |
| Subtotal [12A.10] | Director of Nurses/Assistant Director - SNF Only | 184,947.00 | - | 0.00 | 184,947.00 |
| Subgroup : [12B1.10] | RNs - Direct Care - Direct | | | | |
| 6020-7075 | Clinical Support Services-Salary - Director | 119,026.00 | | 0.00 | 119,026.00 |
| 6025-7080 | Clinic-FTO Accrual | (927.00) | | 0.00 | (927.00) |
| 6050-7080 | Clinic- Salary - Hourly Staff | 117,972.00 | | 0.00 | 117,972.00 |
| 6170-1190 | 1f - Salary - RN | 34,965.00 | | 0.00 | 34,965.00 |
| 6170-1201 | 2 - Salary - RN/Clinical Leader 3 - Salary - RN/Clinical Leader | 496,810.00 | | 0.00 | 496,810.00 |
| 6170-1300 6170-1400 | 4 - Salary - RN/Clinical Leader | 538,063.00 412,124.00 | | 0.00 0.00 | 538,063.00 412,124.00 |
| 6170-2100 | Post-Acute/Rehab - Salary - RN/Clinical Leader | 703,789.00 | | 0.00 | 703,789.00 |
| 6175-1201 | 2 - Salary - Assistant Guide | 100,562.00 | | 0.00 | 100,562.00 |
| 6175-1300 | 3 - Salary -Assistant Guide | 89,439.00 | | 0.00 | 89,439.00 |
| 6175-1400 | 4 - Salary - Assistant Guide | 99,531.00 | - | 0.00 | 99,531.00 |
| Subtotal [12B1.10] | RNs - Direct Care - Direct | 2,711,354.00 | - | 0.00 | 2,711,354.00 |
| Subgroup : [12B2.10] | RNs - Administrative - Direct | | | | |
| 6025-7075 | Clinical Support Services-FTO Accrual | 4,427.00 | | 0.00 | 4,427.00 |
| 6220-7075 | Clinical Support Svcs-Salary - Nursing - Salaried | 499,135.00 | | 0.00 | 499,135.00 |
| 6230-7075 | Clinical Support Svcs-Salary - Nursing - Hourly | 438,594.00 | - | 0.00 | 438,594.00 |
| Subtotal [12B2.10] | RNs - Administrative - Direct | 942,156.00 | | 0.00 | 942,156.00 |
| 0.1 | DNA Disect Own Direct | | | | |
| Subgroup : [12C1.10] | LPNs - Direct Care - Direct 1f - Salary - LPN | 290,024.00 | | 0.00 | 200 024 00 |
| 6180-1190 6180-1201 | 2-Salary-LPN/Clinical Leader | 1,281,170.00 | | 0.00 | 290,024.00 1,281,170.00 |
| 6180-1300 | 3-Salary-LPN/Clinical Leader | 518,901.00 | | 0.00 | 518,901.00 |
| 6180-1400 | 4-Salary-LPN/Clinical Leader | 1,204,767.00 | | 0.00 | 1,204,767.00 |
| 6180-2100 | Post-Acute/Rehab-Salary - LPN | 223,878.00 | - | 0.00 | 223,878.00 |
| Subtotal [12C1.10] | LPNs - Direct Care - Direct | 3,518,740.00 | - | 0.00 | 3,518,740.00 |
| | | | | | |
| Subgroup : [12D.10] 6025-1190 | Aides and Attendants - Direct 1f-FTO Accrual | 8,899.00 | | 0.00 | 8,899.00 |
| 6025-1201 | 2-FTO Accrual | (3,327.00) | | 0.00 | (3,327.00) |
| 6025-1300 | 3-FTO Accrual | (27,589.00) | | 0.00 | (27,589.00) |
| 6025-1400 | 4-FTO Accrual | (10,744.00) | | 0.00 | (10,744.00) |
| 6025-2100 | Post-Acute/Rehab-FTO Accrual | (15,130.00) | | 0.00 | (15,130.00) |
| 6190-1190 | 1f - Salary - CNA | 215,528.00 | | 0.00 | 215,528.00 |
| 6190-1201 | 2 - Salary - CNA | 1,682,765.00 | | 0.00 | 1,682,765.00 |
| 6190-1300 | 3 - Salary - CNA | 1,792,337.00 | | 0.00 | 1,792,337.00 |
| 6190-1400 | 4 - Salary - CNA | 2,177,580.00 | | 0.00 | 2,177,580.00 |
| 6190-2100 Subtotal [12D.10] | Post-Acute/Rehab - Salary - CNA Aides and Attendants - Direct | <u>549,108.00</u> 6,369,427.00 | - | 0.00 | 549,108.00 6,369,427.00 |
| 00010101 [120110] | | | - | 0.00 | 0,000,121100 |
| Subgroup : [12E] | Physical Therapists - SNF Only | | | | |
| 6025-5220 | Inpatient Therapy-FTO Accrual | (1,319.00) | | 1,319.00 | 0.00 |
| 6240 5220 | Innetiant Thereny, Colony Evinence DT | 702 400 00 | RJE - 3001 | 1,319.00 | 702 602 00 |
| 6240-5220 | Inpatient Therapy-Salary Expense - PT | 703,129.00 | RJE - 3001 | (526.00) (526.00) | 702,603.00 |
| 6255-5220 | Inpatient Therapy-Rehab Program Manager | 209,642.00 | 102 0001 | (156.00) | 209,486.00 |
| | , | | RJE - 3001 | (156.00) | |
| Subtotal [12E] | Physical Therapists - SNF Only | 911,452.00 | | 637.00 | 912,089.00 |
| 0.1 | Ownersh Theory's to | | | | |
| Subgroup : [12F] | Speech Therapists Inpatient Therapy-Salary Expense - ST | 198,484.00 | | (148.00) | 198,336.00 |
| 6250-5220 | Inpatient merapy-balary Expense - 51 | 130,404.00 | RJE - 3001 | (148.00) | 190,000.00 |
| Subtotal [12F] | Speech Therapists | 198,484.00 | ··· ····- | (148.00) | 198,336.00 |
| | | | - | | |
| Subgroup : [12G] | Occupational Therapists - SNF Only | | | (400.00) | 055 070 00 |
| 6245-5220 | Inpatient Therapy-Salary Expense - OT | 655,862.00 | RJE - 3001 | (489.00) (489.00) | 655,373.00 |
| Subtotal [12G] | Occupational Therapists - SNF Only | 655,862.00 | KJE - 3001 | (489.00) | 655,373.00 |
| • • • | | | - | <u> </u> | |
| Subgroup : [12H.10] | Recreation Workers - SNF Only | | | | |
| 6020-7525 | Therapeutic Recreation-Salary - Director | 87,338.00 | | 0.00 | 87,338.00 |
| 6025-7525 | Therapeutic Recreation-FTO Accrual | (5,707.00) | | 0.00 | (5,707.00) |
| 6050-7525 | Therapeutic Recreation-Salary - Hourly Staff Recreation Workers - SNF Only | <u>462,015.00</u> 543,646.00 | - | 0.00 | 462,015.00 543,646.00 |
| Subtotal [12H.10] | Received on Horizona - one only | | - | 0.00 | 0-0,040.00 |
| Subgroup : [12M.33] | Social Workers/Case Management - SNF Only | | | | |
| 6120-1190 | 1f-Salary - Social Worker | 20,836.00 | | 0.00 | 20,836.00 |
| 6120-1201 | 2 - Salary - Social Worker | 60,415.00 | | 0.00 | 60,415.00 |
| 6120-1300 | 3 - Salary - Social Worker | 57,454.00 | | 0.00 | 57,454.00 |
| 6120-1400 | 4 - Salary - Social Worker | 72,175.00 | | 0.00 | 72,175.00 |
| 6120-2100 Subtotal [12M.33] | Post-Acute/Rehab - Salary - Social Worker Social Workers/Case Management - SNF Only | <u>57,203.00</u> 268,083.00 | - | 0.00 | 57,203.00 268,083.00 |
| 535(0(a) [1210.50] | Content of the state of the sta | 200,003.00 | - | 0.00 | 200,000.00 |
| Subgroup : [120.10] | Other - SNF Only | | | | |
| 6020-5025 | Child Care Center-Salary - Director | 59,705.00 | | 0.00 | 59,705.00 |
| 6020-7400 | Pastoral Services-Salary - Director | 96,842.00 | | 0.00 | 96,842.00 |
| 6025-5025 | Child Care Center-FTO Accrual | (39.00) | | 0.00 | (39.00) |
| 6025-5225 | Outpatient Therapy-FTO Accrual | 19.00 | | 0.00 | 19.00 |
| | | | | | |

| BDD-5400 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B0042000 B004200 | | | | | |
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| B050200 CPC Conclose Stars (Josepher) B0.8000 B0.80000 B0.800000 B0.800000 B0.800000 B0.800000 B0.8000000 B0.800000000000000000000000000000000000 | 6025-7400 | Pastoral Services-FTO Accrual | 750.00 | 0.00 | 750.00 |
| CDD 2023 Chi Constrai Lang, Port Sun Hunn 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0.00 11/12/10 0 | | | | | |
| BAD 2221 Delastin Harpy-Sarp boors P ¹ Table Harp 0.00 Table Harp COD 2220 Delastin Harpy-Sarp boors 1.0.710 0.00 0.0110 COD 2010 Presci danses states laws for general states laws 1.0.720 0.00 1.0.720 COD 2010 Ober-100 Sinches laws 1.0.720 0.00 0.00 1.0.720 COD 2010 Attable Lines - Sanp. Destr 1.0.710 0.00 0.00 1.0.720 COD 2010 Attable Lines - Sanp. Destr 1.0.710 0.00 0.00 1.0.720 COD 2010 Attable Lines - Sanp. Destr 1.0.7100 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 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 0.00 0.00 <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| Bit S220 Bit S220 Bit S210 Bit S21 | | | | | |
| CBSES220 (99-00) Barbar Director Transpicatory Exercise Data Directory Exercise Data Di | | | | | |
| OBD-100 Protect Strengt Stopped 1.1212 (2) 0.00 1.1212 (2) Exagency (10.23) One - 100 Reinstenite | | | | | |
| Balance (10:01) Obs 00 France Off Methodship Balance (10:02) Description (10:02) BODG-2016 Markan (10:02)-State (10:02)-State (10:02) CDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD | | | | | |
| Balance (FD 22) Out- NB Resembling: Monoto (FD 24) Out- Monoto (FD 24) <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| clos 2010 Control Ameter Lung Saby, Decker Ameter Lung Saby, Decker Ameter Lung Saby, Decker Control 44,222,0 Control 6,00 40,000 COS 2010 Control Elser Ameter Version, Saby, Decker Control 15,222,0 Control 16,22,22,0 Control 16,22,20,0 Control 16,22,2 | Subtotal [120.10] | Other - SNF Only | 586,412.00 | 0.00 | 586,412.00 |
| clos 2010 Control Ameter Lung Saby, Decker Ameter Lung Saby, Decker Ameter Lung Saby, Decker Control 44,222,0 Control 6,00 40,000 COS 2010 Control Elser Ameter Version, Saby, Decker Control 15,222,0 Control 16,22,22,0 Control 16,22,20,0 Control 16,22,2 | | | | | |
| B055675 ADIC_Communic-Baily - District 17,5500 0.00 17,5550 B055677 Health complex_Stary - District 3,897,00 0.00 4,997,00 B055677 Health complex_Stary - District 3,897,00 0.00 4,997,00 B055570 With A fundy Calmin-Stary - District 4,351,00 0.00 4,854,510 B055570 With A fundy Calmin-Stary - District 4,351,00 0.00 4,854,510 B055570 With A fundy Calmin-Stary - District 4,351,00 0.00 4,854,510 B055570 March Bord - To Assard (10,10,00) 0.00 (12,150,00) B055570 March Bord - TO Assard (10,27,00,0) 0.00 (12,150,00) B055570 Heat Tiggthar-TO Assard (11,30,00) 0.00 (12,150,00) B055570 Heat Tiggthar-TO Assard (13,30,00) 0.00 (12,150,00) B055570 Heat Tiggthar-TO Assard (13,30,00) 0.00 (12,550,00) B055570 Heat Tiggthar-TO Assard (13,30,00) 0.00 (12,550,00) B055570 < | | | | | |
| BERSOND Hum Tapher - Bary - Direct 75:400 000 T5:400 BERSOND Bar Alson Prevents Dary - Direct 3.922.0 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 000 00 | 6020-2510 | Assisted Living - Salary - Director | 40,032.00 | | 40,032.00 |
| BCDD 3073 Elser Ansie Prosettion Salary Desize 8.022.00 6.00 8.002.00 BCDD 3073 Humbar An Agrica Series Desize 6.0571.00 6.00 8.002.00 BCDD 3070 Humbar An Agrica Series Desize 6.0571.00 6.00 8.002.00 BCDD 3070 Humbar An Agrica Series Desize 6.000.00 6.00 6.000.00 BCDD 3070 Humbar An Agrica Series Desize 6.000.00 6.00 6.000.00 BCDD 3070 Press Centre Solaris Marco Humbar Ansatz 17.000.00 6.00 17.000.00 BCD 3070 Press Centre Solaris Marco Humbar Ansatz 17.000.00 6.00 17.000.00 BCD 3070 Press Centre Solaris Marco Humbar Ansatz 17.000.00 17.000.00 17.000.00 BCD 3070 Press Centre Solaris Marco Humbar Ansatz 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.00 17.000.0 | | | | | |
| c000.118 Instance Ange-galaxy - Interior 0.077.00 0.00 B.B.T.T. c000.118 Work and y Lands Lang. June 4.0.0.00 0.00 4.0.0.00 c000.118 Work Ange Lands Lang. June 4.0.0.00 0.00 4.0.0.00 c000.118 Ansited Ling Advers-F10 Actual (16.116.00) 0.00 (16.116.00) c000.218.01 Ansited Ling Advers-F10 Actual (16.116.00) 0.00 (16.116.00) c000.218.01 Facetasian T/O Actual (10.000.00) 0.00 (10.000.00) c000.218.01 Facetasian T/O Actual (10.000.00) 0.00 (10.000.00) c000.218.01 Hints Engine TD Actual (10.000.00) (10.000.00) (10.000.00) c000.218.01 Hints Engine TD Actual (10.000.00) (10.000.00) (10.000.00) c000.218.01 Hints Engine TD Actual (10.000.00) (10.000.00) (10.000.00) c000.218.01 Hints Engine STD Actual (10.000.00) (10.000.00) (10.000.00) c000.218.01 Hints Engine Status (10.000.00) (10.000.00) (10.000.00) | 6020-5070 | Home Together - Salary - Director | 75,140.00 | 0.00 | 75,140.00 |
| c000116 HappenSamp 0.00 0.04730 00001700 HissenSamp 0.00 0.055100 0001700 HissenSamp 0.00 0.055100 0001700 HissenSamp 0.00 0.00 0001700 HissenSamp 0.00 0.00 0001700 HissenSamp 0.00 0.01 0001700 HissenSamp <td>6020-5075</td> <td>Elder Abuse Prevention-Salary - Director</td> <td>9,552.00</td> <td>0.00</td> <td>9,552.00</td> | 6020-5075 | Elder Abuse Prevention-Salary - Director | 9,552.00 | 0.00 | 9,552.00 |
| 0000-7000 Wick Analy Const-Stary - Director 48,151.00 0.00 41,551.00 0000-7000 Printers Centri - Stary - Director (10,11,00) 0.00 (10,11,00) 0000-7000 Printers Centri - Stary - Director (10,11,00) 0.00 (10,11,00) 0000-7000 Printers Centri - Stary - Director (10,11,00) 0.00 (10,716,00) 0000-7000 Printers Centri - Stary - Director (10,11,00) 0.00 (10,716,00) 0000-7000 Printers Centri - Stary - Director (10,11,00) 0.00 (10,716,00) 0000-7000 Printers Centri - Stary - St | 6020-5125 | Institute on Aging-Salary - Director | 9,687.00 | 0.00 | 9,687.00 |
| 0000-7000 Press Columi-Salay-Journal 88,1510 0.00 88,1510 0000-7000 Press Columi-Salay-Journal (16,146,00) 0.00 (16,146,00) 0000-7000 Press Park (16,146,00) 0.00 (16,146,00) 0000-7000 Press Park (16,146,00) 0.00 (16,146,00) 0000-7000 Barrie Columi-Salay-Documal (16,146,00) 0.00 (16,146,00) 0000-7000 Barrie Columi-Salay-Documal (12,150,00) 0.00 (12,160,00) 0000-7000 Barrie Columi-Salay-Documal (12,150,00) 0.00 (12,160,00) 0000-7000 Barrie Columi-Salay-Documal (12,160,00) 0.00 (12,160,00) 0000-7000 Medial Hines Cale Age: TO Accual (12,160,00) 0.00 (12,160,00) 0000-7000 Hostics Age: TO Accual (12,160,00) 0.00 (12,160,00) 0000-7000 Hostics Age: TO Accual (12,160,00) 0.00 (12,160,00) 0000-7000 Hostics Age: TO Accual (12,160,00) 0.00 (12,160,00) 0000-700 | 6020-5155 | Hospice-Salary - Director | 68,447.00 | 0.00 | 68,447.00 |
| db52:510 Aussite Livry-FTO Acrual (16,116.00) 0.00 (17,116.00) 025:520 Fontation FTO Acrual (17,100) 0.00 (17,116.00) 025:510 Fontation FTO Acrual (17,100) 0.00 (17,116.00) 025:510 Pactor State FTO Acrual (17,100.00) 0.00 (17,116.00) 025:510 Pactor State FTO Acrual (17,100.00) 0.00 (17,116.00) 025:510 Macro TopHart TO Acrual (17,100.00) 0.00 (17,116.00) 025:510 Macro TopHart TO Acrual (17,20.00) (17,116.00) 0.00 (17,116.00) 025:510 Macro TopHart TO Acrual (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) (17,20.00) | 6020-7550 | Work Activity Center-Salary - Director | 43,551.00 | 0.00 | 43,551.00 |
| e825-800 Assistant Lung Advant-FT D Actual (10, 116, 00) (00, 116, 00) 6025-100 ALF-Canamus FTD Actual (1, 506, 00) (00, 116, 00) 6025-100 ALF-Canamus FTD Actual (1, 506, 00) (00, 116, 00) 6025-100 Herr Together FTD Actual (1, 506, 00) (00, 116, 00) 6025-100 Herr Together FTD Actual (1, 250, 00) (00, 116, 00) 6025-100 Herr Together FTD Actual (1, 250, 00) (00, 112, 00) 6025-100 Herr Together FTD Actual (1, 250, 00) (00, 112, 00) 6025-100 Herr Together FTD Actual (1, 250, 00) (00, 12, 250, 00) 6025-100 Herr Together FTD Actual (1, 250, 00) (22, 250, 00) 6025-100 Herr Together FTD Actual (2, 27, 00) (22, 20) 6025-100 Herr Together FTD Actual (2, 27, 00) (22, 27, 00) 6025-100 Herr Together FTD Actual (2, 27, 00) (22, 27, 00) 6025-100 Herr Together FTD Actual (2, 27, 00) (22, 27, 00) 6025-100 Herr Together Together Together Together Together Together Together Togethe | 6020-7600 | Fitness Center - Salary - Director | 88,153.00 | 0.00 | 88,153.00 |
| etcs:>000 Fundame-TD Actual (0.780.00) 0.000 (0.780.00) 6025-5030 Baser Orace af Hom-TO Actual (0.578.00) 0.000 (0.780.00) 6025-5030 Baser Orace af Hom-TO Actual (0.578.00) 0.000 (0.780.00) 6025-5031 Helds on Aging-TO Actual (0.251.00) 0.00 (0.250.00) 6025-5132 Helds on Aging-TO Actual (0.502.00) 0.00 (0.720.00) 6025-5132 Helds on Aging-TO Actual (0.720.00) 0.00 (0.720.00) 6025-5130 Helds on Aging-To Actual (0.720.00) 0.00 (0.720.00) 6025-7030 Pitrees Comer TO Actual (0.720.00) 0.00 2.557.00 6025-7030 Pitrees Comer TO Actual (0.720.00) 0.00 2.557.00 6025-7030 Heres Comer To Actual (0.720.00) 0.00 2.557.00 6025-7030 Heres Comer To Actual (0.720.00) 0.00 1.720.00 6025-7030 Heres Comer To Actual (0.720.00) 0.00 1.720.00 6025-7030 Heres Comer Salay - S | 6025-2510 | Assisted Living-FTO Accrual | (16,816.00) | 0.00 | (16,816.00) |
| e025-915 ADF-CreamwarTD Acround (D.585.00) 0.00 (D.585.00) 6025-920 Preferent Home Caw TD Acround (D.780.00) 0.00 (D.570.00) 6025-920 Preferent Home Caw TD Acround (D.880.00) 0.00 (D.870.00) 6025-916 Macal Home Caw TD Acround (D.870.00) 0.00 (D.870.00) 6025-916 Macal Home Caw TD Acround (D.870.00) 0.00 (D.870.00) 6025-916 Macal Home Caw TD Acround (D.870.00) 0.00 (D.870.00) 6025-9160 Maca Acround Caw TD Acround (D.870.00) 0.00 (D.870.00) 6025-9100 Preferent More Solf (D.720.00) 0.00 (D.870.00) 6045-910 Preferent More Solf (D.870.00) 0.00 2.821.00 6045-910 Preferent More Solf (D.720.00) 0.00 2.821.50 6045-910 Preferent More Solf (D.870.00) 0.00 2.821.50 6045-910 Preferent More Solf (D.720.00) 0.00 2.821.50 6045-910 Preferent More Solf < | 6025-2530 | Assisted Living -Marvin-FTO Accrual | (16,116.00) | 0.00 | (16,116.00) |
| 1025-5015 ABI-C charmes FTO Acrual (D.856.00) 0.00 (D.956.00) 1025-5000 Friedman Heim Case FTO Acrual (D.170.00) 0.00 (D.170.00) 1025-5000 Friedman Heim Case FTO Acrual (D.170.00) 0.00 (D.170.00) 1025-5105 Media Horn Care FTO Acrual (D.850.00) 0.00 (D.850.00) 1025-5105 Media Horn Care FTO Acrual (D.850.00) 0.00 (D.850.00) 1025-5105 Media Horn Care FTO Acrual (D.850.00) 0.00 (D.850.00) 1025-5105 Media Horn Care FTO Acrual (D.850.00) 0.00 (D.850.00) 1025-5105 Media Horn Care FTO Acrual (D.850.00) 0.00 (D.850.00) 1025-500 Paradecin FTO Acrual (D.850.00) 0.00 (D.850.00) 1025-500 Fore Acrus Presenton Barry - Salared Bart 2.00.770.00 0.00 1.300.00 1026-500 Fore Acrus Presenton Barry - Salared Bart 1.300.00 0.00 1.300.00 1026-5015 Barc Acrus Presenton Barry - Salared Bart 1.300.00 0.00 1.300.00 <td>6025-3000</td> <td>Foundation-FTO Accrual</td> <td>(3,789.00)</td> <td>0.00</td> <td>(3,789.00)</td> | 6025-3000 | Foundation-FTO Accrual | (3,789.00) | 0.00 | (3,789.00) |
| d025.b00 Sentr Oxios at Home-TO Accual (0.700.00) 0.00 (0.700.00) b025.b00 Home Together TO Accual (0.610.00) 0.00 (0.610.00) b025.b00 Home Together TO Accual (0.610.00) 0.00 (1.820.00) b025.b100 Home TO Accual (0.820.00) 0.00 (1.820.00) b025.b100 Home Context TO Accual (0.720.00) 0.00 (1.820.00) b025.b100 Home Context TO Accual (0.720.00) 0.00 (1.820.00) b025.b100 Home Context TO Accual (0.720.00) 0.00 (2.57.00) b025.b101 Attract Context To Accual (2.57.00) 0.00 (2.57.00) b025.b101 Attract Context To Acc | 6025-5015 | ADHC-Grasmere-FTO Accrual | (3,585.00) | 0.00 | (3,585.00) |
| 025-500 Findma Hume CaveFTO Actual 0.515.00 0.01 0.515.00 025-500 Huthan On Agring-TO Actual 0.125.00 0.00 0.125.00 025-513 Huthan On Agring-TO Actual 0.125.00 0.00 0.125.00 025-513 Huthan On Agring-TO Actual 0.136.00 0.00 0.125.00 025-5163 Huthan On Agring-TO Actual 0.136.00 0.00 0.175.00 0205-5163 Huthan On Agring-TO Actual 0.172.00 0.00 0.175.00 0205-5163 Huthan Status 0.00 0.00 1.255.00 0.00 1.255.00 0205-5163 Adde Camero Satus 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 0206-5010 Huttan Egynetic-Satus 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 0.00 1.077.00 <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| 025-5070 Hum Tagele-FTO Accual 051.00 000 000 025-5150 Media Hum Care-FTO Accual (1.35.00) 0.00 (1.25.00) 025-5150 Media Hum Care-FTO Accual (1.35.00) 0.00 (1.25.00) 025-7570 Fines Center FTO Accual (1.72.20) 0.00 (1.72.20) 0257-7570 Fines Center FTO Accual 2.5.75.00 0.00 (2.72.20) 0240-2510 Anatistic Lings-Sakay - Sakard Saff 2.6.11.00 0.00 2.4.5.70 0240-2500 Fines Center FTO Accual 0.4.10.00 0.00 2.4.5.70 0240-2500 Findman Home Care Safary - Sakard Saff 2.4.0.7.70 0.00 4.5.8.4.0.00 0240-2500 Findman Home Care Safary - Sakard Saff 1.3.90.00 0.00 1.3.90.00 0240-2501 Hum Tognite-Salary - Sakard Saff 1.5.9.70 0.00 4.5.7.00 0240-2502 Findman Home Care Safary - Sakard Saff 1.3.90.00 0.00 1.5.9.70 0240-2503 Hum Tognite-Salary - Sakard Saff 1.5.9.70 0.00 4.5.7.00 0240-25 | | | | | |
| 1025-518 Instantion Aging-F10 Acrual (1.351.00) 0.00 (1.381.00) 0225-5180 Hespica-F10 Acrual (1.300.00) 0.00 (1.300.00) 0225-5180 Hespica-F10 Acrual (1.300.00) 0.00 (1.300.00) 0225-5180 Hespica-F10 Acrual (1.300.00) 0.00 (1.300.00) 0245-5190 Assant Using -Sature Saturel Saturel 26.575.00 0.00 25.675.00 0240-4000 Fanadaco-Sanger, Saturel Saturel 26.375.00 0.00 25.467.00 0240-4000 Fanadaco-Sanger, Saturel Saturel 26.377.00 0.00 25.467.00 0240-4000 Fanadaco-Sanger, Saturel Saturel 26.377.00 0.00 12.307.00 0240-4051 Abroch-Cristener - Sature, Saturel Satur | | | | | |
| e025-1510 Macia Homio Came-FTO Accutal (1.3.130.00) 0.00 (1.3.50.00) 0625-7520 With Acting Came-FTO Accutal (1.27.70) 0.00 (2.57.00) 0625-7530 With Acting Came-FTO Accutal (1.27.20) 0.00 (2.57.00) 0625-7530 Fines Camer TO Accutal (1.27.20) 0.00 (2.57.00) 0625-7530 Fines Camer Sharty - Stated 0.3.6.10.00 0.00 2.6.111.00 0626-5030 Benicit Choice at Home-Sharty - Stated State 0.3.6.7.20 0.00 8.67.7.20 0646-5030 Finedram Home Sharty - Stated State 1.2.97.7.00 0.00 1.2.97.7.00 0646-5030 Finedram Home Sharty - Stated State 1.3.87.4.00 0.00 1.7.97.2.0 0646-5150 Modar Home Care-Sharty - Stated State 1.3.87.4.00 0.00 1.7.97.2.0 0646-5150 Indicat Home Sharty - Stated State 1.3.87.4.00 0.00 1.7.9.2.0 0646-5150 Indicat Home Sharty - Stated State 1.3.68.6.0 0.00 1.7.9.2.0 0646-5150 Indicat Home Care-Sharty - Stated State 1.7.9.6.0 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<> | | | | | |
| e025-156 Hojno-F10 Accruit (11.300.00) 0.00 (11.300.00) 6025-7500 Filese Center-F10 Accruit (27.200) 0.00 (27.200) 6025-7500 Filese Center-F10 Accruit (27.200) 0.00 (27.200) 6040-010 Antisto Lings-Sain-Sained Staff 28.57.60 0.00 (27.200) 6040-010 Antisto Lings-Sained Staff 24.37.60 0.00 (27.200) 6040-010 Filese Center-F10 Accruit 24.37.60 0.00 (28.37.00) 6040-000 Filese Saine Sained Staff 3.30.00 0.00 (13.80.00) 6040-007 Eller Abuse Preventor-Sainey - Sained Staff 1.30.00 0.00 (13.80.00) 6040-007 Eller Abuse Preventor-Sainey - Sained Staff 1.55.60.0 0.00 (13.80.00) 6040-007 Filese Sainey - Sained Staff 1.55.60.0 0.00 (13.80.00) 6040-007 Filese Sainey - Sained Staff 1.55.60.0 0.00 (13.80.00) 6040-007 Filese Sainey - Sained Staff 1.55.60.0 0.00 (13.80.00) 6040-107 <td></td> <td>5 5</td> <td></td> <td></td> <td></td> | | 5 5 | | | |
| 4025-7500 Work Activity Center-F10 Accual (257.00) 0.00 (27.200) 0604.2610 Anisket Living- Stature Staff 25.075.00 0.00 22.575.00 0604.2610 Finders Center, Stature Staff 25.075.00 0.00 24.011.00 0604.2601 Fonder-Conscience Stature Staff 20.011.00 0.00 24.011.00 0604.2600 Finders Center Conscience Stature Staff 20.012.00 0.00 24.013.00 0604.2600 Home Together Stature, Staffel Staff 20.012.00 0.00 9.072.00 0604.2600 Home Together Stature, Staffel Staff 1.050.00 0.00 1.250.00 0604.2675 Elder Alcoer Meerden Staffer, Staffel Staff 1.050.00 0.00 1.250.00 0604.2670 Homes Center-Staffer, Staffer Staffel Staff 1.050.00 0.00 1.250.00 0604.2670 Homes Center-Staffer, Staffer Staffe | | | | | |
| 402-7910 Filtes Conter/FO Acould (4.722.00) 0.00 (4.722.00) 6040-2910 Fondation-Stater, Stater, Stater Stater 26.575.00 0.00 25.575.00 6040-3000 Fondation-Stater, Stater, Stater Stater 26.411.00 0.00 25.451.00 6040-3000 Fondation-Stater, Stater, Stater Stater 26.411.00 0.00 45.451.00 6040-3010 Fondara Kenter, Stater, Stater Stater 26.411.00 0.00 45.435.00 6040-3070 Hom Togethe Stater, Stater Stater 26.77.00 0.00 11.250.00 6040-5175 Hinder Alves Prevetion Stater, Stater Stater 26.355.00 0.00 112.57.00 6040-5170 Instituer Ange Stater, Stater Stater 13.78.74.00 0.00 112.57.00 6040-5101 Instituer Ange Stater, Stater Stater 13.78.74.00 0.00 112.57.00 6050-5070 Hom Together-Stater, Houry Staff 13.76.50.00 0.00 117.55.00 6050-5070 Hom Together-Stater, Houry Staff 13.76.50.00 13.75.50.00 13.75.50.00 13.75.50.00 13.75.50.00 13.75.50.00 13.75.50 | | | | | |
| 0404-2010 Assisted Living-Salaried Staff 25,575.00 0.00 25,575.00 0404-3000 Function-Salary-Salaried Staff 20,471.100 0.00 28,447.100 0404-3000 Financian-Intera Care-Salary-Salaried Staff 0.01,772.00 0.00 28,447.200 0404-3000 Financian-Intera Care-Salary-Salaried Staff 0.01,772.00 0.00 28,047.200 0404-3000 Financian-Intera Care-Salary-Salaried Staff 12,057.00 0.00 13,030.00 0404-5150 Initiation AngroSalary-Salaried Staff 12,057.00 0.00 13,173.00 0404-5150 Initiation AngroSalary-Salaried Staff 15,057.00 0.00 17,173.00 0404-5150 Medical Home Care-Salary-Salaried Staff 15,057.00 0.00 17,173.00 0404-5000 Finance Care-Salary-Salaried Staff 18,758.00 0.00 17,173.00 0405-515 Medical Home Care-Salary-Salaried Staff 18,758.00 0.00 17,451.20 0405-5151 Homitor Salary-Salaried Staff 1,876.80 0.00 17,451.20 0405-5152 Homitor Salary-Salaried Staff <td< td=""><td></td><td></td><td></td><td></td><td>. ,</td></td<> | | | | | . , |
| 0040-0015 Fourtation-Sainry -Sainried Staff 240,111.00 0.00 P40,111.00 0040-0015 ADH-C-Garaner - Sainry - Sainried Staff 200,472.00 0.00 80,472.00 0040-0005 Friedman Horner - Sainry - Sainried Staff 200,472.00 0.00 240,335.00 0040-0005 Friedman Horner - Sainry - Sainried Staff 20,672.00 0.00 12,727.00 0040-0005 Exettline for Anger - Sainry - Sainried Staff 138,724.00 0.00 158,735.00 0040-0005 Physician Process Sainry - Sainried Staff 138,724.00 0.00 174,751.20 0040-0005 Physician Process Sainry - Sainried Staff 138,724.00 0.00 174,751.20 0040-0005 Physician Process Sainry - Houry Staff 139,740.00 0.00 137,80.00 0050-0015 Exet Anger Process Sainry - Houry Staff 13,730.00 0.00 137,80.00 0050-0015 Hoora - Sainry - Houry Staff 13,730.00 0.00 13,730.00 0050-5155 Hoopac-Sainry - Houry Staff 13,730.00 0.00 13,730.00 00505-5156 Hoopac-Sainry - Houry Staff <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| 6016-9015 ADIC-CosmeeSalary -Salard Staff 85.451.00 0.00 85.451.00 6046-9030 Priedman Home Care-Salary -Salard Staff 240.353.00 0.00 240.353.00 6046-9030 Home Togenes-Salary -Salard Staff 240.355.00 0.00 12.507.00 6046-9102 Head Home Care-Salary -Salard Staff 1.557.00 0.00 12.507.00 6046-9102 Hedrat Home Care-Salary -Salard Staff 1.557.00 0.00 15.373.00 6046-9102 Hedrat Home Care-Salary -Salard Staff 55.865.00 0.00 55.385.00 6046-7000 Fineso Care-Salary -Houry Staff 11.767.00 0.00 14.74.512.00 6050-615 ADHC-Caramee-Salary -Houry Staff 13.78.00 0.00 14.74.512.00 6050-615 Head Home Care-Salary -Houry Staff 13.78.00 0.00 13.28.66.00 6050-515 Head Home Care-Salary -Houry Staff 13.78.60.0 0.00 1.73.66.00 6050-7150 Head Home Care-Salary -Houry Staff 13.78.60.0 0.00 1.73.66.00 6050-7150 Headia Home Care-Salary -Houry Staff 1.78.60.0 | | | | | |
| B686.5030 Serur Choice at Home Salary - Solained Shaff B0.472.00 0.000 28.472.00 D640.5560 Friedman Home Care-Salary - Solained Shaff 0.877.00 0.000 9.677.00 D640.5761 Eiger Abuse Prevention-Salary - Solained Shaff 1.250.00 0.000 9.677.00 D640.5765 Eiger Abuse Prevention-Salary - Solained Shaff 1.250.00 0.000 1.259.00 D640.5765 Eiger Abuse Prevention-Salary - Solained Shaff 1.65.95.55.00 0.000 1.75.95.00 D650.5915 Friedman Home Care-Salary - Houry Salaff 1.76.12.00 0.000 1.75.95.00 D650.5915 Eiger Abuse Prevention-Salary - Houry Salaff 1.70.90.00 0.000 1.73.95.00 D650.5975 Eiger Abuse Prevention-Salary - Houry Salaff 1.73.00.00 0.000 1.73.95.00 D650.5975 Eiger Abuse Prevention-Salary - Houry Salaff 1.73.00.00 0.000 1.73.95.00 D650.5975 Eiger Abuse Prevention-Salary - Houry Salaff 1.73.00.0 0.000 1.73.95.00 D650.5976 Eiger Abuse Prevention-Salary - Houry Salaff 1.77.80.0 0.000 1.73.95.00 | | | | | |
| 600-6950 600-6070 Findman Home Care-Salary - Salaried Staff 24033500 0.000 92403300 6004-6075 Eider Abuse Prevention-Salary - Salaried Staff 1,380,000 0.000 1,380,000 6004-6175 Institute on Aging-Salary - Salaried Staff 1,387,000 0.000 138,784,000 6004-5161 Institute on Aging-Salary - Salaried Staff 1,587,700 0.000 1,587,800 6004-5175 Institute on Aging-Salary - Salaried Staff 1,587,800 0.000 1,587,800 6004-5070 Privicator Prevention-Salary - Houry Staff 1,578,000 0.000 1,578,000 6005-6070 Home Togenter - Salary - Houry Staff 1,787,000 0.000 1,578,000 6005-5175 Institute on Aging-Salary - Salary - Houry Staff 1,786,00 0.000 1,786,00 6005-5175 Institute on Aging-Salary - Houry Staff 1,786,00 0.000 1,786,00 6005-7150 Meescine Exarskiny - Houry Staff 1,786,00 0.000 2,848,00 6005-7150 Meescine Exarskiny - Houry Staff 1,786,00 0.000 2,848,00 6005-7150 Mee | | - | | | |
| 600-5070 Hom Together-Salary - Salaried Staff 9.677.00 0.00 9.777.00 6004-5075 Eber Alues Prewinch-Salary - Statied Staff 1.2807.00 0.00 1.2807.00 6004-5153 Institut on Aging-Salary - Statied Staff 158,734.00 0.00 158,734.00 6004-5160 Medical Hom Cars-Salary - Statied Staff 55,685.00 0.00 156,885.00 6004-5160 APE-Coarmere-Salary - Honly Staff 174,512.00 0.00 174,512.00 6005-5165 Instation Aging Salary - Honly Staff 174,812.00 0.00 11,728.00 6005-5165 Instation Aging Salary - Honly Staff 13,768.00 0.00 12,849.00 6005-5165 Instation Aging Salary - Honly Staff 7,756.00 0.00 13,869.00 6005-5165 Hospice Salary - Honly Staff 7,756.00 0.00 13,869.00 6120-5403 Beric Choice at Home Salary - Social Worker 2,869.00 0.00 8,887.00 6120-5415 Hospice Salary - Cocial Worker 2,869.00 0.00 1,786.00 6120-5416 Hospice Salary - Cocial Worker 2,869.00 <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| 600-07/5 Eber Ause Prevention-Selary - Selarind Staff 13.00 0.00 13.89.00 600-01/25 Indition Orang-Selary - Selarind Staff 13.07,74.00 0.00 13.87.4.00 600-01/25 Physician Practics-Selary - Salarind Staff 55.55.50 0.00 55.55.50 600-01/25 Physician Practics-Selary - Salarind Staff 50.915 0.00 9.916.10 600-01/25 Eber Abuse Prevention-Selary - Hourly Staff 90.677.00 0.00 9.927.00 6000-02/75 Eber Abuse Prevention-Salary - Hourly Staff 13.796.00 0.00 13.796.00 6000-02/75 Eber Abuse Prevention-Salary - Hourly Staff 13.996.00 0.00 13.796.00 6000-02/75 Eber Abuse Prevention-Salary - Hourly Staff 13.996.00 0.00 13.796.00 6000-02/75 Eber Abuse Prevention-Salary - Hourly Staff 17.950.00 0.00 13.796.00 6000-02/75 Eber Abuse Prevention-Salary - Lourly Staff 1.795.00 0.00 13.796.00 6000-02/75 Work Achieve Care-Salary - Lourly Staff 1.795.00 0.00 13.796.00 6000-7500 <td< td=""><td>6040-5050</td><td>Friedman Home Care-Salary - Salaried Staff</td><td>240,335.00</td><td>0.00</td><td>240,335.00</td></td<> | 6040-5050 | Friedman Home Care-Salary - Salaried Staff | 240,335.00 | 0.00 | 240,335.00 |
| 606-5150 Mediad Horne Care-Salary - Salaried Staff 12,0700 0.00 12,0700 6060-5150 Mediad Horne Care-Salary - Salaried Staff 55,555.00 0.00 158,754.00 6060-5010 Filterso Care-Salary-Salaried Staff 55,555.00 0.00 174,751.00 6000-5000 Friderso Liner-Salary-Salaried Staff 174,751.00 0.00 174,751.00 6000-5010 Friderso Liner-Salary-Salaried Staff 13,774.00 0.00 173,775.00 6000-5010 Friderso Liney Salary - Houry Staff 13,776.00 0.00 13,775.00 6000-5150 Medical Horne Care-Salary - Houry Staff 17,755.00 0.00 1,779.00 6000-5150 Medical Horne Care-Salary - Houry Staff 1,795.00 0.00 1,795.00 6000-5150 Medical Horne Care-Salary - Social Worker 3,374.70 0.00 8,375.00 6120-6151 Houplos-Salary - Social Worker 3,984.63.00 0.00 1,485.43.00 6120-5150 Medical Horne Care-Salary - Coordinator 11,686.43.00 0.00 1,485.43.00 6120-5150 Medical Horne Care-Salary - Coordinator< | 6040-5070 | Home Together-Salary - Salaried Staff | 9,677.00 | 0.00 | 9,677.00 |
| 660-5150 Medical Home Care-Salary - Stalaned Staff 137,74.00 0.00 137,74.00 660-5200 Physican Pristers-Salary - Stalaned Staff 55,585.00 0.00 55,585.00 660-5205 Findman Home Care-Salary - Hourly Staff 99,677.00 0.00 174,512.00 6605-5715 Eliser Abuse Prevention-Salary - Hourly Staff 99,677.00 0.00 18,776.00 6005-575 Eliser Abuse Prevention-Salary - Hourly Staff 13,769.00 0.00 13,708.00 6005-575 Elister Abuse Prevention-Salary - Hourly Staff 133,686.00 0.00 13,708.00 6005-5160 Medical Home Care-Salary - Hourly Staff 133,686.00 0.00 13,708.00 6005-5160 Medical Home Care-Salary - Hourly Staff 13,847.00 0.00 14,942.00 6005-5160 Medical Home Care-Salary - Nourly Staff 13,847.00 0.00 14,942.00 6105-5150 Medical Home Care-Salary - Nourly Staff 34,870.00 0.00 111,962.00 6105-5150 Medical Home Care-Salary - Nourly Staff 34,870.00 0.00 14,942.00 6105-5150 Medic | 6040-5075 | Elder Abuse Prevention-Salary - Salaried Staff | 1,380.00 | 0.00 | 1,380.00 |
| 600-5200 Physician Practice-Salary-Staturd Staff 55,855.00 0.00 55,855.00 600-7000 Fibres Current-Salary-Statury Hourly Staff 174,512.00 0.00 174,512.00 6005-6005 Fiedman Home Care-Salary -Hourly Staff 13,708.00 0.00 174,512.00 6005-6007 Home Together -Salary -Hourly Staff 13,708.00 0.00 18,759.00 6005-615 Institute on Aging-Salary -Hourly Staff 13,308.00 0.00 13,308.00 6005-615 Hospice-Salary-Hourly Staff 13,308.00 0.00 1,736.00 6005-615 Hospice-Salary-Hourly Staff 1,785.00 0.00 1,736.00 6005-7600 Filtersa Carter - Salary - Hourly Staff 3,842.00 0.00 3,84.22 6123-515 Hospice-Salary-Hourly Staff 1,162.00 0.00 11,1192.00 6123-610 Modical Home Care-Salary - Social Worker 2,054.00 0.00 12,84.30 6123-610 Modical Home Care-Salary - Cocardinator 1,058.00 0.00 14,84.40 6123-610 Modical Home Care-Salary - Cocardinator 12,658.00 | 6040-5125 | Institute on Aging-Salary - Salaried Staff | 12,507.00 | 0.00 | 12,507.00 |
| 604-7000 Filmes Center-Salary-Salaria (Salf 59,161 00 0.00 59,161 00 6050-5015 ADHC-Cramer-Salary-Hourly Salf 99,627 00 0.00 174,512 00 6050-5075 Elder Abue Preventor-Salary-Hourly Salf 93,753 00 0.00 18,758 00 6050-5075 Elder Abue Preventor-Salary-Hourly Salf 2,843 00 0.00 12,875 00 6050-515 Madical Home Care-Salary-Hourly Salf 2,843 00 0.00 12,845 00 6050-515 Madical Home Care-Salary-Hourly Salf 13,366 00 0.00 12,845 00 6050-515 Madical Home Care-Salary-Hourly Salf 1,755 00 0.00 1,755 00 6050-7550 Work Activity Center-Salary-Hourly Salf 2,843 00 0.00 8,347 00 6120-515 Madical Home Care-Salary-Social Worker 2,054 00 0.00 1,765 00 6120-515 Madical Home Care-Salary-Carelyters 1,408 433 00 0.00 1,427 100 6120-515 Madical Home Care-Salary-Carelyters 1,696 600 0.00 14,427 100 6130-5015 Finedman Home Care-Salary-Coordinator 4,218 100 | 6040-5150 | Medical Home Care-Salary - Salaried Staff | 138,734.00 | 0.00 | 138,734.00 |
| 600-7600 Filmes Center-Salary-Salary-Salary 59, (61 0.0 0.00 59, (61 0.0 600-5015 ADHC-Gramme-Salary-Hourly Staff 96, 9627.00 0.00 174, 512.00 6005-5075 Elder Abus Preventon-Salary-Hourly Staff 13, 769.00 0.00 18, 759.00 6005-575 Elder Abus Preventon-Salary-Hourly Staff 13, 769.00 0.00 12, 759.00 6005-515 Institute on Aging-Salary-Hourly Staff 13, 769.00 0.00 12, 759.00 6005-515 Madical Home Care-Salary-Hourly Staff 1, 755.00 0.00 12, 759.00 6005-515 Madical Home Care-Salary-Hourly Staff 1, 755.00 0.00 13, 756.00 6005-7550 Work Activity Center-Salary-Hourly Staff 1, 755.00 0.00 1, 756.00 6102-5151 Madical Home Care-Salary-Social Worker 2, 054.00 0.00 2, 0254.00 6123-515 Hospice-Salary-Social Worker 1, 089, 030 0.00 14, 427.10 6133-615 Hospice-Salary-Social Worker 2, 03, 040 0.00 14, 428.43.00 6133-616 Hospice-Salary-Corontater 1, 03, | 6040-5200 | Physician Practice-Salary - Salaried Staff | 55,585.00 | 0.00 | 55,585.00 |
| 6005-0016 ADHC-Grasmers-Salary -Hourly Staff 174,612.00 0.00 174,612.00 6005-0050 Home Together -Salary -Hourly Staff 13,779.00 0.00 13,726.00 6005-0057 Home Together -Salary -Hourly Staff 13,779.00 0.00 13,726.00 6005-0157 Institute on Aging-Salary -Hourly Staff 13,386.00 0.00 12,758.00 6005-0158 Modical Home Care-Salary -Hourly Staff 13,386.00 0.00 12,386.00 6005-0150 Modical Home Care-Salary -Hourly Staff 1,336.00 0.00 1,758.00 6005-7600 Finese Center - Salary -Hourly Staff 1,759.00 0.00 3,84,423.00 6005-7610 Modical Home Care-Salary - Social Worker 2,024.00 0.00 3,84,423.00 6102-6100 Modical Home Care-Salary - Social Worker 2,024.00 0.00 14,823.00 6103-6101 Modical Home Care-Salary - Social Worker 2,024.00 0.00 14,823.00 6103-6103 Abric Conservert-Salary - Coccintator 1,824.00 0.00 14,824.00 6103-6105 Home Care-Salary - Coccintator < | 6040-7600 | | | 0.00 | |
| 6600-0000 Findman Home Care-Salary - Hourly Staff 96,27:00 0.00 96,27:00 6600-0775 Elder Abuse Prevention-Salary - Hourly Staff 13,700.00 0.00 18,750.00 6600-6775 Institute on Aging-Salary - Hourly Staff 2,946.00 0.00 18,750.00 6600-5755 Medical Home Care-Salary - Hourly Staff 28,450.00 0.00 133,666.00 6600-5755 Work Activity Center-Salary - Hourly Staff 7,785.00 0.00 34,423.00 6600-5756 Work Activity Center-Salary - Hourly Staff 31,786.00 0.00 8,387.00 6120-5155 Medical Home Care-Salary - Social Worker 20,554.00 0.00 42,423.00 6120-5155 Medical Home Care-Salary - Coardinator 44,271.00 0.00 11,1692.00 6120-5155 Haspice-Salary - Coardinator 18,984.00 0.00 14,486,433.00 6130-5050 Friedman Home Care-Salary - Coardinator 18,844.00 0.00 14,486,433.00 6140-5160 Medical Home Care-Salary - Coardinator 18,544.00 0.00 14,247.100 6140-5600 Friedman Home Care-Sa | 6050-5015 | - | | 0.00 | |
| 6680-0700 Home Together - Salary - Houry Staff 13,709.00 0.00 13,709.00 6600-075 Elder Abue Prevention-Salary 18,759.00 0.00 12,459.00 6600-6125 Medical Home Care-Salary - Houry Staff 13,369.00 0.00 12,459.00 6600-6156 Medical Home Care-Salary - Houry Staff 13,869.00 0.00 12,439.00 6600-7570 Work Activy Center - Salary - Houry Staff 1,785.00 0.00 324,429.00 6600-7580 Senior Choice Home-Salary - Houry Staff 1,785.00 0.00 344,429.00 6120-6300 Senior Choice Home-Salary - Social Worker 8,387.00 0.00 141,692.00 6120-6315 Hoegica Salary - Social Worker 11,682.00 0.00 144,821.00 6120-6156 Home Salary - Coardinator 14,88,430.00 0.00 14,88,430.00 6140-6505 Friedman Home Care-Salary - Coardinator 12,89,480.00 0.00 14,88,430.00 6140-6505 Friedman Home Care-Salary - Coardinator 12,79,00 0.00 12,78,69.00 6140-6505 Heridal Home Care-Salary - Coardinator | | | | | |
| 6050-0775 Elder Abuse Prevention-Salary - Houry Staff 18,759.00 0.00 18,759.00 6050-1510 Medical Home Care-Salary - Houry Staff 2,244.00 0.00 123,668.00 6050-1515 Hongios-Salary-Houry Staff 28,458.00 0.00 123,668.00 6050-1555 Hongios-Salary-Houry Staff 133,668.00 0.00 34,423.00 6050-7550 Work Activity Center-Salary - Houry Staff 314,423.00 0.00 34,423.00 6050-7550 Medical Home Care-Salary - Social Worker 20,554.00 0.00 8,437.00 6120-6150 Medical Home Care-Salary - Coargivers 20,554.00 0.00 11,682.00 6120-6150 Medical Home Care-Salary - Coargivers 58,986.00 0.00 14,485.43.00 6130-6015 Hongios-Salary - Coargivers 58,986.00 0.00 14,485.43.00 6140-6050 Friedman Home Care-Salary - Coargivers 128,48.00 0.00 14,485.43.00 6140-6150 Medical Home Care-Salary - Coargivers 128,68.00 0.01 14,295.43.00 6140-6250 Friedman Home Care-Salary - Coargivers | | | | | |
| 6900-1125 Institute on Aging-Salary - Hourly Staff 2,940,00 0,00 2,9440,00 6900-1505 Medical Inore Cars-Salary - Hourly Staff 133,686,00 0,00 133,686,00 6900-1555 Hospice-Salary -Hourly 384,423,00 0,00 133,686,00 6900-7560 Filmess Center - Salary - Hourly Staff 1,7755,00 0,00 384,423,00 6900-7560 Hospice-Salary -Mourly Morker 8,387,700 0,00 2,849,00 6120-6155 Hospice-Salary -Social Worker 11,682,00 0,00 11,682,00 6120-6155 Hospice-Salary -CardyNerse 1,486,943,00 0,00 14,498,430,00 6140-6550 Friedman Home Care-Salary - CardyNerse 14,689,430,00 0,00 14,898,430,00 6140-6550 Friedman Home Care-Salary - Coordinator 12,840,00 0,00 14,898,440,00 6160-6155 Institute on Aging-Salary - Coordinator 12,849,00 0,00 12,844,00 6160-5150 Medical Home Care-Salary - Coordinator 12,780,00 0,00 12,780,00 6160-5151 Instititute on Aging-Salary - Cordinator <t< td=""><td></td><td></td><td></td><td></td><td></td></t<> | | | | | |
| 6000-01500 Medical Home Care-Salary -Houry Staff 133,680.00 0.00 133,680.00 6000-01550 Work Achity Conter-Salary -Houry Staff 1,755.00 0.00 1,755.00 6000-0150 Filmess Center-Salary -Houry 384,433.00 0.00 384,433.00 6120-0500 Medical Home Care-Salary - Social Worker 20,504.00 0.00 384,700 6120-0510 Medical Home Care-Salary - Social Worker 20,504.00 0.00 11,892.00 6130-0515 Hoopies-Salary -Derolesional Staff-Houry 44,271.00 0.00 44,271.00 6140-0500 Friedman Home Care-Salary - Caregivers 1,489,843.00 0.00 44,271.00 6140-0500 Friedman Home Care-Salary - Caregivers 1,489,843.00 0.00 42,018.00 6140-0500 Friedman Home Care-Salary - Caregivers 1,489,443.00 0.00 1,289,400 6140-0510 Medical Home Care - Salary - Caregivers 1,289,00 0.00 1,289,400 6140-0510 Medical Home Care - Salary - Caregivers 1,289,00 0.00 1,289,400 6140-0510 Hone Care - Salary - Condinator< | | | | | |
| 6605-5155 Hospics-Salary-Houry 24,439.00 0.00 24,439.00 6605-7560 Work Activy Centre-Salary - Houry Witf 17,795.00 0.00 334,423.00 0.00 334,423.00 0.00 834,73.00 6120-5030 Smiter Choice at Home-Salary - Scalary Worker 23,544.00 0.00 28,547.00 20,594.00 0.00 28,547.00 6120-5151 Medical Home Care-Salary - Scalary Scalary Worker 11,892.00 0.00 11,892.00 0.00 11,892.00 6120-5015 ADPC-Grasmere-Salary - Congivers 59,986.00 0.00 42,271.00 0.00 44,271.00 6140-5105 Findeman Home Care-Salary - Coordinator 14,86,943.00 0.00 42,018.00 0.00 42,018.00 6160-5000 Findeman Home Care-Salary - Coordinator 12,844.00 0.00 12,844.00 135.44.00 6160-5010 Findeman Home Care-Salary - Coordinator 12,840.00 0.00 12,844.00 6160-5020 Findeman Home Care-Salary - Contralator 12,790.0 0.00 12,780.00 6160-5200 Physician Practice-Salary - Cont | | | | | |
| 6605-7500 Work Activity Center-Salary - Hourly Staff 1.795.00 0.00 1.795.00 6605-7600 Filness Center - Salary - Hourly 334.423.00 0.00 334.423.00 6120-515 Mogical Home Care-Salary - Social Worker 2.0504.00 0.00 2.0504.00 6120-515 Hospice-Salary - Social Worker 2.0504.00 0.00 111.692.00 6130-515 Hospice-Salary - Professional Salf Hourly 4.4,271.00 0.00 4.4,271.00 6140-5050 Friedman Home Care-Salary - Condinator 4.201.80.00 0.00 4.2,018.00 6140-5050 Senior Choice at Home Salary - Condinator 4.2,018.00 0.00 4.2,018.00 6160-5050 Friedman Home Care-Salary - Condinator 1.26,849.00 0.00 128,849.00 6160-5150 Medical Home Care-Salary - Condinator 128,849.00 0.00 12,849.00 6160-5200 Physician Practice-Salary - Condinator 12,860.00 0.00 12,869.00 6160-5200 Physician Practice-Salary - Condinator 12,860.00 0.00 12,869.00 6170-5510 Medical Home Care-Salary - CNL </td <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| 6050-7800 Filness Center - Salary - Hourly 394.423.00 0.00 394.423.00 6120-503 Senior Choice at Home-Salary - Social Worker 20,504.00 0.00 21,554.00 6120-5155 Hospite-Salary - Social Worker 20,504.00 0.00 141,682.00 6130-5015 HOSpite-Salary - Social Worker 11,682.00 0.00 144,271.00 6130-5015 Medical Home Care-Salary - Correlation 1488,943.00 0.00 144,271.00 6140-5030 Senior Choice at Home-Salary - Coordinator 12,015.00 0.00 14,264.00 6160-5030 Senior Choice at Home-Salary - Coordinator 12,854.00 0.00 12,854.00 6160-5030 Senior Choice at Home-Salary - Coordinator 12,854.00 0.00 12,854.00 6160-5030 Medical Home Care-Salary - Coordinator 12,850.00 0.00 12,854.00 6160-5030 Medical Home Care-Salary - Coordinator 12,854.00 0.00 12,854.00 6160-5200 Physician Practice-Salary - Condinator 12,790.00 0.00 12,790.00 6170-2510 Assistet Livirg - Salary - CN | | | | | |
| 6120-6500 Senior Choice at Home-Salary - Social Worker 8.87.00 0.00 8.387.00 6120-6150 Medical Home Care-Salary - Social Worker 111,862.00 0.00 111,682.00 6130-6515 Hospice-Salary - Perforssional Staft -Hourty 44.271.00 0.00 111,682.00 6130-6515 Hospice-Salary - Caregivers 14,86,943.00 0.00 14,98,943.00 6140-555 Medical Home Care-Salary - Coordinator 42,018.00 0.00 42,918.00 6140-555 Institute Aging Salary - Coordinator 18,544.00 0.00 12,849.00 6160-5150 Medical Home Care-Salary - Coordinator 126,849.00 0.00 12,849.00 6160-5150 Medical Home Care-Salary - Coordinator 12,78.00 0.00 12,78.00 6170-2510 Assisted Living -Marini - Salary - Courdinator 12,278.00 0.00 12,684.00 6170-2510 Assisted Living -Marini - Salary - CNL 17,755.00 0.00 12,684.00 6170-2510 Medical Home Care-Salary - RN 80,887.00 0.00 22,703.00 6170-5550 Medical Home Care-Salary - RN | | | | | |
| 6120-6150 Medical Home Care-Salary - Social Worker 20,504.00 20,504.00 6120-6155 Hoppice-Salary - Social Worker 111.602.00 0.00 111.602.00 6130-5015 ADHC-Grasmere-Salary - Caregivers 14,46,943.00 0.00 14,4271.00 6140-5160 Medical Home Care-Salary - Caregivers 59,968.00 0.00 42,018.00 6160-5030 Senior Choice at Home-Salary - Coordinator 42,018.00 0.00 42,018.00 6160-5050 Friedman Home Care-Salary - Coordinator 12,544.00 0.00 13,544.00 6160-5155 Institute on Aging-Salary - Coordinator 12,294.00 0.00 12,549.00 6160-550 Medical Home Care-Salary - Coordinator 12,295.00 0.00 12,589.00 6170-5270 Assisted Living -Marvin - Salary - CNL 17,659.00 0.00 12,589.00 6170-550 Home Together - Salary - RN 80,887.00 0.00 12,589.00 6170-5155 Hospice-Salary - RN 231,093.00 0.00 12,589.00 6170-5150 Medical Home Care-Salary - RN 20,869.00 0.00 | | | | | |
| 6120-6155 Hospice-Salary-Social Worker 111.682.00 0.00 111.682.00 6130-6015 ADHC-Grasmere-Salary - Professional Staft -Houry 44.21.00 0.00 44.271.00 6140-6050 Friedman Home Care-Salary - Carrigivers 14.98.643.00 0.00 59.988.00 6140-5050 Medical Home Care-Salary - Coordinator 42.018.00 0.00 42.018.00 6160-5050 Friedman Home Care-Salary - Coordinator 18.544.00 0.00 14.264.00 6160-5052 Institute on Aging-Salary - Coordinator 12.05.00 0.00 12.268.00 6160-5152 Institute on Aging-Salary - Coordinator 1.279.00 0.00 12.269.00 6170-2510 Assisted Living - Salary - Chincal Nurse Leader 12.269.00 0.00 12.269.00 6170-2510 Assisted Living - Salary - RN 381.939.00 0.00 381.939.00 6170-2510 Assisted Living - Salary - RN 381.939.00 0.00 381.939.00 6170-5150 Medical Home Care-Salary - RN 381.939.00 0.00 22.768.00 6170-5150 Medical Home Care-Salary - RN <t< td=""><td></td><td></td><td></td><td></td><td></td></t<> | | | | | |
| 6130-5015 ADHC-Grammer-Salary - Correlevional Staff -Hourly 44, 271.00 0.00 44, 271.00 6140-505 Friedman Home Care-Salary - Caregivers 59,968.00 0.00 59,968.00 6140-5150 Medical Home Care-Salary - Caregivers 59,968.00 0.00 42,018.00 6160-5050 Friedman Home Care-Salary - Coordinator 18,544.00 0.00 18,544.00 6160-5125 Institute on Aging-Salary - Coordinator (135.00) 0.00 12,849.00 6160-5200 Physician Practice-Salary - Coordinator 12,849.00 0.00 12,789.00 6170-5210 Assited Living -Salary - Cinc Hurse Leader 12,268.00 0.00 12,789.00 6170-5230 Assited Living -Salary - Cinc Hurse Leader 12,268.00 0.00 17,659.00 6170-5155 Hospice-Salary - RN 381,939.00 0.00 381,939.00 6170-5156 Hospice-Salary - RN 237,003.00 0.00 27,570.00 6180-5150 Medical Home Care-Salary - RN 381,939.00 0.00 21,576.00 6180-5156 Hospice-Salary - RN 21,576.00 | | - | | | |
| 6140-5560 Friedman Home Care-Salary - Caregivers 1,489,943.00 0.00 1,489,943.00 6140-5150 Medical Home Care-Salary - Coordinator 59,968.00 0.00 142,018.00 6160-5030 Senior Choice at Home-Salary - Coordinator 14,0418.00 0.00 142,018.00 6160-5150 Friedman Home Care-Salary - Coordinator 1(35.00) 0.00 1(35.00) 6160-5150 Medical Home Care-Salary - Coordinator 12,279.00 0.00 12,28,49.00 6160-525 Institute on Aging-Salary - Coordinator 12,279.00 0.00 12,26,90.00 6170-5210 Assited Living - Salary - Continator 12,279.00 0.00 12,26,90.00 6170-5250 Assited Living - Salary - CNL 17,659.00 0.00 12,26,90.00 6170-5150 Hospiter - Salary - RN 237,003.30 0.00 237,003.00 6180-5150 Medical Home Care-Salary - LNN 212,578.00 0.00 12,548.00 6180-5155 Hospiter-Salary - LN 213,003.30 0.00 237,003.00 6180-5155 Hospiter-Salary - LNN 212,578.00 <td< td=""><td></td><td></td><td></td><td></td><td></td></td<> | | | | | |
| 6140-5150 Medical Home Care-Salary - Coordinator 59,968.00 0.00 59,968.00 6160-5030 Senior Choice at Home-Salary - Coordinator 18,544.00 0.00 42,018.00 6160-5050 Friedman Home Care-Salary - Coordinator 18,544.00 0.00 125,644.00 6160-5155 Institute on Aging-Salary - Coordinator (135.00) 0.00 126,849.00 6160-550 Physician Practice-Salary - Coordinator 1,279.00 0.00 122,849.00 6170-2510 Assisted Living - Salary - Condinator 1,279.00 0.00 172,590.0 6170-2510 Assisted Living - Marvin - Salary - CNL 17,658.00 0.00 172,590.0 6170-2510 Medical Home Care-Salary - CNL 17,658.00 0.00 237,003.00 6170-515 Hospice-Salary - N 237,003.00 0.00 227,578.00 6180-5150 Medical Home Care-Salary - LPN 27,578.00 0.00 27,578.00 6180-5150 Medical Home Care-Salary - LPN 27,578.00 0.00 21,578.00 6180-5150 Medical Home Care-Salary - CNA 611,955.00 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<> | | | | | |
| 6160-5030 Senior Choice at Home-Salary - Coordinator 42,018,00 0.00 42,018,00 6160-5050 Friedman Home Care-Salary - Coordinator 18,544,00 0.00 18,544,00 6160-5125 Institute on Aging-Salary - Coordinator 126,849,00 0.00 126,849,00 6160-520 Physician Practice-Salary - Cordinator 127,900 0.00 122,896,00 6170-2510 Assisted Living - Salary - Clinical Nurse Leader 192,696,00 0.00 192,696,00 6170-2510 Assisted Living - Salary - CNL 17,659,00 0.00 80,687,00 6170-5570 Home Together - Salary - RN 80,687,00 0.00 381,939,00 6170-5515 Hedical Home Care-Salary - RN 237,003,00 0.00 237,003,00 6180-5155 Hospice-Salary - LPN 126,540,00 0.00 27,578,00 6180-5155 Hospice-Salary - LPN 16,051,00 0.00 611,695,00 6190-2510 Assisted Living - Salary - CNA 611,695,00 0.00 49,917,00 6190-2515 Hospice-Salary - LPN 16,051,00 0.00 <td< td=""><td></td><td></td><td></td><td></td><td></td></td<> | | | | | |
| 6160-5050 Friedman Home Care-Salary - Coordinator 18,544.00 0.00 18,544.00 6160-5125 Institute on Aging-Salary - Coordinator (135.00) 0.00 (126,849.00 6160-5150 Medical Home Care-Salary - Coordinator 1,279.00 0.00 1,227.900 6160-5200 Physician Practice-Salary - Coordinator 1,279.00 0.00 1,227.900 6170-2510 Assisted Living - Narvin - Salary - Chill 17,659.00 0.00 122,696.00 6170-5150 Medical Home Care-Salary - CNL 17,659.00 0.00 80.887.00 6170-5150 Medical Home Care-Salary - RN 80,687.00 0.00 237.003.00 6170-5150 Hospice-Salary - RN 237.003.00 0.00 237.003.00 6180-5150 Hospice-Salary - LPN 128,540.00 0.00 27,578.00 6180-5150 Medical Home Care-Salary - LPN 16,051.00 0.00 16,051.00 6190-2510 Assisted Living - Salary - CNA 611,695.00 0.00 16,051.00 6190-2510 Medical Home Care-Salary - CNA 10,078.00 0.00 | | | | | |
| 6160-5125 Institute on Aging-Salary - Coordinator (135.00) 0.00 (135.00) 6160-5150 Medical Home Care-Salary - Coordinator 126,849.00 0.00 127,900 6160-5200 Physician Practice-Salary - Coordinator 1.279,00 0.00 127,900 6170-2510 Assisted Living - Salary - Clinical Nurse Leader 192,666,00 0.00 192,666,00 6170-5070 Home Together - Salary - RN 80,687,00 0.00 381,939,00 6170-5150 Medical Home Care-Salary - CNL 237,003,00 0.00 237,003,00 6180-2510 Assisted Living - Salary - LPN 237,003,00 0.00 237,003,00 6180-5156 Hospice-Salary - LPN 128,540,00 0.00 128,540,00 6180-5156 Hospice-Salary - LPN 160,611,00 0.00 16,651,00 6190-2510 Assisted Living - Salary - CNA 611,695,00 0.00 11,67,00 6190-2510 Assisted Living - Salary - CNA 111,197,00 0.00 1,078,00 6190-555 Hospice-Salary - CNA 1,078,00 0.00 1,078,00 | 6160-5030 | Senior Choice at Home-Salary - Coordinator | 42,018.00 | 0.00 | 42,018.00 |
| 6160-5150 Medical Home Care-Salary - Coordinator 126,849.00 0.00 126,849.00 6160-5200 Physician Practice-Salary - Coordinator 1,279.00 0.00 1,279.00 6170-2510 Assited Living - Salary - Cincila Nurse Leader 192,696.00 0.00 192,696.00 6170-5230 Assited Living - Marvin - Salary - CNL 17,659.00 0.00 176,659.00 6170-5070 Home Together - Salary - IN 80,687.00 0.00 80,687.00 6170-5155 Hospice-Salary - RN 831,939.00 0.00 237,003.00 6180-5150 Medical Home Care-Salary - LPN 237,003.00 0.00 128,540.00 6180-5150 Medical Home Care-Salary - LPN 27,578.00 0.00 128,540.00 6180-5155 Hospice-Salary - LPN 10,078.00 0.00 611,695.00 6190-2510 Assisted Living - Salary - CNA 611,695.00 0.00 611,695.00 6190-2510 Assisted Living - Salary - CNA 1,078.00 0.00 111,197.00 6190-5150 Medical Home Care-Salary - CNA 1,078.00 0.00 12 | | Friedman Home Care-Salary - Coordinator | 18,544.00 | 0.00 | 18,544.00 |
| 6160-5200 Physician Practice-Salary - Coordinator 1.279.00 0.00 1.279.00 6170-2510 Assisted Living - Salary - Cinical Nurse Leader 192,696.00 0.00 192,696.00 6170-2530 Assisted Living - Salary - CNL 17,655.00 0.00 80,687.00 6170-5570 Home Together - Salary - RN 80,687.00 0.00 80,687.00 6170-5150 Medical Home Care-Salary - RN 237,003.00 0.00 237,003.00 6180-5150 Medical Home Care-Salary - LPN 128,540.00 27,578.00 0.00 27,578.00 6180-5150 Medical Home Care-Salary - LPN 16,051.00 0.00 161,055.00 6190-2510 Assited Living - Salary - LPN 16,051.00 0.00 161,055.00 6190-2510 Assited Living - Salary - CNA 611,056.00 0.00 11,197.00 6190-2510 Assited Living - Salary - CNA 10,78.00 0.00 11,197.00 6190-2510 Medical Home Care-Salary - CNA 111,197.00 0.00 11,197.00 6210-7550 Work Activity Center-Residents (WAC) 2,545.00 | 6160-5125 | Institute on Aging-Salary - Coordinator | (135.00) | 0.00 | (135.00) |
| 6160-S200 Physican Practice-Salary - Coordinator 1.279.00 0.00 1.279.00 6170-2510 Assisted Living - Salary - Cinical Nurse Leader 192,696.00 0.00 192,696.00 6170-2530 Assisted Living - Salary - CNL 17,659.00 0.00 80,887.00 6170-5570 Home Together - Salary - RN 830,887.00 0.00 80,887.00 6170-5150 Medical Home Care-Salary - RN 237,003.00 0.00 237,003.00 6180-5155 Hospice-Salary - LPN 128,540.00 27,578.00 0.00 128,540.00 6180-5150 Medical Home Care-Salary - LPN 16,051.00 0.00 128,540.00 6180-5155 Hospice-Salary - LPN 16,051.00 0.00 16,051.00 6190-2510 Assited Living - Salary - CNA 61,951.00 0.00 11,195.00 6190-2510 Assited Living - Salary - CNA 11,078.00 0.00 11,197.00 6190-5150 Medical Home Care-Salary - CNA 11,197.00 0.00 11,197.00 6210-7550 Work Activity Center-Residents (WAC) 2,545.00 0.00 | 6160-5150 | Medical Home Care-Salary - Coordinator | 126,849.00 | 0.00 | 126,849.00 |
| 6170-2510 Assisted Living - Salary - Cluical Nurse Leader 192,696.00 0.00 192,696.00 6170-2530 Assisted Living - Marvin - Salary - CNL 17,659.00 0.00 17,659.00 6170-5070 Home Together - Salary - RN 80,687.00 0.00 881,893.00 6170-5150 Medical Home Care-Salary - RN 381,939.00 0.00 237,003.00 6180-2510 Assisted Living - Salary - LPN 128,540.00 0.00 128,540.00 6180-5150 Medical Home Care-Salary - LPN 27,578.00 0.00 128,540.00 6180-5150 Medical Home Care-Salary - LPN 27,578.00 0.00 611,695.00 6190-2510 Assisted Living - Salary - CNA 611,695.00 0.00 611,695.00 6190-2510 Assisted Living - Salary - CNA 10,78.00 0.00 11,197.00 6190-2515 Hospice-Salary - CNA 10,78.00 0.00 11,197.00 6190-515 Hospice-Salary - CNA 11,197.00 0.00 12,84.00 6190-515 Hospice-Salary - CNA 10,78.00 0.00 12,84.00 | 6160-5200 | Physician Practice-Salary - Coordinator | 1,279.00 | 0.00 | 1,279.00 |
| 6170-2530 Assisted Living - Marvin - Salary - CNL 17,659.00 0.00 17,659.00 6170-5070 Home Together - Salary - RN 80,687.00 0.00 80,887.00 6170-5150 Medical Home Care-Salary - RN 237,003.00 0.00 237,003.00 6180-5155 Hospice-Salary - RN 237,003.00 0.00 237,003.00 6180-5150 Medical Home Care-Salary - LPN 128,540.00 0.00 28,758.00 6180-5150 Hospice-Salary - LPN 27,758.00 0.00 16,051.00 6180-5150 Hospice-Salary - LPN 16,051.00 0.00 16,051.00 6180-5150 Hospice-Salary - LPN 16,051.00 0.00 16,051.00 6190-2510 Assisted Living - Salary - CNA 611,085.00 0.00 49,917.00 6190-5150 Medical Home Care-Salary - CNA 1,078.00 0.00 11,197.00 6190-5150 Medical Home Care-Salary - CNA 111,197.00 0.00 14,72,84.00 6240-5150 Medical Home Care-Salary - FT 472,84.00 0.00 24,245.00 6240-5150 <td>6170-2510</td> <td>Assisted Living - Salary - Clinical Nurse Leader</td> <td></td> <td>0.00</td> <td></td> | 6170-2510 | Assisted Living - Salary - Clinical Nurse Leader | | 0.00 | |
| 6170-5070 Home Together - Salary - RN 80,687.00 0.00 80,687.00 6170-5150 Medical Home Care-Salary - RN 381,939.00 0.00 381,939.00 6170-5155 Hospice-Salary - RN 237,003.00 0.00 237,003.00 6180-2510 Assisted Living - Salary - LPN 128,540.00 0.00 27,578.00 6180-5150 Medical Home Care-Salary - LPN 7,578.00 0.00 168,510.00 6180-2510 Assisted Living - Salary - CNA 611,695.00 0.00 161,695.00 6190-2530 Assisted Living - Salary - CNA 611,695.00 0.00 111,197.00 6190-5155 Hospice-Salary - CNA 1078.00 0.00 111,197.00 6190-5150 Medical Home Care-Salary - CNA 111,197.00 0.00 128,460.00 6240-5150 Medical Home Care-Salary - CNA 10,775.00 0.00 128,460.00 6240-5150 Medical Home Care-Salary - CNA 111,197.00 0.00 128,460.00 6240-5150 Medical Home Care-Salary - FT 10,807.00 0.00 168,223.00 | | Assisted Living -Marvin - Salary - CNL | | | |
| 6170-5150 Medical Home Care-Salary - RN 381,939.00 0.00 381,939.00 6170-5155 Hospice-Salary - RN 237,003.00 0.00 237,003.00 6180-5150 Medical Home Care-Salary - LPN 128,540.00 0.00 128,540.00 6180-5150 Medical Home Care-Salary - LPN 27,578.00 0.00 128,540.00 6180-5155 Hospice-Salary - LPN 16,051.00 0.00 16,051.00 6190-2510 Assisted Living - Salary - CNA 611,695.00 0.00 611,695.00 6190-2510 Assisted Living - Salary - CNA 10,078.00 0.00 11,197.00 6190-5155 Hospice-Salary - CNA 10,078.00 0.00 111,197.00 6210-7550 Work Activity Center-Residents (WAC) 2,545.00 0.00 142,884.00 6240-5150 Medical Home Care-Salary - PT 10,807.00 0.00 169,223.00 6240-5150 Medical Home Care-Salary Expense-OT 169,223.00 0.00 169,223.00 6240-5150 Medical Home Care-Salary Expense-OT 169,223.00 0.00 169,223.00 <t< td=""><td>6170-5070</td><td></td><td>80,687.00</td><td>0.00</td><td>80,687.00</td></t<> | 6170-5070 | | 80,687.00 | 0.00 | 80,687.00 |
| 6170-5155 Hospice-Salary - RN 237,003.00 0.00 237,003.00 6180-2510 Assisted Living - Salary - LPN 128,540.00 0.00 128,540.00 6180-5150 Medical Home Care-Salary - LPN 27,578.00 0.00 27,578.00 6180-5155 Hospice-Salary - LPN 16,051.00 0.00 16,051.00 6190-2510 Assisted Living - Salary - CNA 611,695.00 0.00 619,695.00 6190-2530 Assisted Living - Salary - CNA 49,917.00 0.00 49,917.00 6190-5155 Hospice-Salary - CNA 1,078.00 0.00 1,078.00 6190-5155 Hospice-Salary - CNA 1,078.00 0.00 111,197.00 6210-7550 Work Activity Center-Residents (WAC) 2,545.00 0.00 2,545.00 6240-5150 Medical Home Care-Salary - PT 10,807.00 0.00 10,807.00 6240-5150 Medical Home Care-Salary Expense-OT 169,223.00 0.00 169,223.00 6245-5150 Medical Home Care-Salary Expense - ST 26,246.00 0.00 26,246.00 673 | | | | | |
| 6180-2510 Assisted Living - Salary - LPN 128,540.00 0.00 128,540.00 6180-5150 Medical Home Care-Salary - LPN 27,578.00 0.00 27,578.00 6180-5155 Hospice-Salary - LPN 16,051.00 0.00 1610,551.00 6180-5155 Hospice-Salary - CNA 16,051.00 0.00 611,695.00 6190-2530 Assisted Living - Marvin - Salary - CNA 49,917.00 0.00 49,917.00 6190-5150 Medical Home Care-Salary - CNA 1,078.00 0.00 110,78.00 6190-5155 Hospice-Salary - CNA 1111,97.00 0.00 111,197.00 6210-7550 Work Activity Center-Residents (WAC) 2,545.00 0.00 2,545.00 6240-5150 Medical Home Care-Salary - PT 10,807.00 0.00 189,23.00 6240-5150 Medical Home Care-Salary Expense-OT 199,223.00 0.00 169,23.20 6250-5150 Medical Director 5,000.00 0.00 26,246.00 6733-5075 Elder Abuse Prevention-Medical Director 9,000.00 0.00 25,200.00 | | - | | | |
| 6180-5150 Medical Home Care-Salary - LPN 27,578.00 0.00 27,578.00 6180-5155 Hospice-Salary - LPN 16,051.00 0.00 16,051.00 6190-2510 Assisted Living - Salary - CNA 611,695.00 0.00 611,695.00 6190-2530 Assisted Living - Marvin - Salary - CNA 49,917.00 0.00 49,917.00 6190-5150 Medical Home Care-Salary - CNA 1,078.00 0.00 1,078.00 6190-5155 Hospice-Salary - CNA 1,078.00 0.00 11,197.00 6190-5155 Hospice-Salary - CNA 111,197.00 0.00 11,078.00 6210-555 Hospice-Salary - CNA 111,197.00 0.00 12,545.00 6240-5150 Medical Home Care-Salary - PT 472,884.00 0.00 472,884.00 6240-5155 Hospice-Salary - PT 10,807.00 0.00 169,223.00 6245-5150 Medical Home Care-Salary Expense-OT 199,223.00 0.00 169,223.00 6250-5150 Medical Home Care-Salary Expense - ST 26,246.00 0.00 26,246.00 6733-5155 | | | | | |
| 6180-5155 Hospice-Salary - LPN 16,051.00 0.00 16,051.00 6190-2510 Assisted Living - Salary - CNA 611,695.00 0.00 611,695.00 6190-2530 Assisted Living - Marvin - Salary - CNA 49,917.00 0.00 491,700 6190-2510 Medical Home Care-Salary - CNA 1,078.00 0.00 1,078.00 6190-5155 Hospice-Salary - CNA 111,197.00 0.00 1,078.00 6190-5155 Hospice-Salary - CNA 111,197.00 0.00 2,545.00 6240-5150 Medical Home Care-Salary - PT 472,884.00 0.00 472,884.00 6240-5155 Hospice-Salary Expense-OT 169,223.00 0.00 169,223.00 6245-5150 Medical Home Care-Salary Expense - ST 26,246.00 0.00 26,246.00 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 9,000.00 6733-5125 Institute on Aging-Medical Director 25,200.00 0.00 25,200.00 Subgroup: [120.21] Other - Accum Costs 6,587,747.00 0.00 52,465.00 | | , | | | |
| 6190-2510 Assisted Living - Salary - CNA 611,695.00 0.00 611,695.00 6190-2530 Assisted Living - Marvin - Salary - CNA 49,917.00 0.00 49,917.00 6190-2530 Medical Home Care-Salary - CNA 1,078.00 0.00 19,078.00 6190-5155 Hospice-Salary - CNA 1,078.00 0.00 111,197.00 6210-7550 Work Activity Center-Residents (WAC) 2,545.00 0.00 2,545.00 6240-5150 Medical Home Care-Salary - PT 472,884.00 0.00 472,884.00 6240-5150 Medical Home Care-Salary Expense-OT 10,807.00 0.00 169,232.00 6245-5150 Medical Home Care-Salary Expense - ST 26,246.00 0.00 26,246.00 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 9,000.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subgroup: [120.25] Other - Accum Costs 6,587,747.00 0.00 6,587,747.00 | | - | | | |
| 6190-2530 Assisted Living -Marvin - Salary - CNA 49,917.00 0.00 49,917.00 6190-2530 Medical Home Care-Salary - CNA 1,078.00 0.00 110,78.00 6190-5155 Hospice-Salary - CNA 111,197.00 0.00 111,197.00 6210-7550 Work Activity Center-Residents (WAC) 2,545.00 0.00 2,545.00 6240-5150 Medical Home Care-Salary - PT 10,807.00 0.00 169,23.00 6240-5155 Hospice-Salary Expense-OT 199,223.00 0.00 169,23.20 6250-5150 Medical Home Care-Salary Expense-OT 199,223.00 0.00 26,246.00 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 9,000.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 9,000.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subgroup: [120.25] Other - Accum Costs 6,587,747.00 0.00 52,465.00 6050-7210 Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| 6190-5150 Medical Home Care-Salary - CNA 1,078.00 0.00 1,078.00 6190-5155 Hospice-Salary - CNA 111,197.00 0.00 111,197.00 6210-5750 Work Activity Center-Residents (WAC) 2,545.00 0.00 22,545.00 6240-5150 Medical Home Care-Salary - PT 472,884.00 0.00 472,884.00 6240-5155 Hospice-Salary - PT 10,807.00 0.00 169,223.00 6245-5150 Medical Home Care-Salary Expense-OT 169,223.00 0.00 169,223.00 6245-5150 Medical Home Care-Salary Expense - ST 26,246.00 0.00 26,246.00 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 9,000.00 6733-5125 Institute on Aging-Medical Director 9,000.00 0.00 9,000.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subgroup: [120.22] Other - Accum Costs 5 5 52,465.00 0.00 52,465.00 6050-7210 Education-Salary - Hourly Staff 52,465.00 0.00 | | | | | |
| 6190-5155 Hospice-Salary - CNA 111,197.00 0.00 111,197.00 6210-7550 Work Activity Center-Residents (WAC) 2,545.00 0.00 2,2545.00 6240-5150 Medical Home Care-Salary-PT 472,884.00 0.00 472,884.00 6240-5155 Hospice-Salary-PT 10,807.00 0.00 10,807.00 6245-5150 Medical Home Care-Salary Expense-OT 169,223.00 0.00 169,223.00 6250-5150 Medical Home Care-Salary Expense - ST 26,246.00 0.00 26,246.00 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 9,000.00 6733-5125 Institute on Aging-Medical Director 9,000.00 0.00 9,000.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subgroup: [120.22] Other - NON Reimbursible 6,587,747.00 0.00 6,587,747.00 6050-7210 Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 | | | | | |
| 6210-7550 Work Activity Center-Residents (WAC) 2,545.00 0.00 2,545.00 6240-5150 Medical Home Care-Salary-PT 472,884.00 0.00 472,884.00 6240-5155 Hospice-Salary-PT 10,807.00 0.00 108,07.00 6245-5150 Medical Home Care-Salary Expense-OT 1169,223.00 0.00 169,223.00 6250-5150 Medical Home Care-Salary Expense - ST 26,246.00 0.00 26,246.00 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 9,000.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subgroup: [120.22] Other - NON Reimbursible 6,587,747.00 0.00 6,587,747.00 Subgroup: [120.25] Other - Accum Costs Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 | | - | | | |
| 6240-5150 Medical Home Care-Salary-PT 472,884.00 0.00 472,884.00 6240-5155 Hospice-Salary-PT 10,807.00 0.00 10,807.00 6240-5155 Hospice-Salary-PT 10,807.00 0.00 169,223.00 6245-5150 Medical Home Care-Salary Expense-OT 199,223.00 0.00 169,223.00 6250-5150 Medical Home Care-Salary Expense - ST 26,246.00 0.00 26,246.00 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 9,000.00 6733-5125 Institute on Aging-Medical Director 9,000.00 0.00 25,200.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subtroat [120.22] Other - NON Reimbursible 6,587,747.00 0.00 6,587,747.00 Subgroup: [120.25] Other - Accum Costs Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 | | | | | |
| 6240-5155 Hospice-Salary-PT 10,807.00 0.00 10,807.00 6245-5150 Medical Home Care-Salary Expense-OT 169,223.00 0.00 169,223.00 6255-5150 Medical Home Care-Salary Expense-OT 169,223.00 0.00 169,223.00 6255-5150 Medical Home Care-Salary Expense-OT 26,246.00 0.00 25,246.00 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 5,000.00 6733-5125 Institute on Aging-Medical Director 9,000.00 0.00 9,000.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subtotal [120.22] Other - NON Reimbursible 6,587,747.00 0.00 6,587,747.00 Subgroup: [120.25] Other - Accum Costs 52,465.00 0.00 52,465.00 | | | | | |
| 6245-5150 Medical Home Care-Salary Expense-OT 169,223.00 0.00 169,223.00 6250-5150 Medical Home Care-Salary Expense - ST 26,246.00 0.00 26,246.00 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 9,000.00 6733-5125 Institute on Aging-Medical Director 9,000.00 0.00 9,000.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subtotal [120.22] Other - NON Reimbursible 6,587,747.00 0.00 6,587,747.00 Subgroup: [120.25] Other - Accum Costs Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 | | | | | |
| 6250-5150 Medical Home Care-Salary Expense - ST 26,246.00 0.00 26,246.00 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 5,000.00 6733-5125 Institute on Aging-Medical Director 9,000.00 0.00 9,000.00 6733-5125 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subtotal [120.22] Other - NON Reimbursible 6,587,747.00 0.00 6,587,747.00 Subgroup: [120.25] Other - Accum Costs Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 | | | | | |
| 6733-5075 Elder Abuse Prevention-Medical Director 5,000.00 0.00 5,000.00 6733-5125 Institute on Aging-Medical Director 9,000.00 0.00 9,000.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subtotal [120.22] Other - NON Reimbursible 6,587,747.00 0.00 6,587,747.00 Subgroup : [120.25] Other - Accum Costs 52,465.00 0.00 52,465.00 | | | | | |
| 6733-5125 Institute on Aging-Medical Director 9,000.00 0.00 9,000.00 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subtotal [120.22] Other - NON Reimbursible 6,587,747.00 0.00 6,587,747.00 Subgroup : [120.25] Other - Accum Costs 52,465.00 0.00 52,465.00 | | | | | |
| 6733-5155 Hospice-Medical Director 25,200.00 0.00 25,200.00 Subtotal [120.22] Other - NON Reimbursible 6,587,747.00 0.00 6,587,747.00 Subgroup : [120.25] Other - Accum Costs Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 | | | | | |
| Subtotal [120.22] Other - NON Reimbursible 6,587,747.00 0.00 6,587,747.00 Subgroup : [120.25] Other - Accum Costs 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 52,465.00 | | | | | |
| Subgroup : [120.25] Other - Accum Costs 6050-7210 Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 | | | | | |
| 6050-7210 Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 | Subtotal [120.22] | Other - NON Reimbursible | 6,587,747.00 | 0.00 | 6,587,747.00 |
| 6050-7210 Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 | | | | | |
| 6050-7210 Education-Salary - Hourly Staff 52,465.00 0.00 52,465.00 | Subgroup : [120.25] | Other - Accum Costs | | | |
| | | | 52,465.00 | 0.00 | 52,465.00 |
| | | | | | |
| | | | | | |

| Total [10-A] | Salaries and Wages | 30,873,296.00 | | 0.00 | 30,873,296.00 |
|-------------------------------------|---------------------------------------------------------------------------------|------------------------------|------------|------------------------|------------------------------|
| Group : [13-B] | Professional Fees | | | | |
| Subgroup : [2.22] | Dentist - SNF Only | | | | |
| 6721-7075 | Clinical Support Svcs-Consulting Expense - Dental | 30,986.00 | | 0.00 | 30,986.00 |
| Subtotal [2.22] | Dentist - SNF Only | 30,986.00 | | 0.00 | 30,986.00 |
| Subgroup : [3.03] | Pharmacist | | | | |
| 6723-7075 | Clinical Support Svcs-Consulting Expense-Pharmacy | 17,869.00 | | 0.00 | 17,869.00 |
| Subtotal [3.03] | Pharmacist | 17,869.00 | | 0.00 | 17,869.00 |
| Subgroup : [4] | Podiatrist | | | | |
| 6755-7075 | Clinical Support Svcs-Podiatric Expense | 4,200.00 | | 0.00 | 4,200.00 |
| Subtotal [4] | Podiatrist | 4,200.00 | | 0.00 | 4,200.00 |
| Subgroup : [5A.07] | PT - Resident Care - SNF Only | | | | |
| 7050-5220 | Inpatient Therapy-Temporary Help | 72,495.00 | | 0.00 | 72,495.00 |
| Subtotal [5A.07] | PT - Resident Care - SNF Only | 72,495.00 | | 0.00 | 72,495.00 |
| Subgroup : [8A.10] | Medical Director - SNF Only | | | | |
| 6733-7075 | Clinical Support Services-Medical Director | 27,961.00 | | 0.00 | 27,961.00 |
| Subtotal [8A.10] | Medical Director - SNF Only | 27,961.00 | | 0.00 | 27,961.00 |
| Subgroup : [8E] | Other - SNF Only | | | | |
| 6760-7075 | Clinical Support Svcs-Psychiatric Expense | 16,942.00 | | 0.00 | 16,942.00 |
| Subtotal [8E] | Other - SNF Only | 16,942.00 | | 0.00 | 16,942.00 |
| Subaraun - [44.8.4] | DN's Direct Core Direct | | | | |
| Subgroup : [11A1] 7050-7350 | RN's - Direct Care - Direct Nursing Support-Temporary Help | 185,037.00 | | (159,943.00) | 25,094.00 |
| | | | RJE - 3002 | (159,943.00) | |
| Subtotal [11A1] | RN's - Direct Care - Direct | 185,037.00 | | (159,943.00) | 25,094.00 |
| Subgroup : [11B1] | LPN's - Direct Care | | | | |
| 7050-7350.1 | Nursing Support - Temp Help - LPN | 0.00 | | 66,180.00 | 66,180.00 |
| Subtotal [11B1] | LPN's - Direct Care | 0.00 | RJE - 3002 | 66,180.00 66,180.00 | 66,180.00 |
| | | | | | |
| Subgroup : [11C] 7050-7350.2 | Aides | 0.00 | | 93,763.00 | 93,763.00 |
| 1050-1550.2 | Nursing Support - Temp Help - CNA | 0.00 | RJE - 3002 | 93,763.00 | 93,703.00 |
| Subtotal [11C] | Aides | 0.00 | | 93,763.00 | 93,763.00 |
| Subgroup : [12.10] | Other - SNF Only | | | | |
| 6750-1000 | Long term care-Physician | 127.00 | | 0.00 | 127.00 |
| 6750-2100 | Post-Acute/Rehab-Physician | 5,291.00 | | 0.00 | 5,291.00 |
| 7035-7400 Subtotal [12.10] | Pastoral Services-Purchased Services Other - SNF Only | 1,800.00 7,218.00 | | 0.00 | 1,800.00 7,218.00 |
| | | | | | |
| Subgroup : [12.22] 7008-5150 | Other - Non Reimbursible Medical Home Care-Billing Services | 69,635.00 | | 0.00 | 69,635.00 |
| 7008-5155 | Hospice-Billing Services | 78,483.00 | | 0.00 | 78,483.00 |
| 7035-5050 | Friedman Home Care-Purchased Services | 347,113.00 | | 0.00 | 347,113.00 |
| 7035-5155 | Hospice-Purchased Services | 207.00 | | 0.00 | 207.00 |
| Subtotal [12.22] | Other - Non Reimbursible | 495,438.00 | | 0.00 | 495,438.00 |
| Total [13-B] | Professional Fees | 858,146.00 | | 0.00 | 858,146.00 |
| Crean 147 | Funnerditures Other than Salarian | | | | |
| Group : [15] Subgroup : [1A1.15] | Expenditures Other than Salaries Workmen's Compensation | | | | |
| 6565-7200 | Employee Relations-Workers' Comp Insurance | 1,073,908.00 | | 0.00 | 1,073,908.00 |
| Subtotal [1A1.15] | Workmen's Compensation | 1,073,908.00 | | 0.00 | 1,073,908.00 |
| Subgroup : [1A2.15] | Disability Insurance | | | | |
| 6550-7200 | Employee Relations-Short Term/Long Term Disability | 118,042.00 | | 0.00 | 118,042.00 |
| Subtotal [1A2.15] | Disability Insurance | 118,042.00 | | 0.00 | 118,042.00 |
| Subgroup : [1A3.15] | Unemployment Insurance | | | | |
| 6555-7200 | Employee Relations-State Unemployment Insurance | 113,479.00 | | 0.00 | 113,479.00 |
| Subtotal [1A3.15] | Unemployment Insurance | 113,479.00 | | 0.00 | 113,479.00 |
| Subgroup : [1A4.15] | Social Security (FICA) | | | | |
| 6520-7200 | Employee Relations-FICA Expense | 2,005,533.00 | | 0.00 | 2,005,533.00 |
| Subtotal [1A4.15] | Social Security (FICA) | 2,005,533.00 | | 0.00 | 2,005,533.00 |
| Subgroup : [1A5.15] | Health Insurance | | | | |
| 6510-7200 | Employee Relations-Dental Insurance | 194,534.00 | | 0.00 | 194,534.00 |
| 6515-7200 | Employee Relations-DPC Deduction | 97,227.00 | | 0.00 | 97,227.00 |
| 6517-7200 6535-7200 | Employee Relations-Dental Contributions Employee Relations-Medical Insurance | (120,533.00) 3,027,506.00 | | 0.00 0.00 | (120,533.00) 3,027,506.00 |
| 6537-7200 | Employee Relations-Medical Contributions | (571,589.00) | | 0.00 | (571,589.00) |
| Subtotal [1A5.15] | Health Insurance | 2,627,145.00 | | 0.00 | 2,627,145.00 |
| Subgroup : [1A6.15] | Life Insurance | | | | |
| 6530-7200 | Employee Relations-Group Life Insurance | 24,056.00 | _ | 0.00 | 24,056.00 |
| Subtotal [1A6.15] | Life Insurance | 24,056.00 | | 0.00 | 24,056.00 |
| | | | | | |

| 0.1 | Brandama | | | |
|----------------------------------|---------------------------------------------------------------------------|----------------------------------------|------------------------|--------------------------|
| Subgroup : [1A7.15] 6540-7200 | Pensions Employee Relations-Pension Plan | 1,011,091.00 | 0.00 | 1,011,091.00 |
| Subtotal [1A7.15] | Pensions | 1,011,091.00 | 0.00 | 1,011,091.00 |
| ousional [marine] | | | | ., |
| Subgroup : [1A9.10] | Other | | | |
| 6560-7200 | Employee Relations-Tuition Reimbursement | 2,500.00 | 0.00 | 2,500.00 |
| Subtotal [1A9.10] | Other | 2,500.00 | 0.00 | 2,500.00 |
| | | | | |
| Subgroup : [1C.42] | Bad Debts - SNF Only | 004 500 00 | 0.00 | 004 500 00 |
| 7110-7250 | Finance-Bad Debt Expense Bad Debts - SNF Only | <u>391,568.00</u> 391,568.00 | 0.00 | 391,568.00 391,568.00 |
| Subtotal [1C.42] | Bad Debts - SNF Only | 391,566.00 | 0.00 | 391,566.00 |
| Subgroup : [1D.42] | Accounting and Auditing | | | |
| 7005-7250 | Finance-Accounting Expense | 148,542.00 | 0.00 | 148,542.00 |
| Subtotal [1D.42] | Accounting and Auditing | 148,542.00 | 0.00 | 148,542.00 |
| | | | | |
| Subgroup : [1E.10] | Legal | | | |
| 7015-7010 | Administration-Legal Expense | 63,112.00 | 0.00 | 63,112.00 |
| 7015-7200 | Employee Relations-Legal Expense | 20,822.00 | 0.00 | 20,822.00 |
| Subtotal [1E.10] | Legal | 83,934.00 | 0.00 | 83,934.00 |
| Subgroup : [1G.10] | Office Supplies - SNF Only | | | |
| 7425-1260 | 2c - Minor Equipment | 124.00 | 0.00 | 124.00 |
| 7425-1290 | 2f - Minor Equipment | 414.00 | 0.00 | 414.00 |
| 7425-1480 | 4e - Minor Equipment | 75.00 | 0.00 | 75.00 |
| 7425-5025 | Child Care Center-Minor Equipment | 388.00 | 0.00 | 388.00 |
| 7430-1190 | 1f-Office Supplies | 1,196.00 | 0.00 | 1,196.00 |
| 7430-1240 | 2a - Office Supplies | 664.00 | 0.00 | 664.00 |
| 7430-1250 | 2b - Office Supplies | 647.00 | 0.00 | 647.00 |
| 7430-1290 | 2f - Office Supplies | 336.00 | 0.00 | 336.00 |
| 7430-1340 | 3a - Office Supplies | 336.00 | 0.00 | 336.00 |
| 7430-1360 7430-1390 | 3c - Office Supplies 3f - Office Supplies | 24.00 306.00 | 0.00 0.00 | 24.00 306.00 |
| 7430-1440 | 4a - Office Supplies | 300.00 | 0.00 | 397.00 |
| 7430-1440 | 4c - Office Supplies | 29.00 | 0.00 | 29.00 |
| 7430-1480 | 4e - Office Supplies | 23.00 | 0.00 | 23.00 |
| 7430-1490 | 4f - Office Supplies | 1,708.00 | 0.00 | 1,708.00 |
| 7430-5025 | Child Care Center-Office Supplies | 3,871.00 | 0.00 | 3,871.00 |
| 7430-5220 | Inpatient Therapy-Office Supplies | 3,858.00 | 0.00 | 3,858.00 |
| Subtotal [1G.10] | Office Supplies - SNF Only | 14,396.00 | 0.00 | 14,396.00 |
| | | | | |
| Subgroup : [1G.15] | Office Supplies - Split | | | |
| 7410-7200 | Employee Relations-Printing Expense | 174.00 | 0.00 | 174.00 |
| 7410-7275 | Health Information-Printing Expense | 402.00 | 0.00 | 402.00 |
| 7410-7400 7425-7010 | Pastoral Services-Printing Expense | 190.00 797.00 | 0.00 0.00 | 190.00 797.00 |
| 7425-7010 | Administration-Minor Equipment Administrative Services-Minor Equipment | 339.00 | 0.00 | 339.00 |
| 7430-2100 | Post-Acute/Rehab-Office Supplies | 1,661.00 | 0.00 | 1,661.00 |
| 7430-5225 | Outpatient Therapy-Office Supplies | 357.00 | 0.00 | 357.00 |
| 7430-7010 | Administration-Office Supplies | 8,811.00 | 0.00 | 8,811.00 |
| 7430-7025 | Administrative Services-Office Supplies | 959.00 | 0.00 | 959.00 |
| 7430-7050 | Admissions-Office Supplies | 2,577.00 | 0.00 | 2,577.00 |
| 7430-7080 | Clinic-Office Supplies | 2,075.00 | 0.00 | 2,075.00 |
| 7430-7150 | Dining Services-Office Supplies | 2,537.00 | 0.00 | 2,537.00 |
| 7430-7200 | Employee Relations-Office Supplies | 4,899.00 | 0.00 | 4,899.00 |
| 7430-7210 | Education-Office Supplies | 5.00 | 0.00 | 5.00 |
| 7430-7225 | Environmental Services-Office Supplies | 310.00 | 0.00 | 310.00 |
| 7430-7250 | Finance-Office Supplies Health Information-Office Supplies | 4,943.00 7,955.00 | 0.00 0.00 | 4,943.00 7,955.00 |
| 7430-7275 7430-7300 | Information Technology-Office Supplies | 206.00 | 0.00 | 206.00 |
| 7430-7350 | Nursing Support-Office Supplies | 1,876.00 | 0.00 | 1,876.00 |
| 7430-7425 | Physical Plant-Office Supplies | 1,360.00 | 0.00 | 1,360.00 |
| 7430-7450 | Purchasing-Office Supplies | 8,228.00 | 0.00 | 8,228.00 |
| 7455-7010 | Administration-Supplies Expense | 2,769.00 | 0.00 | 2,769.00 |
| 7455-7200 | Employee Relations-Supplies Expense | 213.00 | 0.00 | 213.00 |
| 7805-7010 | Administration-Equipment Rental | 5,006.00 | 0.00 | 5,006.00 |
| 7805-7300 | Information Technology-Leasing (Photocopy) Costs | 116,975.00 | 0.00 | 116,975.00 |
| 7805-7450a | Equipment lease | 0.00 | (89,181.00) | (89,181.00) |
| Subtrat - 1 14 O 1- | Office Supplies Solit | | RJE - 3003 (89,181.00) | |
| Subtotal [1G.15] | Office Supplies - Split | 175,624.00 | (89,181.00) | 86,443.00 |
| Subgroup : [1G.22] | Office Supplies - Non Reimb | | | |
| 7425-5015 | ADHC-Grasmere-Minor Equipment | 202.00 | 0.00 | 202.00 |
| 7430-2510 | Assisted Living- Office Supplies | 6,481.00 | 0.00 | 6,481.00 |
| 7430-2530 | Assisted Living -Marvin-Office Supplies | 33.00 | 0.00 | 33.00 |
| 7430-3000 | Foundation-Office Supplies | 1,791.00 | 0.00 | 1,791.00 |
| 7430-5015 | ADHC-Grasmere-Office Supplies | 3,771.00 | 0.00 | 3,771.00 |
| 7430-5030 | Senior Choice at Home-Office Supplies | 240.00 | 0.00 | 240.00 |
| 7430-5050 | Friedman Home Care-Office Supplies | 43.00 | 0.00 | 43.00 |
| 7430-5070 | Home Together - Office Supplies | 723.00 | 0.00 | 723.00 |
| 7430-5125 | Institute on Aging-Office Supplies | 28.00 | 0.00 | 28.00 |
| 7430-5150 7430-5155 | Medical Home Care-Office Supplies Hospice-Office Supplies | 15,763.00 3,195.00 | 0.00 0.00 | 15,763.00 3,195.00 |
| 7430-5155 7430-5200 | Physician Practice-Office Supplies | 3,195.00 348.00 | 0.00 | 3,195.00 |
| 7430-5200 | Work Activity Center-Office Supplies | 2,275.00 | 0.00 | 2,275.00 |
| 7430-7600 | Fitness Center-Office Supplies | 1,061.00 | 0.00 | 1,061.00 |
| | | 5,186.00 | 0.00 | 5,186.00 |
| 7805-7550 | Work Activity Center-Leasing (Photocopy) Costs | | | |

| Subtotal [1G.22] | Office Supplies - Non Reimb | 41,140.00 | 0.00 | 41,140.00 |
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| 0 | Talashana and Talasan | | | |
| Subgroup : [1H1.42] 7125-2510 | Telephone and Telegraph | 2,700.00 | 0.00 | 2,700.00 |
| 7125-2510 | Assisted Living-Telephone Physical Plant-Telephone Expense | 583.00 | 0.00 | 583.00 |
| 7295-5030 | Senior Choice at Home-Telephone Expense | 288.00 | 0.00 | 288.00 |
| 7295-5200 | Physician Practice-Telephone Expense | 4,922.00 | 0.00 | 4,922.00 |
| 7295-7010 | Administration-Telephone Expense | 549.00 | 0.00 | 549.00 |
| 7295-7300 | Information Technology-Telephone Expense | 66,494.00 | 0.00 | 66,494.00 |
| Subtotal [1H1.42] | Telephone and Telegraph | 75,536.00 | 0.00 | 75,536.00 |
| | | | | |
| Subgroup : [1H2.30] | Cellular Phones and Beepers | | | |
| 7125-2530 | Assisted Living -Marvin-Cell Phone Expense | 253.00 | 0.00 | 253.00 |
| 7125-5015 | ADHC-Grasmere-Cell Phone Expense | 879.00 | 0.00 | 879.00 |
| 7125-5025 | Child Care Center-Cell Phone Expense | 1,301.00 | 0.00 | 1,301.00 |
| 7125-5030 | Senior Choice at Home-Cell Phone Expense | 1,231.00 | 0.00 | 1,231.00 |
| 7125-5050 | Friedman Home Care-Cell Phone Expense | 24,420.00 | 0.00 | 24,420.00 |
| 7125-5070 7125-5075 | Home Together-Cell Phone Expense Elder Abuse Prevention-Cell Phone Expense | 610.00 29.00 | 0.00 0.00 | 610.00 29.00 |
| 7125-5125 | Institute on Aging-Cell Phone Expense | 1,414.00 | 0.00 | 1,414.00 |
| 7125-5150 | Medical Home Care-Cell Phone Expense | 20,606.00 | 0.00 | 20,606.00 |
| 7125-5155 | Hospice-Cell Phone Expense | 18,746.00 | 0.00 | 18,746.00 |
| 7125-5220 | Inpatient Therapy-Cell Phone Expense | 439.00 | 0.00 | 439.00 |
| 7125-7025 | Administrative Services-Cell Phone Expense | 1,218.00 | 0.00 | 1,218.00 |
| 7125-7050 | Admissions-Cell Phone Expense | 468.00 | 0.00 | 468.00 |
| 7125-7075 | Clinical Support Services-Cell Phone Expense | 113.00 | 0.00 | 113.00 |
| 7125-7200 | Employee Relations-Cell Phone Expense | 325.00 | 0.00 | 325.00 |
| 7125-7225 | Environmental Services-Cell Phone Ecpense | 439.00 | 0.00 | 439.00 |
| 7125-7300 | Information Technology-Cell Phone Expense | 764.00 | 0.00 | 764.00 |
| 7125-7350 | Nursing Support-Cell Phone Expense | 14,334.00 | 0.00 | 14,334.00 |
| 7125-7500 | Security-Cell Phone Expense | 439.00 | 0.00 | 439.00 |
| 7125-7525 | Therapeutic Recreation - Cell Phone Expense | 113.00 | 0.00 | 113.00 |
| 7125-7600 | Fitness Center-Cell Phone Expense | 650.00 | 0.00 | 650.00 |
| Subtotal [1H2.30] | Cellular Phones and Beepers | 88,791.00 | 0.00 | 88,791.00 |
| Subgroup : [1K3.03] | Resident Day User Fee - SNF Only | | | |
| 7150-7010 | Administration-Nursing Home User Tax | 1,340,109.00 | 0.00 | 1,340,109.00 |
| Subtotal [1K3.03] | Resident Day User Fee - SNF Only | 1,340,109.00 | 0.00 | 1,340,109.00 |
| • • • • • | | | | |
| Total [15] | Expenditures Other than Salaries | 9,335,394.00 | (89,181.00) | 9,246,213.00 |
| | | | | |
| Group : [16] | Expenditures Other than Salaries (cont'd) - Admin. and General | | | |
| | | | | |
| Subgroup : [3] | Gifts to Staff and Residents | | | |
| Subgroup : [3] 7130-7200 | Gifts to Staff and Residents Employee Relations-Employee Relations | 118,560.00 | 0.00 | 118,560.00 |
| | | 118,560.00 118,560.00 | 0.00 | 118,560.00 118,560.00 |
| 7130-7200 Subtotal [3] | Employee Relations-Employee Relations Gifts to Staff and Residents | | | |
| 7130-7200 Subtotal [3] Subgroup : [4.10] | Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only | 118,560.00 | 0.00 | 118,560.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 | Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense | 118,560.00 | 0.00 | 118,560.00 183.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 | Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense | 118,560.00 183.00 1,908.00 | 0.00 | 118,560.00 183.00 1,908.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 | 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 | 118,560.00 183.00 1,908.00 (153.00) | 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 | Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense | 118,560.00 183.00 1,908.00 | 0.00 | 118,560.00 183.00 1,908.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] | 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 | 118,560.00 183.00 1,908.00 (153.00) | 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] | 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 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 | 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] | 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 | 118,560.00 183.00 1,908.00 (153.00) | 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 | 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 ADHC-Grasmere-Travel Expense | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 | 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 | 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5050 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5030 7550-5075 7550-5075 7550-5150 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Medical Home Care-Travel Expense | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5070 7550-5070 7550-5150 7550-5150 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Hodical Home Care-Travel Expense Hodical Home Care-Travel Expense Hospice-Travel Expense | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5030 7550-5075 7550-5075 7550-5150 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Medical Home Care-Travel Expense | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7825 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5030 7550-5075 7550-5150 7550-5155 Subtotal [4.15] | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Hedical Home Care-Travel Expense Hospice-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5070 7550-5075 7550-5150 7550-5150 7550-5155 Subtotal [4.15] Subgroup : [4.42] | 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 - SNF Only Employee Travel - SNF Only Employee Travel - Non Reimbursible ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Home Care-Travel Expense Medical Home Care-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5070 7550-5070 7550-5150 7550-5150 7550-5150 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7505-7010 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Elder Abuse Prevention-Travel Expense Hospice-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 26,573.00 4,839.00 68,565.00 1,146.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7825 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5070 7550-5070 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7010 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Hospice-Travel Expense Benjoyee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 | 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 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5075 7550-5075 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7200 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Medical Home Care-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Administration-Business Meals Administration-Travel Expense Employee Relations-Travel Expense | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5070 7550-5070 7550-5070 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7010 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Hospice-Travel Expense Benjoyee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 | 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 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5075 7550-5075 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7200 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Medical Home Care-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Administration-Business Meals Administration-Travel Expense Employee Relations-Travel Expense | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7325 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5070 7550-5070 7550-5150 7550-5150 7550-5150 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7010 7550-7200 Subtotal [4.42] | Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Employee Travel - Non Reimbursible ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Hospice-Travel Expense Berployee Travel - Non Reimbursible Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel Expense Employee Travel Expense Employee Travel Expense Employee Travel - All Programs Administration-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Travel - All Programs | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7825 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5070 7550-5070 7550-5075 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7550-7010 7550-7200 Subtotal [4.42] Subgroup : [5.10] | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - NI Programs Administration-Business Meals Administration-Travel Expense Employee Relations-Travel Expense Employee Travel - All Programs Education Expense - SNF Only | 118,560.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 | 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 4,839.00 1,146.00 795.00 25.00 1,966.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5070 7550-5070 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7550-7010 7550-7010 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-5025 7520-7010 7520-7010 7520-7010 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Senior Choice at Home-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - All Programs Administration-Travel Expense Employee Travel - All Programs Education Travel Expense Employee Travel - All Programs | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,180.00 1,545.00 9,218.00 | 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,190.00 33,080.00 2,191.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,180.00 1,545.00 9,218.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7350 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5075 7550-5075 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7550-7010 7550-7100 7550-7100 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-5025 7520-7200 7520-7200 7520-7200 7520-7200 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Elder Abuse Prevention-Travel Expense Hospice-Travel Expense Benjoyee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - All Programs Administration-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Education/Inservice Expense Administration-Education/Inservice Expense Employee Relations-Education/Inservice Expense Education-Education/Inservice Expense | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,180.00 1,545.00 9,218.00 54,734.00 | 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 |
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| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5070 7550-5070 7550-5150 7550-5150 7550-5150 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-7200 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Home Together-Travel Expense Edical Home Care-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Administration-Business Meals Administration-Travel Expense Employee Relations-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - All Programs Administration-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Administration-Seminars/Conferences | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 | 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,063.00 1,698.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7825 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5070 7550-5070 7550-5070 7550-5075 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7535-7010 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Home Together-Travel Expense Employee Travel - Non Reimbursible Administration-Business Meals Administration-Travel Expense Employee Relations-Travel Expense Administration-Education/Inservice Expense Administration-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Administration-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Administration-Education/Inservice Expense Employee Relation-Education/Inservice Expense Administration-Education/Inservice Expense Pastoral Services-Seminars/Conferences | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25,00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 100.00 | 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 100.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5070 7550-5070 7550-5150 7550-5150 7550-5150 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-7200 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Home Together-Travel Expense Edical Home Care-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Administration-Business Meals Administration-Travel Expense Employee Relations-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - All Programs Administration-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Administration-Seminars/Conferences | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 | 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,063.00 1,698.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5075 7550-5150 7550-5150 7550-5150 7550-5150 7550-5150 7550-5150 7550-5150 7550-5150 7550-5150 7550-5150 7550-5150 7550-7100 7550-7010 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-7200 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535-7010 7535- | Employee Relations-Employee Relations Gifts to Staff and Residents Employee Travel - SNF Only Nursing Support-Travel Expense Pastoral Services-Travel Expense Employee Travel - SNF Only Employee Travel - SNF Only Employee Travel - Non Reimbursible ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - All Programs Administration-Travel Expense Employee Relations-Travel Expense Employee Relations-Education/Inservice Expense Administration-Education/Inservice Expense Administration-Education/Inservice Expense Administration-Seminars/Conferences Pastoral Services-Seminars/Conferences | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25,00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 100.00 | 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 100.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5070 7550-5070 7550-5070 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7550-7010 7550-7010 7550-7010 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-7210 7520-7210 7520-7210 7520-7210 7535-710 7535-7400 Subtotal [5.10] Subgroup : [5.22] | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Home Together-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Administration-Education/Inservice Expense Education-Education/Inservice Expense Administration-Education/Inservice Expense Administration-Seminars/Conferences Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 100.00 87,558.00 | 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,545.00 9,218.00 9,218.00 9,218.00 19,083.00 1,698.00 100.00 87,558.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7825 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5070 7550-5075 7550-5075 7550-5075 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7210 7520-7200 7535-7400 Subtotal [5.10] Subgroup : [5.22] 7520-5200 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Medical Home Care-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Administration-Education/Inservice Expense Administration-Education/Inservice Expense Employee Relations-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Administration-Seminars/Conferences Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences Education Expense - SNF Only Education Expense - SNF Only | 118,560.00 198.00 (153.00) 1,938.00 2,190.00 33,080.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25,00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 100.00 87,558.00 1,000.00 | 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,146.00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 100.00 87,558.00 1,000.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5015 7550-5070 7550-5070 7550-5070 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7550-7010 7550-7010 7550-7010 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-7210 7520-7210 7520-7210 7520-7210 7535-710 7535-7400 Subtotal [5.10] Subgroup : [5.22] | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Home Together-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Administration-Education/Inservice Expense Education-Education/Inservice Expense Administration-Education/Inservice Expense Administration-Seminars/Conferences Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 100.00 87,558.00 | 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,545.00 9,218.00 9,218.00 9,218.00 19,083.00 1,698.00 100.00 87,558.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5075 7550-5150 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7010 7550-7010 7550-7010 7550-7010 7520-700 Subtotal [4.42] Subgroup : [5.10] 7520-7010 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7535-7400 Subtotal [5.10] Subgroup : [5.22] 7520-5025 7520-7210 | 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 - NOR Reimbursible ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Senior Choice at Home-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Bedjcal Home Care-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - All Programs Administration-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Travel - All Programs Education Expense - SNF Only Child Care Center-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Education Expense - SNF Only Child Care Center-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences Education Expense - Non Reimbursible Physician Practice-Education/Inservice Expense Administration-Seminars/Conferences | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4.839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,688.00 100.00 87,558.00 1,000.00 1,000.00 | 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,545.00 9,218.00 54,734.00 1,545.00 9,218.00 54,734.00 1,698.00 1,698.00 1,698.00 1,000.00 1,058.00 1,000.00 1,058.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5070 7550-5070 7550-5070 7550-5150 7550-5150 Subtotal [4.15] Subgroup : [4.42] 750-7010 7550-7010 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-7200 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7520-7210 7535-7400 Subtotal [5.10] Subgroup : [5.22] 7520-5205 7535-5015 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Home Together-Travel Expense Edical Home Care-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Administration-Business Meals Administration-Business Meals Administration-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Travel - All Programs Education Expense - SNF Only Child Care Center-Education/Inservice Expense Employee Relations-Education/Inservice Expense Employee Relations-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Education Expense - SNF Only Child Care Center-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Education Expense - SNF Only Education Expense - SNF Only Educatio | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,968.00 1,983.00 1,983.00 1,983.00 1,698.00 1,000.00 1,000.00 1,000.00 1,000.00 1,000.00 1,000.00 | 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 2,190.00 2,190.00 2,111.00 700.00 2,5,73.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,966.00 1,966.00 1,968.00 1,088.00 100.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1,058.00 1 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5070 7550-5070 7550-5070 7550-5070 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7505-7010 7550-7010 7550-7010 7550-7010 7550-7010 7550-7010 7550-7010 7550-7010 7550-7010 7550-7010 7550-7010 7550-7010 7520-7020 Subtotal [4.42] Subgroup : [5.10] 7520-7200 7535-7010 7535-7100 7535-7100 Subtotal [5.10] Subgroup : [5.22] 7520-5250 7535-2510 7535-2515 7535-5015 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Senior Choice at Home-Travel Expense Friedman Home Care-Travel Expense Elder Abuse Prevention-Travel Expense Home Together-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - All Programs Administration-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Employee Relations-Travel Expense Education Expense - SNF Only Child Care Center-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Education-Education/Inservice Expense Administration-Seminars/Conferences Pastoral Services-Seminars/Conferences Pastoral Services-Seminars/Conferences Assisted Living-Seminars/Conferences Assisted Living-Seminars/Conferences Senior Choice at Home-Seminars/Conferences | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25,00 1,966.00 1,545.00 9,218.00 54,734.00 19,083.00 1.688.00 100.00 87,558.00 1,000.00 25,9.00 | 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 3,080.00 2,111.00 700.00 2,5,573.00 4,839.00 68,565.00 1,146.00 795.00 2,500 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 100.00 87,558.00 1,000.00 1,058.00 1,005.00 259.00 |
| 7130-7200 Subtotal [3] Subgroup : [4.10] 7550-7350 7550-7400 7550-7525 Subtotal [4.10] Subgroup : [4.15] 7550-5015 7550-5030 7550-5075 7550-5075 7550-5155 Subtotal [4.15] Subgroup : [4.42] 7505-710 7550-710 7550-7200 Subtotal [4.42] Subgroup : [5.10] 7520-7200 Subtotal [4.42] Subgroup : [5.10] 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7520-7200 7535-7400 Subtotal [5.10] Subgroup : [5.22] 7520-5200 7535-5015 7535-5030 7535-5050 | 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 ADHC-Grasmere-Travel Expense Senior Choice at Home-Travel Expense Senior Choice at Home-Travel Expense Home Together-Travel Expense Eider Abuse Prevention-Travel Expense Home Together-Travel Expense Home Together-Travel Expense Home Care-Travel Expense Home Together-Travel Expense Home Care-Travel Expense Hospice-Travel Expense Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Travel - Non Reimbursible Employee Relations-Travel Expense Employee Relations-Clucation/Inservice Expense Education-Education/Inservice Expense Education-Seminars/Conferences Administration-Seminars/Conferences Abl-C-Grasmere-Seminars/Conferences Friedman Home Care-Seminars/Conferences | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 2,190.00 33,080.00 2,190.00 33,080.00 2,111.00 700.00 25,573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,698.00 100.00 87,558.00 1,000.00 1,058.00 50.00 25.00 1,090.00 | 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 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 118,560.00 183.00 1,908.00 (153.00) 1,938.00 72.00 2,190.00 33,080.00 2,111.00 2,00.00 2,5573.00 4,839.00 68,565.00 1,146.00 795.00 25.00 1,966.00 1,180.00 1,545.00 9,218.00 54,734.00 19,083.00 1,686.00 100.00 1,558.00 1,000.00 1,058.00 1,000.00 1,058.00 1,000.00 1,058.00 |

| Subtotal [5.22] | Education Expense - Non Reimbursible | 3,322.00 | - | 0.00 | 3,322.00 |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------|------------------|---------------------|
| Subgroup : [6.10] | Automobile Expense - SNF | | | | |
| 7205-7425 | Physical Plant-Auto Maintenance & Repairs | 22,784.00 | | 0.00 | 22,784.00 |
| Subtotal [6.10] | Automobile Expense - SNF | 22,784.00 | - | 0.00 | 22,784.00 |
| 0 | A describely with the Missiand | | | | |
| Subgroup : [M1.15] 7105-7200 | Advertising Help Wanted Employee Relations-Advertising - Classified | 17,295.00 | | 0.00 | 17,295.00 |
| Subtotal [M1.15] | Advertising Help Wanted | 17,295.00 | - | 0.00 | 17,295.00 |
| | | | - | | |
| Subgroup : [M3.22] 7100-5030 | Advertising Other - Non Reimb Senior Choice at Home-Marketing | 39,348.00 | | 0.00 | 39,348.00 |
| 7100-3030 | Fitness Center - Marketing | 7,991.00 | | 0.00 | 7,991.00 |
| 7105-5015 | ADHC-Grasmere-Advertising - Classified | 473.00 | | 0.00 | 473.00 |
| 7105-5050 | Friedman Home Care-Advertising - Classi | 3,116.00 | | 0.00 | 3,116.00 |
| 7107-5030 7140-5050 | Senior Choice at Home-Direct Mail Friedman Home Care-Marketing Supplies | 6,742.00 128.00 | | 0.00 0.00 | 6,742.00 128.00 |
| 7140-5070 | Home Together - Marketing Supplies | 3,232.00 | | 0.00 | 3,232.00 |
| 7140-5075 | Elder Abuse Prevention-Marketing Supplies | 1,266.00 | | 0.00 | 1,266.00 |
| 7140-5150 | Medical Home Care-Marketing Supplies | 143.00 | | 0.00 0.00 | 143.00 335.00 |
| 7140-5155 7141-5015 | Hospice-Marketing Supplies ADHC-Grasmere-EML-Marketing Supp | 335.00 150.00 | | 0.00 | 150.00 |
| Subtotal [M3.22] | Advertising Other - Non Reimb | 62,924.00 | - | 0.00 | 62,924.00 |
| | | | | | |
| Subgroup : [M3.42] 7105-7100 | Advertising Other Marketing-Advertising - Classified | 16,174.00 | | 0.00 | 16,174.00 |
| 7140-7010 | Administration-Marketing Supplies | 420.00 | | 0.00 | 420.00 |
| 7140-7200 | Employee Relations-Marketing Supplies | 249.00 | | 0.00 | 249.00 |
| 7410-7100 | Marketing-Graphic Des/Printing Expense | 40,839.00 | | 0.00 | 40,839.00 |
| 7620-7100 7620-7300 | Marketing-Website Maintenance Information Technology-Website Maintenance | 875.00 3.674.00 | | 0.00 0.00 | 875.00 3.674.00 |
| Subtotal [M3.42] | Advertising Other | 62,231.00 | - | 0.00 | 62,231.00 |
| | | | - | | |
| Subgroup : [M4] 7133-3000 | Fund Raising Foundation-Donor Recognition | 1,663.00 | | 0.00 | 1,663.00 |
| 7134-3000 | Foundation-Special Events | 46.00 | | 0.00 | 46.00 |
| Subtotal [M4] | Fund Raising | 1,709.00 | - | 0.00 | 1,709.00 |
| Subgroup : [M6.03] | Barber and Beauty Supplies - SNF | | | | |
| 6212-7525 | Therapeutic Recreation-Salary-Beauty Salon | 5,540.00 | | 0.00 | 5,540.00 |
| 7452-7525 | Therapeutic Recreation-Beauty Salon Supplies | 1,469.00 | - | 0.00 | 1,469.00 |
| Subtotal [M6.03] | Barber and Beauty Supplies - SNF | 7,009.00 | - | 0.00 | 7,009.00 |
| Subgroup : [M7.10] | Postage | | | | |
| 7445-5025 | Child Care Center-Postage | 83.00 | | 0.00 | 83.00 |
| 7445-7010 7445-7200 | Administration-Postage | 25,799.00 | | 0.00 0.00 | 25,799.00 |
| 7445-7200 | Employee Relations-Postage Purchasing-Postage | 29.00 57.00 | | 0.00 | 29.00 57.00 |
| Subtotal [M7.10] | Postage | 25,968.00 | - | 0.00 | 25,968.00 |
| O., h | Destant New Delayh | | | | |
| Subgroup : [M7.22] 7445-5030 | Postage - Non Reimb Senior Choice at Home-Postage | 63.00 | | 0.00 | 63.00 |
| 7445-7550 | Work Activity Center-Postage | 239.00 | | 0.00 | 239.00 |
| Subtotal [M7.22] | Postage - Non Reimb | 302.00 | - | 0.00 | 302.00 |
| Subgroup : [M8.10] | Dues and Membership Fees to Professional Associations - Accum Cost | | | | |
| 7510-7010 | Administration-CALTC Expense | 1,000.00 | | 0.00 | 1,000.00 |
| 7515-7010 | Administration-Dues | 40,948.00 | | (240.00) | 40,708.00 |
| 7515-7400 | Pastoral Services-Dues | 900.00 | RJE - 3006 | (240.00) 0.00 | 900.00 |
| Subtotal [M8.10] | Dues and Membership Fees to Professional Associations - Accum Cost | 42,848.00 | - | (240.00) | 42,608.00 |
| | Burn and Manchardela Francis Francisco de la construcción de la const | · | - | · · | · |
| Subgroup : [M8.22] 7515-2510 | Dues and Membership Fees to Professional Associations - Non Reimb Assisted Living-Dues | 1,344.00 | | 0.00 | 1,344.00 |
| 7515-5015 | ADHC-Grasmere-Dues | 1,200.00 | | 0.00 | 1,200.00 |
| 7515-5150 | Medical Home Care-Dues | 7,089.00 | - | 0.00 | 7,089.00 |
| Subtotal [M8.22] | Dues and Membership Fees to Professional Associations - Non Reimb | 9,633.00 | - | 0.00 | 9,633.00 |
| Subgroup : [M9.10] | Subscriptions - SNF Only | | | | |
| 7525-5025 | Child Care Center-Licenses/Permits | 880.00 | | 0.00 | 880.00 |
| 7525-7010 | Administration-Licenses/Permits | 11,484.00 | | 0.00 | 11,484.00 |
| 7525-7150 7525-7425 | Dining Services-Licenses/Permits Physical Plant-Licenses/Permits | 2,530.00 767.00 | | 0.00 0.00 | 2,530.00 767.00 |
| 7540-5025 | Child Care Center-Subscriptions | 1,469.00 | | 0.00 | 1,469.00 |
| 7540-7010 | Administration-Subscriptions | 5,428.00 | | 0.00 | 5,428.00 |
| 7540-7150 7540-7450 | Dining Services-Subscriptions Purchasing-Subscriptions | 64.00 | | 0.00 | 64.00 |
| 7540-7450 Subtotal [M9.10] | Purchasing-Subscriptions Subscriptions - SNF Only | 499.00 23,121.00 | - | 0.00 | 499.00 23,121.00 |
| | | | - | | |
| Subgroup : [M9.22] 7525-5050 | Subscriptions - Non Reimb Friedman Home Care-Licenses/Permits | 375.00 | | 0.00 | 375.00 |
| 7525-5050 | Medical Home Care-Licenses/Permits | 375.00 180.00 | | 0.00 | 180.00 |
| 7525-5155 | Hospice-Licenses/Permits | 145.00 | | 0.00 | 145.00 |
| 7525-7550 | Work Activity Center-Licenses/Permits | 452.00 | | 0.00 | 452.00 |
| 7525-7600 7540-5015 | Fitness Center-Licenses/Permits ADHC-Grasmere-Subscriptions | 1,551.00 350.00 | | 0.00 0.00 | 1,551.00 350.00 |
| 7540-5015 | Medical Home Care-Subscriptions | 6,526.00 | | 0.00 | 6,526.00 |
| | | -, | | | ., |

| 7540-5155 Subtotal [M9.22] | Hospice-Subscriptions | 316.00 9,895.00 | | 0.00 | 316.00 9,895.00 |
|-------------------------------|-------------------------------------------------------------------------------------|------------------------|------------|-------------------|------------------------|
| Subtotal [M9.22] | Subscriptions - Non Reimb | 9,095.00 | | 0.00 | 9,095.00 |
| Subgroup : [M11.10] | Services Provided by Contract - SNF Only | | | | |
| 7010-7250 | Finance-Consulting | 2,043.00 | | 0.00 | 2,043.00 |
| 7030-7200 | Employee Relations-Payroll Processing | 17,936.00 | | 0.00 | 17,936.00 |
| 7035-7010 | Administration-Purchased Services | 54,195.00 | | 0.00 | 54,195.00 |
| Subtotal [M11.10] | Services Provided by Contract - SNF Only | 74,174.00 | | 0.00 | 74,174.00 |
| Subgroup : [M11.22] | Services Provided by Contract - Non Reimb | | | | |
| 7035-5070 | Home Together - Purchased Services | 1,076,416.00 | | 0.00 | 1,076,416.00 |
| 7035-5150 | Medical Home Care-Purchased Services | 43,496.00 | | 0.00 | 43,496.00 |
| 7035-7600 | Fitness Center - Purchased Services | 86,648.00 | | 0.00 | 86,648.00 |
| Subtotal [M11.22] | Services Provided by Contract - Non Reimb | 1,206,560.00 | | 0.00 | 1,206,560.00 |
| | | | | | |
| Subgroup : [M13.22] | Other - Non Reimb | 40,500,00 | | 0.00 | 40 500 00 |
| 7010-5030 7010-5125 | Senior Choice at Home-Consulting Services Institute on Aging-Consulting Services | 13,500.00 34,310.00 | | 0.00 0.00 | 13,500.00 34,310.00 |
| 7035-2510 | Assisted Living-Purchased Services | 932.00 | | 0.00 | 932.00 |
| 7035-5030 | Senior Choice at Home-Purchased Services | 1,960,799.00 | | 0.00 | 1,960,799.00 |
| 7110-3000 | Foundation-Bad Debt Expense | 65,544.00 | | 0.00 | 65,544.00 |
| 7110-5050 | Friedman Home Care-Bad Debt Expense | 6,290.00 | | 0.00 | 6,290.00 |
| 7110-5150 | Medical Home Care-Bad Debt Expense | 32,930.00 | | 0.00 | 32,930.00 |
| 7110-5155 | Hospice-Bad Debt Expense | 3,550.00 | | 0.00 | 3,550.00 |
| 7136-3000 | Foundation-Contribution Expense | 11,133.00 | | 0.00 | 11,133.00 |
| 7145-5015 | ADHC-Grasmere-Miscellaneous Expen | 15.00 | | 0.00 | 15.00 |
| 7245-7600 | Fitness Center - Facilities Maintenance/Contracts | 227.00 | | 0.00 | 227.00 |
| 7246-7600 | Fitness Center - Equipment Maintenance/Contracts | 2,866.00 | | 0.00 | 2,866.00 |
| 7247-7600 | Fitness Center - Pool Maintenance | 21,782.00 | | 0.00 | 21,782.00 |
| 7271-7600 7273-7600 | Fitness Center - Equipment Repairs | 4,122.00 6,049.00 | | 0.00 0.00 | 4,122.00 |
| 7410-3000 | Fitness Center - Facilities Parts Foundation-Printing Expense | 14,818.00 | | 0.00 | 6,049.00 14,818.00 |
| 7410-5150 | Medical Home Care-Printing Expense | 724.00 | | 0.00 | 724.00 |
| 7425-7600 | Fitness Center - Small Equipment | 8,930.00 | | 0.00 | 8,930.00 |
| 7437-7600 | Fitness Center-Pool Supplies | 5,622.00 | | 0.00 | 5,622.00 |
| 7455-7550 | Work Activity Center-Supplies Expense | 1,788.00 | | 0.00 | 1,788.00 |
| 7455-7600 | Fitness Center - Amenities Supplies | 3,764.00 | | 0.00 | 3,764.00 |
| 7530-5030 | Senior Choice at Home-Meeting Expense | 6,439.00 | | 0.00 | 6,439.00 |
| 7615-3000 | Foundation-Software | 20,186.00 | | 0.00 | 20,186.00 |
| 7615-5015 | ADHC-Grasmere-Software | 4,125.00 | | 0.00 | 4,125.00 |
| 7615-5030 | Senior Choice at Home-Software | 23.00 | | 0.00 | 23.00 |
| 7615-5050 | Friedman Home Care-Software | 19,468.00 | | 0.00 | 19,468.00 |
| 7615-5070 7615-5150 | Home Together-Software Medical Home Care-Software | 8,064.00 24,752.00 | | 0.00 0.00 | 8,064.00 24,752.00 |
| 7615-5155 | Hospice-Software | 17,683.00 | | 0.00 | 17,683.00 |
| 7615-7600 | Fitness Center - Software | 5,038.00 | | 0.00 | 5,038.00 |
| 7620-7600 | Fitness Center - Website Maintenance | 3,802.00 | | 0.00 | 3,802.00 |
| 8051-3000 | Foundation-Annuity Interest Expense-Unrestricted | 6,973.00 | | 0.00 | 6,973.00 |
| Subtotal [M13.22] | Other - Non Reimb | 2,316,248.00 | | 0.00 | 2,316,248.00 |
| | | | | | |
| Subgroup : [M13.25] | Other - Accum Costs | | | | |
| 6545-7200 | Employee Relations-Pre-Employment Screening | 47,532.00 | | 0.00 | 47,532.00 |
| 7010-7010 | Administration-Consulting Services | 100,249.00 | | 0.00 | 100,249.00 |
| 7010-7200 | Employee Relations-Consulting Services | 94,745.00 | | 0.00 | 94,745.00 |
| 7040-7200 7045-7300 | Employee Relations-Recruitment Fees Information Technology-Support Expense | 9,908.00 173.474.00 | | 0.00 0.00 | 9,908.00 173,474.00 |
| 7115-7250 | Finance-Bank/Credit Card Fees | 245,992.00 | | 0.00 | 245,992.00 |
| 7145-7010 | Administration-Miscellaneous Expense | 397.694.00 | | 0.00 | 397,694.00 |
| 7515-7010.1 | License Fee | 0.00 | | 240.00 | 240.00 |
| | | | RJE - 3006 | 240.00 | |
| 7605-7300 | Information Technology-Hardware | 43,531.00 | | 0.00 | 43,531.00 |
| 7610-7300 | Information Technology-Network Expense | 79,121.00 | | 0.00 | 79,121.00 |
| 7615-5220 | Inpatient Therapy-Software | 6,639.00 | | 0.00 | 6,639.00 |
| 7615-7050 | Admissions-Software | 7,124.00 | | 0.00 | 7,124.00 |
| 7615-7200 | Employee Relations-Software | 24,017.00 | | 0.00 | 24,017.00 |
| 7615-7250 | Finance-Software | 8,051.00 | | 0.00 | 8,051.00 |
| 7615-7300 | Information Technology-Software Directors and Officers Insurance | 198,393.00 | | 0.00 70,960.00 | 198,393.00 |
| 7705-7010A | Directors and Onicers insurance | 0.00 | RJE - 3004 | 70,960.00 | 70,960.00 |
| Subtotal [M13.25] | Other - Accum Costs | 1,436,470.00 | 102 - 0004 | 71,200.00 | 1,507,670.00 |
| Total [16] | Expenditures Other than Salaries (cont'd) - Admin. and General | 5,601,080.00 | | 70,960.00 | 5,672,040.00 |
| | | | | | |
| Group : [18] | Dietary Basis for Allocation of Costs | | | | |
| Subgroup : [2A1.03] | Raw Food - Meals | | | | 44.005.00 |
| 7085-1190 | 1f-Food Expense | 11,065.00 | | 0.00 | 11,065.00 |
| 7085-1240 7085-1250 | 2a - Food Expense 2b - Food Expense | 10,992.00 4,489.00 | | 0.00 0.00 | 10,992.00 4,489.00 |
| 7085-1260 | 2c - Food Expense | 4,489.00 | | 0.00 | 4,489.00 |
| 7085-1270 | 2d - Food Expense | 10,235.00 | | 0.00 | 10,235.00 |
| 7085-1280 | 2e - Food Expense | 10,698.00 | | 0.00 | 10,698.00 |
| 7085-1290 | 2f - Food Expense | 10,656.00 | | 0.00 | 10,656.00 |
| 7085-1340 | 3a - Food Expense | 10,797.00 | | 0.00 | 10,797.00 |
| 7085-1350 | 3b - Food Expense | 10,861.00 | | 0.00 | 10,861.00 |
| 7085-1360 | 3c - Food Expense | 10,977.00 | | 0.00 | 10,977.00 |
| 7085-1370 | 3d - Food Expense | 10,028.00 | | 0.00 | 10,028.00 |
| | | | | | |

| 7085-1380 | 3e - Food Expense | 10,295.00 | 0.00 | 10,295.00 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| | | 10,989.00 | 0.00 | 10,989.00 |
| 7085-1390 | 3f - Food Expense | | | |
| 7085-1440 | 4a - Food Expense | 10,546.00 | 0.00 | 10,546.00 |
| 7085-1450 | 4b - Food Expense | 9,839.00 | 0.00 | 9,839.00 |
| 7085-1460 | 4c - Food Expense | 10,196.00 | 0.00 | 10,196.00 |
| 7085-1470 | 4d - Food Expense | 10,332.00 | 0.00 | 10,332.00 |
| 7085-1480 | 4e - Food Expense | 10,466.00 | 0.00 | 10,466.00 |
| 7085-1490 | 4f - Food Expense | 8,403.00 | 0.00 | 8,403.00 |
| 7085-2100 | Post-Acute/Rehab-Food Expense | 21,334.00 | 0.00 | 21,334.00 |
| 7085-2510 | Assisted Living-Food Expense | 13,118.00 | 0.00 | 13,118.00 |
| 7085-2520 | Assisted Living/Memory Care-Food Expense | 11,024.00 | 0.00 | 11,024.00 |
| 7085-5015 | ADHC-Grasmere-Food Expense | 28,508.00 | 0.00 | 28,508.00 |
| 7085-5025 | Child Care Center-Food Expense | 2,945.00 | 0.00 | 2,945.00 |
| 7085-7010 | Administration-Food Expense | 56,261.00 | 0.00 | 56,261.00 |
| 7085-7150 | Dining Services -Food Expense | (270,395.00) | 0.00 | (270,395.00) |
| 7085-7200 | Employee Relations-Food Expense | 212.00 | 0.00 | 212.00 |
| 7085-7400 | Pastoral Services-Food Expense | 1,864.00 | 0.00 | 1,864.00 |
| Subtotal [2A1.03] | Raw Food - Meals | 58,447.00 | 0.00 | 58,447.00 |
| | | | | |
| Subgroup : [2A1.22] | Raw Food - Non Reimb | | | |
| 7085-3000 | Foundation-Food Expense | 2,152.00 | 0.00 | 2,152.00 |
| 7085-5030 | Senior Choice at Home-Food Expense | 506.00 | 0.00 | 506.00 |
| 7085-5155 | Hospice-Food Expense | 18.00 | 0.00 | 18.00 |
| 7085-5200 | Physician Practice-Food Expense | 10.00 | 0.00 | 10.00 |
| 7088-7600 | Fitness Center - Juice Bar | 6,310.00 | 0.00 | 6,310.00 |
| Subtotal [2A1.22] | Raw Food - Non Reimb | 8,996.00 | 0.00 | 8,996.00 |
| | | | | |
| Subgroup : [2A2.03] | Non-Food Supplies | | | |
| 7425-7150 | Dining Services-Minor Equipment | 1,585.00 | 0.00 | 1,585.00 |
| | | | | |
| 7455-7150 | Dining Services-Supplies Expense | 15,481.00 | 0.00 | 15,481.00 |
| Subtotal [2A2.03] | Non-Food Supplies | 17,066.00 | 0.00 | 17,066.00 |
| | | | | |
| Subgroup : [2B.03] | Purchased Services - Meals | | | |
| 7010-7150 | Dining Services-Consulting Service | 44,999.00 | 0.00 | 44,999.00 |
| 7011-7150 | Dining Services-Consulting Service-Morrison | 781,925.00 | 0.00 | 781,925.00 |
| 7035-7150 | Dining Services-Purchased Services | 8,044.00 | 0.00 | 8,044.00 |
| 7086-7150 | Dining Services-Food Expense-Morrison | 1,460,944.00 | 0.00 | 1,460,944.00 |
| 7457-7150 | Dining Services-Supplies Expense-Morrison | 157,275.00 | 0.00 | 157,275.00 |
| 7459-7150 | Dining Services-Direct Expenses-Morrison | 158,886.00 | 0.00 | 158,886.00 |
| Subtotal [2B.03] | Purchased Services - Meals | 2,612,073.00 | 0.00 | 2,612,073.00 |
| | | | | |
| Subgroup : [2D.03] | Other - Meals | | | |
| 7020-7150 | Dining Services -Management Fee-Morrison | 135,671.00 | 0.00 | 135,671.00 |
| | | | 0.00 | |
| Subtotal [2D.03] | Other - Meals | 135,671.00 | 0.00 | 135,671.00 |
| Subtotal [2D.03] | Other - Meals | | | 135,671.00 |
| Subtotal [2D.03] Total [18] | Other - Meals Dietary Basis for Allocation of Costs | | | 135,671.00 |
| | | 135,671.00 | 0.00 | |
| Total [18] | Dietary Basis for Allocation of Costs | 135,671.00 | 0.00 | |
| Total [18] Group : [19] | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs | 135,671.00 | 0.00 | |
| Total [18] Group : [19] Subgroup : [3A1.10] | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed | <u>135,671.00</u> 2,832,253.00 | 0.00 | 2,832,253.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding | 135,671.00 2,832,253.00 13,802.00 | 0.00 | 2,832,253.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed | <u>135,671.00</u> 2,832,253.00 | 0.00 | 2,832,253.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed | 135,671.00 2,832,253.00 13,802.00 | 0.00 | 2,832,253.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens | 135,671.00 2,832,253.00 13,802.00 13,802.00 | 0.00 0.00 0.00 0.00 | 2,832,253.00 13,802.00 13,802.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 | 0.00 0.00 0.00 0.00 | 2,832,253.00 13,802.00 13,802.00 6,073.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 7455-7325 | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 | 0.00 0.00 0.00 0.00 0.00 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 | 0.00 0.00 0.00 0.00 | 2,832,253.00 13,802.00 13,802.00 6,073.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 7455-7325 Subtotal [3A4.10] | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 | 0.00 0.00 0.00 0.00 0.00 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 7455-7325 Subtotal [3A4.10] Subgroup : [3B.10] | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 7455-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 7455-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 7455-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] | Dietary Basis for Allocation of Costs Bad Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] 270-7325 7455-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] | Dietary Basis for Allocation of Costs Bad Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A.10] 7270-7325 Subtotal [3A1.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] 270-7325 7455-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 | Dietary Basis for Allocation of Costs Laundry-Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] 7270-7325 7455-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 7455-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Aundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Oirect Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Costs In-House Care Supplies - Non Reimb | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 137,890.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 7455-7325 Subtotal [3A4.10] 7011-7325 7459-7325 Subtotal [3B.10] 7011-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 9,786.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 9,786.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Oirect Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Costs In-House Care Supplies - Non Reimb | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 137,890.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A.10] 7270-7325 Subtotal [3A1.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 9,786.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 9,786.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] Subgroup : [4A1.02] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expenses Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 137,890.00 9,786.00 9,786.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 9,786.00 9,786.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] 270-7325 Subtotal [3A4.10] 7270-7325 Subtotal [3A4.10] 7011-7325 7459-7325 Subtotal [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] Subgroup : [4A1.02] 7210-7225 | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Cuther Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb In-House Care Supplies - Non Reimb | 135,671.00 2,832,253.00 13,802.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 9,786.00 9,786.00 26,352.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 9,786.00 9,786.00 9,786.00 26,352.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] Subgroup : [4A1.02] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expenses Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 137,890.00 9,786.00 9,786.00 9,786.00 9,786.00 9,786.00 8,342.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 9,786.00 9,786.00 9,786.00 8,342.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] Subgroup : [4A1.22] 7210-7225 7255-7225 7455-7225 | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Cuther Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb In-House Care Supplies - Non Reimb | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 22,330.00 23,749.00 23,749.00 23,749.00 137,890.00 9,786.00 9,786.00 26,352.00 8,342.00 8,342.00 8,266.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 9,786.00 9,786.00 9,786.00 26,352.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] 7270-7325 7455-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 Subtotal [3A.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] Subgroup : [4A1.02] 7210-7225 7255-7225 | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Management Fee-Morrison Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 137,890.00 9,786.00 9,786.00 9,786.00 9,786.00 9,786.00 8,342.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 26,00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.0 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] Subgroup : [4A1.22] 7210-7225 7255-7225 7455-7225 | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Obirect Expenses-Morrison Laundry-Obirect Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb In-House Care Supplies - Soft Environmental Services-Peet Control | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 22,330.00 23,749.00 23,749.00 23,749.00 137,890.00 9,786.00 9,786.00 26,352.00 8,342.00 8,342.00 8,266.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 9,786.00 9,786.00 9,786.00 8,342.00 8,342.00 8,266.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A.10] 7270-7325 Subtotal [3A1.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] Subgroup : [4A1.02] 7210-7225 7255-7225 7455-7225 7460-7225 Subtotal [4A1.02] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expenses Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Durchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies Environmental Services-Cleaning Supplies Environmental Services-Supplies Expense Environmental Services-Supplies Expense Environmental Services-Uniform Expense | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 9,786.00 9,786.00 9,786.00 8,342.00 8,266.00 8,266.00 8,266.00 8,266.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 26,00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.0 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] 7270-7325 Subtotal [3A4.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] 7210-7225 7455-7225 7460-7225 Subtotal [4A1.02] Subgroup : [4B.02] Subgroup : [4B.02] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expenses Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Durchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies Environmental Services-Cleaning Supplies Environmental Services-Supplies Expense Environmental Services-Supplies Expense Environmental Services-Uniform Expense | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 9,786.00 9,786.00 9,786.00 8,342.00 8,266.00 8,266.00 8,266.00 8,266.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 26,00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.0 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A.10] 7270-7325 Subtotal [3A1.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] Subgroup : [4A1.02] 7210-7225 7255-7225 7455-7225 7460-7225 Subtotal [4A1.02] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Orsutting Services-Morrison Aundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs Housekeeping and Resident Care Basis for Allocation of Costs In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies Environmental Services-Pest Control Environmental Services-Supplies Expense Environmental Services-Supplies Expense Environmental Services-Supplies Expense Environmental Services-Supplies Expense Environmental Services-Supplies Expense Environmental Services-Supplies Expense | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 9,786.00 9,786.00 9,786.00 8,342.00 8,266.00 8,266.00 8,266.00 8,266.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 24,00 26,00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.00 8,342.0 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] 7270-7325 Subtotal [3A4.10] 7270-7325 Subtotal [3A4.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] 7210-7225 7455-7225 7460-7225 Subtotal [4A1.02] Subgroup : [4B.02] Subgroup : [4B.02] | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Repair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expenses Repair and/or purchased linens Purchased Services Durchased Services Durchase Care Supplies - Non Reimb House Care Supplies - Non Reimb In-House Care Supplies - Non Reimb In-House Care Supplies - Non Reimb In-House Care Supplies - Setf Environmental Services-Supplies Expense Environmental Services-Supplies Expense Environmental Services-Uniform Expense Environmental Services-Supplies Expense Environmental Services-Supplies Expense Environmental Services-Supplies Expense Environmental Services-Supplies Expense | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 9,786.00 9,786.00 8,342.00 8,342.00 8,266.00 826.00 43,786.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 137,890.00 9,786.00 9,786.00 9,786.00 8,342.00 8,342.00 8,266.00 826.00 43,786.00 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A4.10] 7270-7325 7455-7325 Subtotal [3A4.10] Multiple for the second | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Arepair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Consulting Services-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs Induse Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies In-House Care Supplies - Non Reimb Fitness Center - Cleaning Supplies Environmental Services-Dest Control Environmental Services-Durform Expenses Environmental Services-Uniform Expenses Environmental Services-Supplies Expense Environmental Services-Supplies Expenses Environmental Services-Supplies Expenses | 135,671.00 2,832,253.00 13,802.00 13,802.00 13,802.00 23,30.00 22,330.00 23,403.00 7,198.00 6,738.00 71,936.00 23,749.00 23,749.00 23,749.00 9,786.00 9,786.00 8,342.00 8,266.00 8,266.00 826.00 43,786.00 7,198.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 3,749.00 23,749.00 23,749.00 23,749.00 23,749.00 3,749.00 23,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749.00 3,749 |
| Total [18] Group : [19] Subgroup : [3A1.10] 7415-7325 Subtotal [3A1.10] Subgroup : [3A.10] 7270-7325 Subtotal [3A1.10] Subgroup : [3B.10] 7011-7325 7459-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3B.10] Subgroup : [3D.05] 7020-7325 Subtotal [3D.05] Total [19] Group : [20] Subgroup : [4A1.22] 7210-7600 Subtotal [4A1.22] 7210-7225 7255-7225 7455-7225 7455-7225 Subtotal [4A1.02] Subgroup : [4B.02] 7011-725 7459-7225 | Dietary Basis for Allocation of Costs Bed Linens, etcwashed, ironed Laundry-Linen & Bedding Bed Linens, etcwashed, ironed Arepair and/or purchased linens Laundry-Repairs & Maintenance Laundry-Supplies Expense Repair and/or purchased linens Purchased Services Laundry-Oirect Expenses-Morrison Laundry-Direct Expenses-Morrison Purchased Services Other Laundry-Management Fee-Morrison Other Laundry-Management Fee-Morrison Other Laundry-Basis for Allocation of Costs In-House Care Supplies - Non Reimb Filmess Center - Cleaning Supplies In-House Care Supplies - Non Reimb Filmess Center - Cleaning Supplies Environmental Services-Cleaning Supplies Environmental Services-Supplies Expense Environmental Services-Supplies Expense Environmental Services-Consulting Services-Morrison Furchased Care Supplies - Sqft Environmental Services-Consulting Services-Morriso | 135,671.00 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 3,786.00 9,786.00 8,342.00 8,266.00 8,266.00 43,786.00 7,198.00 64,738.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 2,832,253.00 13,802.00 13,802.00 6,073.00 22,330.00 28,403.00 7,198.00 64,738.00 71,936.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 23,749.00 43,786.00 43,786.00 7,198.00 64,738.00 64,738.00 |

Subgroup : [4D]

Other

| 7020-7225 Subtotal [4D] | Environmental Services-Management Fee-Morrison Other | <u>23,749.00</u> 23,749.00 | 0.00 | 23,749.00 23,749.00 |
|------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------|--------------|------------------------|
| Subtotal [4D] | Other | 23,749.00 | 0.00 | 23,749.00 |
| Subgroup : [5A.03] | Purchased From - SNF | | | |
| 6745-1000 | Long term care-Pharmacy Expense | 82,890.00 | 0.00 | 82,890.00 |
| 6745-2100 | Post-Acute/Rehab-Pharmacy Expense | 209,952.00 | 0.00 | 209,952.00 |
| 6745-5155 | Hospice-Pharmacy Expense | 66,098.00 | 0.00 | 66,098.00 |
| Subtotal [5A.03] | Purchased From - SNF | 358,940.00 | 0.00 | 358,940.00 |
| Subgroup : [5B.10] | Medicine Cabinet Drugs - SNF Only | | | |
| 6745-7075 | Clinical Support Svcs-Pharmacy Expense | 3,968.00 | 0.00 | 3,968.00 |
| Subtotal [5B.10] | Medicine Cabinet Drugs - SNF Only | 3,968.00 | 0.00 | 3,968.00 |
| | | | | |
| Subgroup : [5C.10] | Medical and Therapeutic Supplies - SNF Only | | | |
| 6735-1000 | Long term care-Medical/Surgical Supplies | 74,884.00 | 0.00 | 74,884.00 |
| 6735-1190 6735-1240 | 1f - Medical/Surgical Supplies 2a - Medical/Surgical Supplies | 36,752.00 29,212.00 | 0.00 0.00 | 36,752.00 29,212.00 |
| 6735-1250 | 2b - Medical/Surgical Supplies | 12,604.00 | 0.00 | 12,604.00 |
| 6735-1260 | 2c - Medical/Surgical Supplies | 33,405.00 | 0.00 | 33,405.00 |
| 6735-1270 | 2d - Medical/Surgical Supplies | 36,219.00 | 0.00 | 36,219.00 |
| 6735-1280 | 2e - Medical/Surgical Supplies | 26,794.00 | 0.00 | 26,794.00 |
| 6735-1290 | 2f - Medical/Surgical Supplies | 31,318.00 | 0.00 | 31,318.00 |
| 6735-1340 6735-1350 | 3a - Medical/Surgical Supplies 3b - Medical/Surgical Supplies | 27,173.00 37,096.00 | 0.00 0.00 | 27,173.00 37,096.00 |
| 6735-1360 | 3c - Medical/Surgical Supplies 3c - Medical/Surgical Supplies | 29,055.00 | 0.00 | 29,055.00 |
| 6735-1370 | 3d - Medical/Surgical Supplies | 31,422.00 | 0.00 | 31,422.00 |
| 6735-1380 | 3e - Medical/Surgical Supplies | 26,873.00 | 0.00 | 26,873.00 |
| 6735-1390 | 3f - Medical/Surgical Supplies | 34,162.00 | 0.00 | 34,162.00 |
| 6735-1440 | 4a - Medical/Surgical Supplies | 27,751.00 | 0.00 | 27,751.00 |
| 6735-1450 | 4b - Medical/Surgical Supplies | 29,649.00 | 0.00 | 29,649.00 |
| 6735-1460 6735-1470 | 4c - Medical/Surgical Supplies 4d - Medical/Surgical Supplies | 31,052.00 37,653.00 | 0.00 0.00 | 31,052.00 37,653.00 |
| 6735-1480 | 4u - Medical/Surgical Supplies 4e - Medical/Surgical Supplies | 23,857.00 | 0.00 | 23,857.00 |
| 6735-1490 | 4f - Medical/Surgical Supplies | 26,500.00 | 0.00 | 26,500.00 |
| 6735-2100 | Post-Acute/Rehab-Medical/Surgical Supplies | 87,986.00 | 0.00 | 87,986.00 |
| 6735-5025 | Child Care Center-Medical/Surgical Supplies | 391.00 | 0.00 | 391.00 |
| 6735-5220 | Inpatient Therapy-Medical/Surgical Supplies | 636.00 | 0.00 | 636.00 |
| 6735-5225 | Outpatient Therapy-Medical/Surgical Supplies | 10.00 | 0.00 | 10.00 |
| 6735-7075 | Clinical Support Svcs-Medical/Surgical Supplies | 55.00 | 0.00 | 55.00 |
| 6735-7080 6735-7150 | Clinic-Medical/Surgical Supplies Dining Services-Medical/Surgical Supplies | 647.00 12,773.00 | 0.00 0.00 | 647.00 12,773.00 |
| 6735-7350 | Nursing Support-Medical/Surgical Supplies | 31,958.00 | 0.00 | 31,958.00 |
| 7420-7080 | Clinic-Medical Supplies - non billable | (62.00) | 0.00 | (62.00) |
| Subtotal [5C.10] | Medical and Therapeutic Supplies - SNF Only | 777,825.00 | 0.00 | 777,825.00 |
| | | | | |
| Subgroup : [5C.22] | Medical and Therapeutic Supplies - Non Reimb | | | |
| 6735-2510 | Assisted Living-Medical/Surgical Supplies | 948.00 | 0.00 | 948.00 |
| 6735-2520 6735-2530 | Assisted Living/Memory Care-Medical/Surgical Suppl Assisted Living -Marvin-Medical/Surgical Supplies | 499.00 84.00 | 0.00 0.00 | 499.00 84.00 |
| 6735-5015 | ADHC-Grasmere-Medical/Surgical Su | 133.00 | 0.00 | 133.00 |
| 6735-5150 | Medical Home Care-Medical/Surgical Supplies | 7,120.00 | 0.00 | 7,120.00 |
| 6735-5155 | Hospice-Medical/Surgical Supplies | 50,364.00 | 0.00 | 50,364.00 |
| 7420-5150 | Medical Home Care-Medical Supplies - nonbil | 3,826.00 | 0.00 | 3,826.00 |
| 7420-5155 | Hospice-Medical Supplies-Nonbillable | 236.00 | 0.00 | 236.00 |
| Subtotal [5C.22] | Medical and Therapeutic Supplies - Non Reimb | 63,210.00 | 0.00 | 63,210.00 |
| Subgroup : [5D.03] | Abulance/Limousine | | | |
| 6705-2100 | Post-Acute/Rehab-Ambulance Expense | 4,520.00 | 0.00 | 4,520.00 |
| 7080-5015 | ADHC-Grasmere-Client Transportation | 7,263.00 | 0.00 | 7,263.00 |
| Subtotal [5D.03] | Abulance/Limousine | 11,783.00 | 0.00 | 11,783.00 |
| | | | | |
| Subgroup : [5E2.10] | Oxygen - Other - SNF | ~~~~~ | | 00 000 00 |
| 6740-1000 6740-2100 | Long term care-Oxygen Expense Post-Acute/Rehab-Oxygen Expense | 30,882.00 13,778.00 | 0.00 0.00 | 30,882.00 13,778.00 |
| Subtotal [5E2.10] | Oxygen - Other - SNF | 44,660.00 | 0.00 | 44,660.00 |
| | | | | |
| Subgroup : [5F.22] | X-Rays and related radiological - SNF Only | | | |
| 6770-1000 | Long term care-X-Ray Expense | 3,385.00 | 0.00 | 3,385.00 |
| 6770-2100 | Post-Acute/Rehab-X-Ray Expense | 33,820.00 | 0.00 | 33,820.00 |
| Subtotal [5F.22] | X-Rays and related radiological - SNF Only | 37,205.00 | 0.00 | 37,205.00 |
| Subaraun (EC) | Dentel | | | |
| Subgroup : [5G] 7456-7075 | Dental Clinical Support Svcs-Supplies Expense - Dental | 11,807.00 | 0.00 | 11,807.00 |
| Subtotal [5G] | Dental | 11,807.00 | 0.00 | 11,807.00 |
| | | | | |
| Subgroup : [5H.10] | Laboratory - SNF | | | |
| 6730-1000 | Long term care-Lab Expense | 19,914.00 | 0.00 | 19,914.00 |
| 6730-2100 | Post-Acute/Rehab-Lab Expense | 98,152.00 | 0.00 | 98,152.00 |
| Subtotal [5H.10] | Laboratory - SNF | 118,066.00 | 0.00 | 118,066.00 |
| Subgroup : [5l.10] | Recreation - SNF Only | | | |
| 7085-7525 | Therapeutic Recreation-Food Expense | 634.00 | 0.00 | 634.00 |
| 7160-7525 | Therapeutic Recreation-Pets Expense | 32,839.00 | 0.00 | 32,839.00 |
| 7425-7525 | Therapeutic Recreation-Minor Equipment | 18.00 | 0.00 | 18.00 |
| 7430-7525 | Therapeutic Recreation-Office Supplies | 385.00 | 0.00 | 385.00 |
| 7450-1190 | 1f-Recreation Supplies & Activities | 5.00 | 0.00 | 5.00 |
| 7450-1240 | 2a - Recreation Supplies & Activities | 90.00 | 0.00 | 90.00 |
| | | | | |

| 7450-1250 | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 2b - Recreation Supplies & Activities | 200.00 | 0.00 | 200.00 |
| 7450-1260 | | 201.00 | 0.00 | 201.00 |
| | 2c - Recreation Supplies & Activities | | | |
| 7450-1270 | 2d - Recreation Supplies & Activities | 255.00 | 0.00 | 255.00 |
| 7450-1280 | 2e - Recreation Supplies & Activities | 239.00 | 0.00 | 239.00 |
| 7450-1290 | 2f - Recreation Supplies & Activities | 660.00 | 0.00 | 660.00 |
| 7450-1340 | 3a - Recreation Supplies & Activities | 248.00 | 0.00 | 248.00 |
| 7450-1350 | 3b - Recreation Supplies & Activities | 248.00 | 0.00 | 248.00 |
| 7450-1360 | 3c - Recreation Supplies & Activities | 248.00 | 0.00 | 248.00 |
| | | | | |
| 7450-1370 | 3d - Recreation Supplies & Activities | 250.00 | 0.00 | 250.00 |
| 7450-1380 | 3e - Recreation Supplies & Activities | 250.00 | 0.00 | 250.00 |
| 7450-1390 | 3f - Recreation Supplies & Activities | 250.00 | 0.00 | 250.00 |
| 7450-1440 | 4a - Recreation Supplies & Activities | 193.00 | 0.00 | 193.00 |
| 7450-1450 | 4b - Recreation Supplies & Activities | 193.00 | 0.00 | 193.00 |
| 7450-1460 | 4c - Recreation Supplies & Activities | 193.00 | 0.00 | 193.00 |
| | | | | |
| 7450-1470 | 4d - Recreation Supplies & Activities | 182.00 | 0.00 | 182.00 |
| 7450-1480 | 4e - Recreation Supplies & Activities | 216.00 | 0.00 | 216.00 |
| 7450-1490 | 4f - Recreation Supplies & Activities | 159.00 | 0.00 | 159.00 |
| 7450-2100 | Post-Acute/Rehab - Recreation Supplies & Activitie | 9.00 | 0.00 | 9.00 |
| 7450-5025 | Child Care Center-Recreation Supplies & Activities | 6,880.00 | 0.00 | 6,880.00 |
| 7450-7400 | Pastoral Services-Recreation Supplies & Activities | 2,776.00 | 0.00 | 2,776.00 |
| 7450-7525 | | | 0.00 | |
| | Therapeutic Recreation-Recreation Supplies & Activ | 71,805.00 | | 71,805.00 |
| 7455-7525 | Therapeutic Recreation-Supplies Expense | 2,719.00 | 0.00 | 2,719.00 |
| 7615-7525 | Therapeutic Recreation-Software | 355.00 | 0.00 | 355.00 |
| Subtotal [5I.10] | Recreation - SNF Only | 122,700.00 | 0.00 | 122,700.00 |
| | | | | |
| Subgroup : [5I.22] | Recreation - Non Reimb | | | |
| 7450-2510 | Assisted Living-Recreation Supplies & Activities | 3,929.00 | 0.00 | 3,929.00 |
| | | | | |
| 7450-2520 | Assisted Living/Memory Care-Recreation Supplies & | 255.00 | 0.00 | 255.00 |
| 7450-2530 | Assisted Living -Marvin-Recreation Supplies & Acti | 34.00 | 0.00 | 34.00 |
| 7450-5015 | ADHC-Grasmere-Recreation Supplies & Activities | 2,540.00 | 0.00 | 2,540.00 |
| 7451-5015 | ADHC-Grasmere-EML-Recreation Supplies | 724.00 | 0.00 | 724.00 |
| 7455-2510 | Assisted Living-Supplies Expense | 23.00 | 0.00 | 23.00 |
| Subtotal [51.22] | Recreation - Non Reimb | 7,505.00 | 0.00 | 7,505.00 |
| Subtotal [51.22] | Recreation - Non Reinib | 1,505.00 | 0.00 | 7,505.00 |
| | | | | |
| Subgroup : [5L.03] | Other - SNF | | | |
| 6765-5220 | Inpatient Therapy-Therapy Supplies & Expense | 102.00 | 0.00 | 102.00 |
| 7010-5220 | Inpatient Therapy-Consulting Services | 4,827.00 | 0.00 | 4,827.00 |
| 7010-7075 | Clinical Support Services-Consulting | 44,604.00 | 0.00 | 44,604.00 |
| 7035-5220 | Inpatient Therapy-Purchased Service | 13,720.00 | 0.00 | 13,720.00 |
| | | | | |
| 7155-7350 | Nursing Support-Patient Lost Articles | 2,550.00 | 0.00 | 2,550.00 |
| 7425-1000 | Long term care-Minor Equipment | 979.00 | 0.00 | 979.00 |
| 7425-5220 | Inpatient Therapy-Minor Equipment | 2,358.00 | 0.00 | 2,358.00 |
| 7425-7075 | Clinical Support Services-Minor Equipment | 608.00 | 0.00 | 608.00 |
| 7425-7350 | Nursing Support-Minor Equipment | 3,243.00 | 0.00 | 3,243.00 |
| 7455-5025 | Child Care Center-Supplies Expense | 751.00 | 0.00 | 751.00 |
| | | | | |
| 7455-5220 | Inpatient Therapy-Supplies Expense | 10,257.00 | 0.00 | 10,257.00 |
| 7455-5225 | Outpatient Therapy-Supplies Expense | 686.00 | 0.00 | 686.00 |
| 7455-7080 | Clinic-Supplies Expense | 46.00 | 0.00 | 46.00 |
| 7455-7350 | Nursing Support-Supplies Expense | 23,307.00 | 0.00 | 23,307.00 |
| 7455-7400 | Pastoral Services-Supplies Expense | 882.00 | 0.00 | 882.00 |
| 1400-1400 | | | | |
| Subtotal [EL 02] | | | | |
| Subtotal [5L.03] | Other - SNF | 108,920.00 | 0.00 | 108,920.00 |
| Subtotal [5L.03] | Other - SNF | | | 108,920.00 |
| Subtotal [5L.03] Subgroup : [5L.10] | Other - SNF Other - Sqft | | | 108,920.00 |
| | | | | 76,586.00 |
| Subgroup : [5L.10] 7275-7425 | Other - Sqft Physical Plant-Satellite Television Expense | 108,920.00 76,586.00 | 0.00 | 76,586.00 |
| Subgroup : [5L.10] | Other - Sqft | 108,920.00 | 0.00 | |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft | 108,920.00 76,586.00 | 0.00 | 76,586.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible | 108,920.00 76,586.00 76,586.00 | 0.00 0.00 0.00 | 76,586.00 76,586.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense | 108,920.00 76,586.00 76,586.00 449.00 | 0.00 0.00 0.00 | 76,586.00 76,586.00 449.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense | 108,920.00 76,586.00 76,586.00 | 0.00 0.00 0.00 | 76,586.00 76,586.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense | 108,920.00 76,586.00 76,586.00 449.00 | 0.00 0.00 0.00 | 76,586.00 76,586.00 449.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5050 7455-5070 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 | 0.00 0.00 0.00 0.00 0.00 0.00 | 76,586.00 76,586.00 449.00 633.00 96.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5070 7455-5070 7455-5150 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5050 7455-5150 7455-5150 7455-5155 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5070 7455-5070 7455-5150 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5050 7455-5070 7455-5150 7455-5155 Subtotal [5L.22] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5050 7455-5150 7455-5150 7455-5155 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5050 7455-5070 7455-5150 7455-5155 Subtotal [5L.22] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5070 7455-5155 Subtotal [5L.22] Total [20] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [6L.22] 7455-5015 7455-5015 7455-5050 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 |
| Subgroup : [SL.10] 7275-7425 Subtotal [SL.10] Subgroup : [SL.22] 7455-5015 7455-5050 7455-5050 7455-5150 7455-5155 Subtotal [SL.22] Total [20] Group : [22] Subgroup : [6A.02] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Hodical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 |
| Subgroup: [5L.10] 7275-7425 Subtotal [5L.10] Subgroup: [5L.22] 7455-5015 7455-5050 7455-5150 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group: [22] Subgroup: [6A.02] 7220-7425 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft Physical Plant-Elevator Maintenance | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 |
| Subgroup : [SL.10] 7275-7425 Subtotal [SL.10] Subgroup : [SL.22] 7455-5015 7455-5050 7455-5050 7455-5150 7455-5155 Subtotal [SL.22] Total [20] Group : [22] Subgroup : [6A.02] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Hoedical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 |
| Subgroup: [5L.10] 7275-7425 Subtotal [5L.10] Subgroup: [5L.22] 7455-5015 7455-5050 7455-5150 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group: [22] Subgroup: [6A.02] 7220-7425 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Other - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft Physical Plant-Elevator Maintenance | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5150 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7225-7425 7245-7300 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Dther - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft Physical Plant-Elevator Maintenance Physical Plant-Fire Alarm Maintenance | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824,253.00 58,634.00 57,957.00 23,338.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,821.00 58,634.00 57,957.00 23,338.00 |
| Subgroup : [SL.10] 7275-7425 Subtotal [SL.10] Subgroup : [SL.22] 7455-5015 7455-5050 7455-5150 7455-5155 Subtotal [SL.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7225-7425 7245-7300 7245-7425 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Hodical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft Physical Plant-Elevator Maintenance Physical Plant-Fire Alarm Maintenance Information Technology-Maint Expense & Contracts Physical Plant-Fire Alarm Maintenance Physical Plant-Fire Alarm Maintenance Physical Plant-Fire Alarm Maintenance Physical Plant-Fire Alarm Maintenance Physical Plant-Haint Expense & Contracts | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.253.00 58,634.00 57,957.00 23,338.00 83,707.00 | 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 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.00 58,634.00 57,957.00 23,338.00 83,707.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] 7455-5015 7455-5050 7455-5155 Subtotal [5L.22] 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7225-7425 7245-7300 7454-7300 7454-7300 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Dther - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft Physical Plant-Elevator Maintenance Physical Plant-Fire Alarm Maintenance Information Technology-Maint Expense & Contracts Physical Plant-Heine Xpense & Contracts Physical Plant-Maint Expense & Contracts Environmental Services-Repairs & Maintenance | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [6L.22] 7455-5015 7455-5015 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7245-7425 7245-7425 7245-7425 7270-7425 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Defer - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Home Together-Supplies Expense Hospice-Supplies Expense Motical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft Physical Plant-Fire Alarm Maintenance Information Technology-Maint Expense & Contracts Physical Plant-Fire Alarm Same & Contracts Physical Plant-Fire Alarm Same & Contracts Physical Plant-Fire Alarm Same Maintenance Physical Plant-Repairs & Maintenance | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] 7455-5015 7455-5050 7455-5155 Subtotal [5L.22] 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7225-7425 7245-7300 7454-7300 7454-7300 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Dther - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft Physical Plant-Elevator Maintenance Physical Plant-Fire Alarm Maintenance Information Technology-Maint Expense & Contracts Physical Plant-Heine Xpense & Contracts Physical Plant-Maint Expense & Contracts Environmental Services-Repairs & Maintenance | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] 7455-5015 7455-5050 7455-5150 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7225-7425 7245-7425 7245-7425 7270-7225 Subtotal [6A.02] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft DAD-Carasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Home Care-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Donsekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft Physical Plant-Fire Alarm Maintenance Physical Plant-Fire Alarm Maintenance Physical Plant-Fire Alarm Maintenance Physical Plant-Repairs & Maintenance Physical Plant-Repairs & Maintenance Physical Plant-Repairs & Maintenance | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [6L.22] 7455-5015 7455-5015 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7245-7425 7245-7425 7245-7425 7270-7425 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Defer - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Home Together-Supplies Expense Hospice-Supplies Expense Motical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft Physical Plant-Fire Alarm Maintenance Information Technology-Maint Expense & Contracts Physical Plant-Fire Alarm Same & Contracts Physical Plant-Fire Alarm Same & Contracts Physical Plant-Fire Alarm Same Maintenance Physical Plant-Repairs & Maintenance | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] 7455-5015 7455-5050 7455-5150 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7225-7425 7245-7425 7245-7425 7270-7225 Subtotal [6A.02] | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft DAD-Carasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Home Care-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Donsekeeping and Resident Care Basis for Allocation of Costs Maintenance and Property Repairs and Maintenance - Sqft Physical Plant-Fire Alarm Maintenance Physical Plant-Fire Alarm Maintenance Physical Plant-Fire Alarm Maintenance Physical Plant-Repairs & Maintenance Physical Plant-Repairs & Maintenance Physical Plant-Repairs & Maintenance | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [6L.22] 7455-5015 7455-5015 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7245-7425 7245-7425 7245-7425 7245-7425 Subtotal [6A.02] Subgroup : [6A.22] 7270-7600 | Other - Sqft Physical Plant-Satellite Television Expense Other - Sqft Def - Non Reimbursible ADHC-Grasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Home Together-Supplies Expense Supplies Expense Other - Non Reimbursible Honse Care-Supplies Expense Hospice-Supplies Expense Other - Non Reimbursible Housekeeping and Resident Care Basis for Allocation of Costs Maintenance - Sqft Physical Plant-Elevator Maintenance Physical Plant-Fire Alarm Maintenance Information Technology-Maint Expense & Contracts Physical Plant-Repairs & Maintenance Physic | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 352,696.00 | 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 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 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 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 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 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 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 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 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 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 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 | 76,586.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 23,338.00 83,707.00 2,338.00 352,696.00 832.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5050 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7225-7425 7245-7300 7245-7300 7245-7425 7270-7425 Subtotal [6A.02] Subgroup : [6A.22] | Other - SqftPhysical Plant-Satellite Television ExpenseOther - SqftDeter - SqftDeter - SqtsDeter - SqtsCome Together - Supplies ExpenseHome Cagether - Supplies ExpenseHome Care-Supplies ExpenseHom | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 352,696.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 352,696.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] 7455-5015 7455-5050 7455-5155 Subtotal [5L.22] 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7225-7425 7245-7300 7245-7425 7270-7225 7270-7425 Subtotal [6A.02] Subgroup : [6A.22] 7270-7600 Subtotal [6A.22] | Other - SqftPhysical Plant-Satellite Television ExpenseOther - SqftDef - SqftDef - Carasmere-Supplies ExpenseFriedman Home Care-Supplies ExpenseMedical Home Care-Supplies ExpenseMedical Home Care-Supplies ExpenseOther - Non ReimbursibleDef - Son ReimbursibleDeseeping and Resident Care Basis for Allocation of CostsMedical Plant-Elevator MaintenancePhysical Plant-Elevator MaintenancePhysical Plant-Elevator MaintenancePhysical Plant-Hire Alarm MaintenancePhysical Plant-Repairs & MaintenancePhysical | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 352,696.00 | 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 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 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 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 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 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 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 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 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 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 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 | 76,586.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 23,338.00 83,707.00 2,338.00 352,696.00 832.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5015 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7245-7425 7245-7425 7245-7425 7245-7425 7245-7425 7270-7425 Subtotal [6A.02] Subgroup : [6A.22] 7270-7600 Subtotal [6A.22] Subgroup : [6B.33] | <section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header> | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 352,696.00 832.00 | 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 352,696.00 832.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5050 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7245-7425 7245-7425 7245-7425 Subtotal [6A.02] Subgroup : [6A.22] 7270-7600 Subtotal [6A.22] Subgroup : [6B.33] 7230-7425 | Other - SqftPhysical Plant-Sabellite Television ExpenseOther - SqftDef - | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 352,696.00 832.00 832.00 2,716.00 | 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 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 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 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 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 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 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 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 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 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 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 | 76,586.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 832.00 832.00 832.00 2,716.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5015 7455-5015 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7245-7425 7245-7425 7245-7425 7245-7425 7245-7425 7270-7425 Subtotal [6A.02] Subgroup : [6A.22] 7270-7600 Subtotal [6A.22] Subgroup : [6B.33] | <section-header><section-header><section-header><section-header><section-header></section-header></section-header></section-header></section-header></section-header> | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 352,696.00 832.00 | 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 352,696.00 832.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] Subgroup : [5L.22] 7455-5050 7455-5150 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7245-7425 7245-7425 7245-7425 Subtotal [6A.02] Subgroup : [6A.22] 7270-7600 Subtotal [6A.22] Subgroup : [6B.33] 7230-7425 | Other - SqftPhysical Plant-Sabellite Television ExpenseOther - SqftDef - | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 352,696.00 832.00 832.00 2,716.00 | 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 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 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 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 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 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 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 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 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 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 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 | 76,586.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 832.00 832.00 832.00 2,716.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] 7455-5015 7455-5050 7455-5155 Subtotal [5L.22] 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7220-7425 7245-7425 7245-7425 7245-7425 Subtotal [6A.02] Subgroup : [6A.22] 7270-7425 Subtotal [6A.22] 7270-7600 Subtotal [6A.22] 7230-7425 Subgroup : [6B.33] 7230-7425 | Other - Sqft Physical Plant-Real Milet Television Expense Other - Sqft DHC- Crasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Home Care-Supplies Expense Medical Home Care-Supplies Expense Hospice-Supplies Expense Medical Home Care-Supplies Expense Medical Home Care-Supplies Expense Motionacce Supplies Expense Other - Non Reimbursible Motencance and Property Rapirs and Maintenance + Sqft Physical Plant-Fire Alarm Maintenance Physical Plant-Repairs & Maintenance Physical Plant-Repaire Physical Plant-Fuel | 108,920.00 76,586.00 76,586.00 449,00 633.00 96.00 535.00 108,00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 83,707.00 2,167.00 126,893.00 352,696.00 832.00 2,716.00 56,943.00 144,616.00 | 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 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 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 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 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 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 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 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 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 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 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 | 76,586.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,824.00 57,957.00 23,338.00 83,707.00 2,167.00 352,696.00 832.00 832.00 832.00 144,616.00 |
| Subgroup : [5L.10] 7275-7425 Subtotal [5L.10] 7455-5015 7455-5050 7455-5070 7455-5155 Subtotal [5L.22] Total [20] Group : [22] Subgroup : [6A.02] 7225-7425 7225-7425 7245-7300 7245-7425 7270-7225 Subtotal [6A.02] Subgroup : [6A.22] 7270-7600 Subtotal [6A.32] 7230-7425 Subgroup : [6B.33] 7230-7425 | Other - Sqft Physical Plant-Ruel Television Expense Other - Sqt Default Carasmere-Supplies Expense Friedman Home Care-Supplies Expense Home Together-Supplies Expense Medical Home Care-Supplies Expense Motionacce and Property Rapars and Maintenance - Sqft Physical Plant-Flev Ador Maintenance Physical Plant-Repairs & Motintenance Physical Plant-Repairs & Motintenance Physical Plant-Repairs & Motintenance - Sqft Papirs and Maintenance - NON Reimbursible Physical Plant-Fleu Oil Physical Plant-Heul Oil | 108,920.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,821.00 23,338.00 837,007.00 2,167.00 352,696.00 832.00 2,716.00 56,943.00 | 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 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 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 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 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 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 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 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 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 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 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 | 76,586.00 76,586.00 76,586.00 449.00 633.00 96.00 535.00 108.00 1,821.00 1,894,253.00 58,634.00 57,957.00 23,338.00 23,338.00 352,696.00 832.00 832.00 2,716.00 56,943.00 |

| Subgroup : [6C.33] | Light & Power | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7215-7425 | Physical Plant-Electricity | 853,687.00 | | 0.00 | 853,687.00 |
| Subtotal [6C.33] | Light & Power | 853,687.00 | | 0.00 | 853,687.00 |
| | | | | | |
| Subgroup : [6D.33] 7305-7425 | Water - Sqft Physical Plant-Water | 37,415.00 | | 0.00 | 37,415.00 |
| Subtotal [6D.33] | Water - Sqft | 37,415.00 | | 0.00 | 37,415.00 |
| | | | | | |
| Subgroup : [6E] | Equipment Lease | | | | |
| 7805-7425 | Physical Plant-Auto/Equipment Lease | 3,783.00 | | 0.00 | 3,783.00 |
| 7805-7450b | Equipment lease | 0.00 | D IE 0000 | 89,181.00 | 89,181.00 |
| Subtotal [6E] | Equipment Lease | 3,783.00 | RJE - 3003 | 89,181.00 89,181.00 | 92,964.00 |
| | | | | 00,101.00 | 52,504.00 |
| Subgroup : [6F.02] | Other - Sqft | | | | |
| 7240-7425 | Physical Plant-Landscaping | 49,967.00 | | 0.00 | 49,967.00 |
| 7280-7425 | Physical Plant-Sewage | 87,389.00 | | 0.00 | 87,389.00 |
| 7285-7425 7290-7425 | Physical Plant-Snow Removal Physical Plant-Solid Waste Removal | 1,603.00 130,820.00 | | 0.00 0.00 | 1,603.00 130,820.00 |
| 7425-7425 | Physical Plant-Minor Equipment | 3,180.00 | | 0.00 | 3,180.00 |
| 7455-7425 | Physical Plant-Supplies Expense | 131,247.00 | | 0.00 | 131,247.00 |
| 7455-7500 | Security-Supplies Expense | 223.00 | | 0.00 | 223.00 |
| 7460-7425 | Physical Plant-Uniform Expense | 1,265.00 | | 0.00 | 1,265.00 |
| 7615-7425 | Physical Plant-Software | 4,500.00 | | 0.00 | 4,500.00 |
| Subtotal [6F.02] | Other - Sqft | 410,194.00 | | 0.00 | 410,194.00 |
| Subgroup : [7B.10] | Building & Building Improvements - Sqft | | | | |
| 8105-7720 | Depreciation-Depreciation - Building | 3,356,329.00 | | 0.00 | 3,356,329.00 |
| Subtotal [7B.10] | Building & Building Improvements - Sqft | 3,356,329.00 | | 0.00 | 3,356,329.00 |
| | | | | | |
| Subgroup : [7C.10] 8150-7720B | Non-movable Equipment - SNF Only Depreciation-Depreciation - Non-movable Reclass | 0.00 | | 131,587.00 | 131,587.00 |
| 8130-7720B | Depredation-Depredation - Non-movable Reclass | 0.00 | RJE - 3005 | 131,587.00 | 131,367.00 |
| Subtotal [7C.10] | Non-movable Equipment - SNF Only | 0.00 | | 131,587.00 | 131,587.00 |
| | | | | | |
| Subgroup : [7D.10] | Movable Equipment - SNF | | | | |
| 8110-7720 8115-7720 | Depreciation-Depreciation - Computers/Software | 153,669.00 330,440.00 | | 0.00 0.00 | 153,669.00 330,440.00 |
| 8130-7720 | Depreciation-Depreciation - Furniture/Fixtures Depreciation-Depreciation - Vehicles | 35,228.00 | | 0.00 | 35,228.00 |
| 8150-7720A | Depreciation-Depreciation - Non-movable Reclass | 0.00 | | (131,587.00) | (131,587.00) |
| | | | RJE - 3005 | (131,587.00) | |
| Subtotal [7D.10] | Movable Equipment - SNF | 519,337.00 | | (131,587.00) | 387,750.00 |
| Subgroup : [8B.33] | Mortgage Expense | | | | |
| 8040-7250 | Finance-Bond Expense | 42,151.00 | | 0.00 | 42,151.00 |
| Subtotal [8B.33] | Mortgage Expense | 42,151.00 | | 0.00 | 42,151.00 |
| | | | | | |
| Subgroup : [10B] | | | | | |
| | Real estate taxes paid by lessor - Sqft | | | | |
| 7152-7010 | Administration-Property Tax | 50,000.00 | _ | 0.00 | 50,000.00 |
| | | 50,000.00 50,000.00 | = | 0.00 | 50,000.00 50,000.00 |
| 7152-7010 | Administration-Property Tax | | = | | |
| 7152-7010 Subtotal [10B] | Administration-Property Tax Real estate taxes paid by lessor - Sqft | 50,000.00 | | 0.00 | 50,000.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest | 50,000.00 | | 0.00 | 50,000.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft | 5,830,699.00 | | 0.00 | 50,000.00 5,919,880.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense | 50,000.00 5,830,699.00 1,369,222.00 | | 0.00 89,181.00 | 50,000.00 5,919,880.00 1,369,222.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds | 5,830,699.00 | | 0.00 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense | 5,830,699.00 5,830,699.00 1,369,222.00 678,250.00 | - | 0.00 89,181.00 0.00 0.00 | 50,000.00 5,919,880.00 1,369,222.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds | 5,830,699.00 5,830,699.00 1,369,222.00 678,250.00 | | 0.00 89,181.00 0.00 0.00 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 | | 0.00 89,181.00 0.00 0.00 0.00 | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 Subtotal [12A1] Total [26] Group : [27] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest and Insurance | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 | | 0.00 89,181.00 0.00 0.00 0.00 | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest and Insurance Other Interest Expense - Sqft | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 | | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest and Insurance | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 | | 0.00 89,181.00 0.00 0.00 0.00 | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 | | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 0.00 | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] Subgroup : [14A.10] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest Interest Interest Expense - Sqft Finance - Interest Expense - ADHC Note Payable Other Interest Expense - Sqft Insurance on Property - SNF | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 | | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 | R IE - 3004 | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 |
| 7152-7010 Subtotal [10B] Total [22] Group: [26] Subgroup: [12A1] 8010-7250 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D.10] 8005-7250 Subtotal [12D.10] Subgroup: [14A.10] 7705-7010 | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest and Insurance Other Interest Expense - Sqft Finance - Interest Expense - ADHC Note Payable Other Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 | RJE - 3004 | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 90,428.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] Subgroup : [14A.10] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest Interest Interest Expense - Sqft Finance - Interest Expense - ADHC Note Payable Other Interest Expense - Sqft Insurance on Property - SNF | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 | RJE - 3004 | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] Subgroup : [14A.10] Subgroup : [14A.22] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - SNF Insurance on Property - Non Reimb. | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 | RJE - 3004 | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] Subgroup : [14A.10] 7705-7010 | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest Interest and Insurance Other Interest Expense - Sqft Finance - Interest Expense - Sqft Cother Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - SNF | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 | _ | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 90,428.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] Subgroup : [14A.10] 7705-7010 Subtotal [14A.22] 7705-7010G | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest Interest and Insurance Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - SNF Insurance on Property - Non Reimb. Insurance - GPG Group | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 693,143.00 0.00 | RJE - 3004 | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) (602,715.00) 9,269.00 9,269.00 9,269.00 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 9,269.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] Subgroup : [14A.10] Subgroup : [14A.22] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - SNF Insurance on Property - Non Reimb. | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 | _ | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) | 5,919,880.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] Subgroup : [14A.10] 7705-7010 Subtotal [14A.22] 7705-7010G | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest Interest and Insurance Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - SNF Insurance on Property - Non Reimb. Insurance - GPG Group | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 693,143.00 0.00 | _ | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) (602,715.00) 9,269.00 9,269.00 9,269.00 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 9,269.00 |
| 7152-7010 Subtotal [10B] Total [22] Group: [26] Subgroup: [12A1] 8010-7250 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D.10] 8005-7250 Subtotal [12D.10] Subgroup: [14A.10] 7705-7010 Subtotal [14A.22] 7705-7010G | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft Cother Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - Non Reimb. Insurance on Property - Non Reimb. | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 693,143.00 0.00 | RJE - 3004 | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) (602,715.00) 9,269.00 9,269.00 9,269.00 9,269.00 18,320.00 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 9,269.00 |
| 7152-7010 Subtotal [10B] Total [22] Group: [26] Subgroup: [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D.10] 8005-7250 Subtotal [12D.10] Subgroup: [14A.10] 7705-7010 Subtotal [14A.22] 7705-7010G Subtotal [14A.22] Subgroup: [14B] 7705-7010C | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - SNF Insurance on Property - SNF Insurance on Property - Non Reimb. Insurance of Automobiles Auto Insurance | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 0.00 0.00 0.00 | _ | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) (602,715.00) 9,269.00 9,269.00 9,269.00 9,269.00 18,320.00 18,320.00 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 90,428.00 92,69.00 18,320.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] Subgroup : [14A.10] 7705-7010 Subtotal [14A.22] 7705-7010G Subtotal [14A.22] Subgroup : [14B] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest and Insurance Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - Non Reimb. Insurance - GPG Group Insurance on Property - Non Reimb. Insurance on Property - Non Reimb. Insurance on Property - Non Reimb. Insurance of Automobiles | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 5,519.00 5,519.00 5,519.00 693,143.00 0.00 0.00 | RJE - 3004 | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) (602,715.00) 9,269.00 9,269.00 9,269.00 9,269.00 18,320.00 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 90,428.00 9,269.00 |
| 7152-7010 Subtotal [10B] Total [22] Group: [26] Subgroup: [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group: [27] Subgroup: [12D.10] 8005-7250 Subtotal [12D.10] Subgroup: [14A.10] 7705-7010 Subtotal [14A.22] 7705-7010G Subtotal [14A.22] Subgroup: [14B] 7705-7010C | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - SNF Insurance on Property - SNF Insurance on Property - Non Reimb. Insurance of Automobiles Auto Insurance | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 0.00 0.00 0.00 | RJE - 3004 | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) (602,715.00) 9,269.00 9,269.00 9,269.00 9,269.00 18,320.00 18,320.00 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 90,428.00 92,69.00 18,320.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] 8005-7250 Subtotal [12D.10] 7705-7010 Subtotal [14A.22] 7705-7010G Subtotal [14A.22] Subgroup : [14B] 7705-7010C Subtotal [14B] | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest and Insurance Other Interest Expense - Sqft Finance - Interest Expense - ADHC Note Payable Other Interest Expense - Sqft Finance - Interest Expense - ADHC Note Payable Other Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - Non Reimb. Insurance on Property - Non Reimb. Insurance on Property - Non Reimb. Insurance of Automobiles Auto Insurance | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 0.00 0.00 0.00 | RJE - 3004 | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) (602,715.00) (602,715.00) 9,269.00 9,269.00 9,269.00 9,269.00 18,320.00 18,320.00 18,320.00 18,320.00 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 90,428.00 92,69.00 18,320.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group : [127] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] Subgroup : [14A.10] 7705-7010 Subtotal [14A.22] 7705-7010G Subtotal [14A.22] Subgroup : [14B] 7705-7010C Subtotal [14B] Subgroup : [14C1] 7705-7010D | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Bond SWAP Expense Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest and Insurance Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - ADHC Note Payable Other Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - SNF Insurance on Property - Non Reimb. Insurance on Property - Non Reimb. Insurance of Automobiles Auto Insurance Insurance of Automobiles Umbrella Insurance | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 693,143.00 0.00 0.00 0.00 0.00 0.00 | RJE - 3004 | 0.00 89,181.00 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.269.00 9.269.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.320.00 18.3200 18.3200 18.3200 18.3200 1 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 92,69.00 9,269.00 18,320.00 18,320.00 469,395.00 |
| 7152-7010 Subtotal [10B] Total [22] Group : [26] Subgroup : [12A1] 8010-7250 8050-7250 Subtotal [12A1] Total [26] Group : [27] Subgroup : [12D.10] 8005-7250 Subtotal [12D.10] Subgroup : [14A.10] 7705-7010 Subtotal [14A.22] 7705-7010G Subtotal [14B] 7705-7010C Subtotal [14B] Subgroup : [14B] 7705-7010C | Administration-Property Tax Real estate taxes paid by lessor - Sqft Maintenance and Property Interest First Mortgage - Sqft Finance-Interest Expense - Revenue Bonds First Mortgage - Sqft Interest Interest Interest Mortgage - Sqft Interest Interest and Insurance Other Interest Expense - Sqft Finance - Interest Expense - Sqft Finance - Interest Expense - Sqft Insurance on Property - SNF Administration-Insurance General Insurance on Property - SNF Insurance on Property - Non Reimb. Insurance o Property - Non Reimb. Insurance on Property - Non Reimb. Insurance on Property - Non Reimb. Insurance of Automobiles Auto Insurance Insurance of Automobiles Umbrella | 50,000.00 5,830,699.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 693,143.00 693,143.00 0.00 0.00 0.00 | RJE - 3004 | 0.00 89,181.00 0.00 0.00 0.00 0.00 0.00 0.00 (602,715.00) (602,715.00) (602,715.00) (602,715.00) (602,715.00) 0.00 9,269.00 9,269.00 9,269.00 9,269.00 18,320.00 18,320.00 18,320.00 18,320.00 | 50,000.00 5,919,880.00 1,369,222.00 678,250.00 2,047,472.00 2,047,472.00 5,519.00 5,519.00 90,428.00 90,428.00 90,428.00 92,69.00 18,320.00 |

| Subgroup : [14C3.10] | Other - SNF Only | | | | |
|----------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------|------------|------------------------|--------------------------------|
| 7705-7010E | Day Care Insurance | 0.00 | RJE - 3004 | 11,252.00 11,252.00 | 11,252.00 |
| Subtotal [14C3.10] | Other - SNF Only | 0.00 | KJE - 3004 | 11,252.00 | 11,252.00 |
| Subgroup : [14C3.42] | Other - Accum Costs | | | | |
| 7705-7010F | Crime & Fiduciary / Cyber | 0.00 | RJE - 3004 | 23,519.00 23,519.00 | 23,519.00 |
| Subtotal [14C3.42] | Other - Accum Costs | 0.00 | | 23,519.00 | 23,519.00 |
| Total [27] | Interest and Insurance | 698,662.00 | | (70,960.00) | 627,702.00 |
| Group : [30] | Statement of Revenue | | | | |
| Subgroup : [I1A.10] 4103-1000 | Medicaid R&B SNF Only Long term care-Private Pending Medicaid | 330.174.00 | | 0.00 | 330,174.00 |
| 4400-1000 | Long term care-Room and Board-Medicaid | (39,609,826.00) | | 0.00 | (39,609,826.00) |
| 4400-2040 | Post-acute/Rehab-Room and Board-Medicaid | (456,056.00) | | 0.00 | (456,056.00) |
| 4401-1000 | Long term care-Room & Board Allow-Medicaid | 17,805,229.00 | | 0.00 | 17,805,229.00 |
| 4401-2040 | Post-acute/Rehab-Room & Board Allow-Medicaid | 286,080.00 | - | 0.00 | 286,080.00 |
| Subtotal [I1A.10] | Medicaid R&B SNF Only | (21,644,399.00) | | 0.00 | (21,644,399.00) |
| Subgroup : [I3A.10] | Medicare R&B - SNF Only | (000 745 00) | | | (000 745 00) |
| 4200-1000 4200-2040 | Long term care-Room and Board-Medicare A Post-acute/Rehab-Room and Board-Medicare A | (668,745.00) | | 0.00 0.00 | (668,745.00) |
| 4200-2040 | Long term care-Room & Board Allow-Medicare A | (6,175,733.00) (102,346.00) | | 0.00 | (6,175,733.00) (102,346.00) |
| 4201-2040 | Post-acute/Rehab-Room & Board Allow-Medicare A | 1,425,189.00 | | 0.00 | 1,425,189.00 |
| Subtotal [I3A.10] | Medicare R&B - SNF Only | (5,521,635.00) | - | 0.00 | (5,521,635.00) |
| Subgroup : [I4A.10] | Private Pay R&B - SNF Only | | | | |
| 4100-1000 | Long term care-Room and Board-Private | (9,850,706.00) | | 0.00 | (9,850,706.00) |
| 4100-2040 | Post-acute/Rehab-Room and Board-Private | (548,982.00) | | 0.00 | (548,982.00) |
| 4500-1000 | Long term care-Room and Board-Medicare Mgd Care | (406,928.00) | | 0.00 | (406,928.00) |
| 4500-2040 | Post-acute/Rehab-Room & Board-Mdcare Mgd Care | (3,375,512.00) | | 0.00 | (3,375,512.00) |
| 4501-1000 4501-2040 | Long term care-Room & Board Allow-Mdcare Mgd Care Post-acute/Rehab-Room & Board Allow-Mdcare Mgd | 834,747.00 932,255.00 | | 0.00 0.00 | 834,747.00 932,255.00 |
| 4600-1000 | Long term care-Room and Board-Commercial | (540,453.00) | | 0.00 | (540,453.00) |
| 4600-2040 | Post-acute/Rehab-Room and Board-Commercial | (253,208.00) | | 0.00 | (253,208.00) |
| 4601-1000 | Long term care-Room & Board Allow-Commercial | 173,022.00 | | 0.00 | 173,022.00 |
| 4601-2040 | Post-acute/Rehab-Room & Board Allow-Commercial | 85,651.00 | | 0.00 | 85,651.00 |
| 4700-1000 | Long term care-Room and Board-Evercare | (328,576.00) | | 0.00 | (328,576.00) |
| 4701-1000 Subtotal [I4A.10] | Long term care-Room & Board Allow-Evercare Private Pay R&B - SNF Only | 100,058.00 (13,178,632.00) | - | 0.00 | 100,058.00 (13,178,632.00) |
| Subtotal [14A.10] | Filvale Fay Rob - SNF Olly | (13,178,632.00) | - | 0.00 | (13,178,032.00) |
| Subgroup : [II1A.10] | Prescrition Drugs Medicare - SNF Only | (174,070,00) | | | (171.070.00) |
| 4270-1000 4271-1000 | Long term care-Pharmacy-Medicare A Long term care-Pharmacy Allow-Medicare A | (174,878.00) 174,878.00 | | 0.00 0.00 | (174,878.00) 174,878.00 |
| 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 | (6,835.00) | | 0.00 | (6,835.00) |
| 4471-1000 | Long term care-Pharmacy Allow-Medicaid | 6,835.00 | | 0.00 | 6,835.00 |
| 4570-1000 | Long term care-Pharmacy-Medicare Managed Care | (101,186.00) | | 0.00 | (101,186.00) |
| 4571-1000 | Long term care-Pharmacy Allow-Medicare Mgd Care | 101,192.00 | | 0.00 | 101,192.00 |
| 4670-1000 4671-1000 | Long term care-Pharmacy-Commercial Long term care-Pharmacy Allow-Commercial | (28,660.00) 28,660.00 | | 0.00 0.00 | (28,660.00) 28,660.00 |
| 4770-1000 | Long term care-Pharmacy-Evercare | (6,273.00) | | 0.00 | (6,273.00) |
| 4771-1000 | Long term care-Pharmacy Allow-Evercare | 6,273.00 | | 0.00 | 6,273.00 |
| Subtotal [II1C.10] | Prescription Drugs Non-Medicare - SNF Only | 6.00 | | 0.00 | 6.00 |
| Subgroup : [II3A.10] | PT Medicare - SNF Only | | | | |
| 4220-1000 | Long term care-PT (in patient)-Medicare A | (738,353.00) | | 0.00 | (738,353.00) |
| 4221-1000 | Long term care-PT (in patient) Allow-Medicare A | 743,394.00 | | 0.00 | 743,394.00 |
| 4320-1000 4320-5220 | Long term care-PT (in patient)-Medicare B Inpatient Therapy-PT (in patient)-Medicare B | 7,467.00 (794,268.00) | | 0.00 0.00 | 7,467.00 (794,268.00) |
| 4321-1000 | Long term care-PT (in patient) Allow-Medicare B | 10,732.00 | | 0.00 | 10,732.00 |
| 4321-5220 | Inpatient Therapy-PT (inpatient) Allow-Medicare B | 486,653.00 | | 0.00 | 486,653.00 |
| Subtotal [II3A.10] | PT Medicare - SNF Only | (284,375.00) | | 0.00 | (284,375.00) |
| Subgroup : [II3C.10] | PT Non Medicare - SNF Only | | | | |
| 4120-1000 | Long term care-PT (in patient)-Private | 259.00 | | 0.00 | 259.00 |
| 4120-2040 | Post-acute/Rehab-PT (in patient)-Private | (325.00) | | 0.00 | (325.00) |
| 4420-1000 | Long term care-PT (in patient)-Medicaid | 93.00 | | 0.00 | 93.00 |
| 4421-1000 4521-1000 | Long term care-PT (in patient) Allow-Medicaid Long term care-PT (in pat) Allow-Medicare Mgd Care | (339.00) (158.00) | | 0.00 0.00 | (339.00) (158.00) |
| 4620-1000 | Long term care-PT (in patient)-Commercial | (8,308.00) | | 0.00 | (8,308.00) |
| 4620-5220 | Inpatient Therapy-PT (in patient)-Commercial | (39,192.00) | | 0.00 | (39,192.00) |
| 4621-1000 | Long term care-PT Inpatient Comm Allowance | (45,100.00) | | 0.00 | (45,100.00) |
| 4621-5220 | Inpatient Therapy-PT (in patient) Allow-Commercial | 36,496.00 | | 0.00 | 36,496.00 |
| 4720-1000 | Long term care-PT (in patient)-Evercare | (4,587.00) | | 0.00 | (4,587.00) |
| 4720-5220 4721-1000 | Inpatient Therapy- PT(inpatient)-Evercare B Long term care-PT (in patient) Allow-Evercare | (145,187.00) 4,587.00 | | 0.00 0.00 | (145,187.00) 4,587.00 |
| 4721-5220 | Inpatient Therapy- PT (inpatient) Allow-Evercare B | 4,307.00 | | 0.00 | 4,302.00 |
| 5025-5225 | Outpatient Therapy-Physical Therapy | (208,335.00) | | 0.00 | (208,335.00) |
| 5031-5225 | Outpatient Therapy-Contractual | 55,288.00 | | 0.00 | 55,288.00 |
| Subtotal [II3C.10] | PT Non Medicare - SNF Only | (340,506.00) | - | 0.00 | (340,506.00) |
| | | | | | |

| | OT Mudia and ONE Only | | | |
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| Subgroup : [II4A.10] 4240-1000 | ST Medicare - SNF Only Long term care-ST (in patient)-Medicare A | (115,736.00) | 0.00 | (115,736.00) |
| 4241-1000 | Long term care-ST (in patient)-Medicare A Long term care-ST (in patient) Allow-Medicare A | (115,736.00) 122,748.00 | 0.00 | (115,736.00) 122,748.00 |
| 4340-5220 | Inpatient Therapy-ST (in patient)-Medicare B | | 0.00 | |
| 4340-5220 | Inpatient Therapy-ST (in patient)-Medicare B | (61,487.00) 497.00 | 0.00 | (61,487.00) 497.00 |
| Subtotal [II4A.10] | ST Medicare - SNF Only | (53,978.00) | 0.00 | (53,978.00) |
| Subtotal [II+A. 10] | | (33,370.00) | 0.00 | (55,576.00) |
| Subgroup : [II4C.10] | ST Other - SNF Only | | | |
| 4140-1000 | Long term care-ST (in patient)-Private | 7,917.00 | 0.00 | 7,917.00 |
| 4440-1000 | Long term care-ST (in patient)-Medicaid | 213.00 | 0.00 | 213.00 |
| 4441-1000 | Long term care-ST (in patient) Allow-Medicaid | (462.00) | 0.00 | (462.00) |
| 4640-1000 | Long term care-ST (in patient)-Commercial | 460.00 | 0.00 | 460.00 |
| 4640-5220 | Inpatient Therapy-ST (in patient)-Commercial | (83,634.00) | 0.00 | (83,634.00) |
| 4641-5220 | Inpatient Therapy-ST (in patient) Allow-Commercial | 58,290.00 | 0.00 | 58,290.00 |
| 4740-1000 | Long term care-ST (in patient)-Evercare | (1,603.00) | 0.00 | (1,603.00) |
| 4740-5220 | Inpatient Therapy-ST(inpatient)-Evercare B | (20,970.00) | 0.00 | (20,970.00) |
| 4741-1000 | Long term care-ST (in patient) Allow-Evercare | 1,226.00 | 0.00 | 1,226.00 |
| 4741-5220 | Inpatient Therapy-ST(inpatient)-Allow-Evercare B | (2,590.00) | 0.00 | (2,590.00) |
| 5045-5225 | Outpatient Therapy-Speech Therapy | (4,030.00) | 0.00 | (4,030.00) |
| Subtotal [II4C.10] | ST Other - SNF Only | (45,183.00) | 0.00 | (45,183.00) |
| Subgroup : [II5A.10] | OT Medicare - SNF Only | | | |
| 4230-1000 | Long term care-OT (in patient)-Medicare A | (728,688.00) | 0.00 | (728,688.00) |
| 4231-1000 | Long term care-OT (in patient) Allow-Medicare A | 729,034.00 | 0.00 | 729,034.00 |
| 4330-1000 | Long term care-OT (in patient)-Medicare B | (1,523.00) | 0.00 | (1,523.00) |
| 4330-5220 | Inpatient Therapy-OT (in patient)-Medicare B | (228,143.00) | 0.00 | (228,143.00) |
| 4331-5220 | Inpatient Therapy-OT-(inpatient) Allow-Medicare B | 35,443.00 | 0.00 | 35,443.00 |
| Subtotal [II5A.10] | OT Medicare - SNF Only | (193,877.00) | 0.00 | (193,877.00) |
| | | (100,011,00) | 0.00 | (100,011100) |
| Subgroup : [II5C.10] | OT Non Medicare - SNF Only | | | · · · · · · |
| 4130-1000 | Long term care-OT (in patient)-Private | (881.00) | 0.00 | (881.00) |
| 4430-1000 | Long term care-OT (in patient)-Medicaid | 473.00 | 0.00 | 473.00 |
| 4431-1000 | Long term care-OT (in patient) Allow-Medicaid | (473.00) | 0.00 | (473.00) |
| 4630-5220 | Inpatient Therapy-OT (in patient)-Commercial | (496,876.00) | 0.00 | (496,876.00) |
| 4631-5220 | Inpatient Therapy-OT (in patient) Allow-Commercial | 436,139.00 | 0.00 | 436,139.00 |
| 4730-1000 | Long term care-OT (in patient)-Evercare | (6,487.00) | 0.00 | (6,487.00) |
| 4730-5220 | Inpatient Therapy-OT(inpatient)-Evercare B | (75,846.00) | 0.00 | (75,846.00) |
| 4731-1000 | Long term care-OT (in patient) Allow-Evercare | 6,487.00 | 0.00 | 6,487.00 |
| 4731-5220 | Inpatient Therapy-OT(inpatient)-Evercare B | (3,382.00) | 0.00 | (3,382.00) |
| 5035-5225 | Outpatient Therapy-Occupational Therapy | (15,841.00) | 0.00 | (15,841.00) |
| Subtotal [II5C.10] | OT Non Medicare - SNF Only | (156,687.00) | 0.00 | (156,687.00) |
| Subgroup : [II6A.10] | Other Medicare - SNF Only | | | |
| 4250-1000 | Long term care-X-RAY-Medicare A | (33,063.00) | 0.00 | (33,063.00) |
| 4251-1000 | Long term care-X-RAY Allow-Medicare A | 33,063.00 | 0.00 | 33,063.00 |
| 4260-1000 | Long term care-Medical/Surgical-Medicare A | (3,621.00) | 0.00 | (3,621.00) |
| 4261-1000 | Long term care-Medical/Surgical Allow-Medicare A | 668.00 | 0.00 | 668.00 |
| 4280-1000 | Long term care-Laboratory-Medicare A | (56,711.00) | 0.00 | (56,711.00) |
| 4281-1000 | Long term care-Laboratory Allow-Medicare A | 56,711.00 | 0.00 | 56,711.00 |
| 4350-1000 | Long term care-Laboratory-Medicare B | (7,154.00) | 0.00 | (7,154.00) |
| 4351-1000 | Long term care-Laboratory Allow-Medicare B | (324.00) | 0.00 | (324.00) |
| Subtotal [II6A.10] | Other Medicare - SNF Only | (10,431.00) | 0.00 | (10,431.00) |
| | ···· · ···· · · · · · | | | |
| Subgroup : [II6B.10] | Other Non Medicare - SNF Only | (100.00) | | (100.00) |
| 4450-1000 | Long term care-X-RAY-Medicaid | (132.00) | 0.00 | (132.00) |
| 4451-1000 | Long term care-X-RAY Allow-Medicaid | 132.00 | 0.00 | 132.00 |
| 4480-1000 | Long term care-Laboratory-Medicaid | (382.00) | 0.00 | (382.00) |
| 4481-1000 | Long term care-Laboratory Allow-Medicaid | 382.00 | 0.00 | 382.00 |
| 4550-1000 | Long term care-X-RAY-Medicare Managed Care | (19,027.00) | 0.00 | (19,027.00) |
| 4551-1000 | Long term care-X-RAY Allow-Medicare Managed Care | 19,027.00 | 0.00 | 19,027.00 |
| 4560-1000 | Long term care-Medical/Surgical-Medicare Mgd Care | (297.00) | 0.00 | (297.00) |
| 4561-1000 | Long term care-Med/Surg Allow-Medicare Mgd Care | | | |
| | | 297.00 | 0.00 | 297.00 |
| 4580-1000 | Long term care-Laboratory-Medicare Managed Care | (36,723.00) | 0.00 | (36,723.00) |
| 4581-1000 | Long term care-Laboratory Allow-Medicare Mgd Care | (36,723.00) 36,449.00 | 0.00 0.00 | (36,723.00) 36,449.00 |
| 4581-1000 4650-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial | (36,723.00) 36,449.00 (1,841.00) | 0.00 0.00 0.00 | (36,723.00) 36,449.00 (1,841.00) |
| 4581-1000 4650-1000 4651-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial | (36,723.00) 36,449.00 (1,841.00) 252.00 | 0.00 0.00 0.00 0.00 | (36,723.00) 36,449.00 (1,841.00) 252.00 |
| 4581-1000 4650-1000 4651-1000 4660-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) | 0.00 0.00 0.00 0.00 0.00 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) |
| 4581-1000 4650-1000 4651-1000 4660-1000 4680-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory-Commercial | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) | 0.00 0.00 0.00 0.00 0.00 0.00 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) |
| 4581-1000 4650-1000 4651-1000 4660-1000 4680-1000 4681-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory Allow-Commercial | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 |
| 4581-1000 4650-1000 4651-1000 4660-1000 4680-1000 4681-1000 4681-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory Allow-Commercial Long term care-Medical/Surgical-Evercare | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) |
| 4581-1000 4650-1000 4651-1000 4660-1000 4680-1000 4680-1000 4760-1000 4760-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory Allow-Commercial Long term care-Medical/Surgical-Evercare Long term care-Medical/Surgical-Allow-Evercare | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 |
| 4581-1000 4650-1000 4650-1000 4660-1000 4680-1000 4681-1000 4760-1000 4761-1000 4780-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory Allow-Commercial Long term care-Medical/Surgical-Evercare Long term care-Medical/Surgical-Rulow-Evercare Long term care-Laboratory-Evercare | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) |
| 4581-1000 4650-1000 4650-1000 4660-1000 4680-1000 4681-1000 4760-1000 4761-1000 4780-1000 4781-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory Allow-Commercial Long term care-Medical/Surgical-Evercare Long term care-Medical/Surgical Allow-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 |
| 4581-1000 4650-1000 4650-1000 4680-1000 4680-1000 4681-1000 4760-1000 4761-1000 4781-1000 4781-1000 Subtotal [II6B.10] | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Cornmercial Long term care-Medical/Surgical-Evercare Long term care-Medical/Surgical-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare Other Non Medicare - SNF Only | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) |
| 4581-1000 4650-1000 4650-1000 4680-1000 4680-1000 4681-1000 4761-1000 4761-1000 4761-1000 4781-1000 Subtotal [II6B.10] Subgroup : [II6B.22] | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Commercial Long term care-Medical/Surgical-Evercare Long term care-Medical/Surgical Allow-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare Other Non Medicare - SNF Only Other Non Medicare - A/L | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (5,240.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (5,240.00) |
| 4581-1000 4650-1000 4650-1000 4680-1000 4681-1000 4681-1000 4780-1000 4780-1000 4781-1000 Subtotal [II6B.10] Subgroup : [II6B.22] 4190-1000 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory Allow-Commercial Long term care-Medical/Surgical-Evercare Long term care-Medical/Surgical-Allow-Evercare Long term care-Medical/Surgical Allow-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare Cother Non Medicare - SNF Only Other Non Medicare - A/L Long term care-Dental-Private | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (5,240.00) (12,037.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (5,240.00) (12,037.00) |
| 4581-1000 4650-1000 4650-1000 4680-1000 4680-1000 4681-1000 4761-1000 4761-1000 4761-1000 4781-1000 Subtotal [II6B.10] Subgroup : [II6B.22] | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Commercial Long term care-Medical/Surgical-Evercare Long term care-Medical/Surgical Allow-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare Other Non Medicare - SNF Only Other Non Medicare - A/L | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (5,240.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (5,240.00) |
| 4581-1000 4650-1000 4650-1000 4680-1000 4680-1000 4681-1000 4761-1000 4761-1000 4781-1000 4781-1000 Subtotal [II6B.10] Subgroup : [II6B.22] 4190-1000 Subtotal [II6B.22] Subgroup : [IV8.22] | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Evercare Long term care-Medical/Surgical Allow-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare Other Non Medicare - SNF Only Other Non Medicare - A/L Long term care-Dental-Private Other Non Medicare - A/L Other - Non Reimbursible | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (12,037.00) (12,037.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (12,037.00) (12,037.00) |
| 4581-1000 4650-1000 4651-1000 4680-1000 4680-1000 4680-1000 4780-1000 4780-1000 4781-1000 4781-1000 Subtotal [II6B.22] 4190-1000 Subtotal [II6B.22] 4190-1000 Subtotal [II6B.22] 4800-2510 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory-Allow-Commercial Long term care-Laboratory-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare Cotter Non Medicare - SNF Only Other Non Medicare - A/L Long term care-Dental-Private Other Non Medicare - A/L Cotter Non Medicare - A/L | (36,723,00) 36,449,00 (1,841,00) 252,00 (201,00) (6,166,00) 5,857,00 (45,00) 45,00 (10,381,00) 7,514,00 (12,037,00) (1,336,082,00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (12,037.00) (12,037.00) (13,36,082.00) |
| 4581-1000 4650-1000 4650-1000 4680-1000 4680-1000 4681-1000 4760-1000 4760-1000 4761-1000 4780-1000 Subtotal [II6B.22] 4190-1000 Subtotal [II6B.22] Subgroup : [IV8.22] 4800-2510 4800-2520 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Commercial Long term care-Medical/Surgical-Evercare Long term care-Medical/Surgical-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Evercare Cother Non Medicare - SNF Only Other Non Medicare - A/L Long term care-Dental-Private Other - Non Reimbursible Assisted Living - Private Assisted Living / Memory Care - Private | (36,723,00) 36,449,00 (1,841,00) 252,00 (201,00) (6,166,00) 5,857,00 (45,00) (45,00) (10,381,00) 7,514,00 (12,037,00) (12,037,00) (1,221,164,00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) (45.00) (10,381.00) 7,514.00 (10,381.00) (12,037.00) (12,037.00) (1,336,082.00) (1,221,164.00) |
| 4581-1000 4650-1000 4650-1000 4680-1000 4680-1000 4680-1000 4761-1000 4761-1000 4781-1000 4781-1000 Subtotal [II6B.10] Subgroup : [II6B.22] 4190-1000 Subtotal [II6B.22] Subgroup : [IV8.22] 4800-2510 4800-2520 4800-2530 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Cornmercial Long term care-Medical/Surgical-Evercare Long term care-Medical/Surgical Allow-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare Other mage to the term care-Laboratory-Contractual-Evercare Other Non Medicare - SNF Only Other Non Medicare - A/L Long term care-Dental-Private Other Non Medicare - A/L Assisted Living - Private Assisted Living - Private Assisted Living - Marvin-Private | (36,723,00) 36,449,00 (1,841,00) 252,00 (201,00) (6,166,00) 5,857,00 (45,00) (45,00) (10,381,00) 7,514,00 (12,037,00) (1,221,164,00) (31,296,00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) (45.00) (10,381.00) 7,514.00 (12,037.00) (12,037.00) (12,037.00) (1,336,082.00) (1,221,164.00) (31,296.00) |
| 4581-1000 4650-1000 4650-1000 4680-1000 4680-1000 4680-1000 4761-1000 4761-1000 4781-1000 5ubtotal [II6B.10] 5ubgroup : [II6B.22] 4190-1000 5ubtotal [II6B.22] 8ubgroup : [IV8.22] 4800-2510 4800-2530 4801-2530 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Evercare Long term care-Medical/Surgical Allow-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare Other Non Medicare - SNF Only Other Non Medicare - A/L Long term care-Dental-Private Other Non Medicare - A/L Cother Non Medicare - A/L State - Non Medicare - Private Assisted Living - Private Assisted Living - Marvin-Private Assisted Living - Marvin-Private | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (12,037.00) (1,201,704.00) (1,221,164.00) (31,296.00) (379.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) (7,514.00) (12,037.00) (12,037.00) (1,336,082.00) (1,221,164.00) (31,296.00) (379.00) |
| 4581-1000 4650-1000 4650-1000 4680-1000 4680-1000 4680-1000 4780-1000 4780-1000 4781-1000 Subtotal [II6B.10] Subgroup : [II6B.22] 4190-1000 Subtotal [II6B.22] 4800-2510 4800-2520 4800-2530 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory-Evercare Long term care-Medical/Surgical-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare Cother Non Medicare - SNF Only Other Non Medicare - A/L Long term care-Dental-Private Other Non Medicare - A/L State Living - Private Assisted Living - Private Assisted Living - Marvin-Private Assisted Living - Marvin-Private Assisted Living - Marvin-Private Assisted Living - Marvin-Other | (36,723,00) 36,449,00 (1,841,00) 252,00 (201,00) (6,166,00) 5,857,00 (45,00) 45,00 (10,381,00) 7,514,00 (12,037,00) (1,221,164,00) (1,221,164,00) (31,296,00) (1,835,00) | 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 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 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 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 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 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 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 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 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 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 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) (45.00) (10,381.00) 7,514.00 (12,037.00) (12,037.00) (1,221,164.00) (31,296.00) (379.00) (1,835.00) |
| 4581-1000 4650-1000 4650-1000 4680-1000 4680-1000 4680-1000 4761-1000 4761-1000 4781-1000 5ubtotal [II6B.10] 5ubgroup : [II6B.22] 4190-1000 5ubtotal [II6B.22] 8ubgroup : [IV8.22] 4800-2510 4800-2530 4801-2530 | Long term care-Laboratory Allow-Medicare Mgd Care Long term care-X-RAY-Commercial Long term care-X-RAY Allow-Commercial Long term care-Medical/Surgical-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Commercial Long term care-Laboratory Allow-Evercare Long term care-Medical/Surgical Allow-Evercare Long term care-Laboratory-Evercare Long term care-Laboratory-Contractual-Evercare Other Non Medicare - SNF Only Other Non Medicare - A/L Long term care-Dental-Private Other Non Medicare - A/L Cother Non Medicare - A/L State - Non Medicare - Private Assisted Living - Private Assisted Living - Marvin-Private Assisted Living - Marvin-Private | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) 7,514.00 (12,037.00) (1,201,704.00) (1,221,164.00) (31,296.00) (379.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (36,723.00) 36,449.00 (1,841.00) 252.00 (201.00) (6,166.00) 5,857.00 (45.00) 45.00 (10,381.00) (7,514.00) (12,037.00) (12,037.00) (1,336,082.00) (1,221,164.00) (31,296.00) (379.00) |

| 4805-2510 | Assisted Living-Medication Packages | (61,686.00) | 0.00 | (61,686.00) |
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| 4805-2520 | Assisted Living/Memory Care-Medicatin Packages | (20,850.00) | 0.00 | (20,850.00) |
| 4807-2510 | Assisted Living-Other Services | (3,710.00) | 0.00 | (3,710.00) |
| 4807-2520 | Assisted Living/Memory Care-Other Services | 175.00 | 0.00 | 175.00 |
| 5000-5030 | Senior Choice at Home-Revenue | (677,738.00) | 0.00 | (677,738.00) |
| 5000-5050 | Friedman Home Care-Revenue | (2,843,334.00) | 0.00 | (2,843,334.00) |
| 5000-5070 | Home Together - Revenue | (1,774,678.00) | 0.00 | (1,774,678.00) |
| 5000-5075 | - | (3,667.00) | 0.00 | |
| | Elder Abuse Prevention-Revenue Medical Home Care-Revenue | | | (3,667.00) |
| 5000-5150 | | (1,832,460.00) | 0.00 | (1,832,460.00) |
| 5000-6000 | Other Operating- Dental Revenue | (59,398.00) | 0.00 | (59,398.00) |
| 5000-7550 | Work Activity Center-Revenue | (4,322.00) | 0.00 | (4,322.00) |
| 5000-7600 | Fitness Center - Revenue - Dues | (375,032.00) | 0.00 | (375,032.00) |
| 5002-5050 | Friedman Home Care-Revenue-Other | (32,513.00) | 0.00 | (32,513.00) |
| 5002-7600 | Fitness Center - Revenue - Personal Trainer | (19,072.00) | 0.00 | (19,072.00) |
| 5003-5155 | Hospice Revenue | (1,583,397.00) | 0.00 | (1,583,397.00) |
| 5005-5025 | Child Care Center-Fund Raising Revenue | (82.00) | 0.00 | (82.00) |
| 5008-7600 | Fitness Center - Revenue - Swim Lessons | (76,465.00) | 0.00 | (76,465.00) |
| 5009-7600 | Fitness Center - Revenue - Other | (70,328.00) | 0.00 | (70,328.00) |
| 5100-5015 | ADHC-Grasmere-Private Pay Revenue | (166,028.00) | 0.00 | (166,028.00) |
| 5110-5015 | ADHC-Grasmere-SWCAA/Medicaid Revenue | (126,578.00) | 0.00 | (126,578.00) |
| 5115-5015 | ADHC-Grasmere-Respite (State) Revenue | (23,144.00) | 0.00 | (23,144.00) |
| 5130-5015 | ADHC-Grasmere-Title III Grant | (25,837.00) | 0.00 | (25,837.00) |
| 5140-5015 | ADHC-Grasmere-Department of Ed Grant | (8,939.00) | 0.00 | (8,939.00) |
| | • | | | |
| 5150-5015 | ADHC-Grasmere-Veterans Admin Revenue | (14,280.00) | 0.00 | (14,280.00) |
| 5155-5015 | ADHC-Grasmere-TOF Grant Revenue | (35,000.00) | 0.00 | (35,000.00) |
| 5165-5015 | ADHC-Grasmere-CDBG Grant Revenue | (5,000.00) | 0.00 | (5,000.00) |
| 5175-5015 | ADHC-Grasmere-Alzheimers Grant | (12,204.00) | 0.00 | (12,204.00) |
| 5178-5015 | ADHC-Grasmere-EML Revenue | (26,950.00) | 0.00 | (26,950.00) |
| 5200-5030 | Senior Choice at Home - Monthly Revenue | (761,352.00) | 0.00 | (761,352.00) |
| 5210-5030 | Senior Choice at Home-Application Fee | (2,500.00) | 0.00 | (2,500.00) |
| 5215-5030 | Senior Choice at Home - Care Coordination Revenue | (1,610.00) | 0.00 | (1,610.00) |
| 5545-6000 | Other Operating-ADHC Meals | (21,775.00) | 0.00 | (21,775.00) |
| 5565-6000 | Other Operating-Beauty Salon | (29,634.00) | 0.00 | (29,634.00) |
| 5570-6000 | Other Operating-GPG LLC Income | (12,703.00) | 0.00 | (12,703.00) |
| 66000.BSC | Additional Pension Liability | (962,052.00) | 0.00 | |
| | Other - Non Reimbursible | · · · · · · · · · · · · · · · · · · · | 0.00 | (962,052.00) |
| Subtotal [IV8.22] | Other - Non Reinbursible | (14,402,334.00) | | (14,402,334.00) |
| | | | | |
| Subgroup : [IV/9 10] | Other SNE Only | | | |
| Subgroup : [IV8.10] | Other - SNF Only | (46.289.00) | | (46.288.00) |
| 4200-2040-Marcum | CARES Medicare Monies | (46,388.00) | 0.00 | (46,388.00) |
| 4200-2040-Marcum 4400-1000-Marcum | CARES Medicare Monies Medicaid CRF Funds | (353,079.00) | 0.00 0.00 | (353,079.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue | (353,079.00) (409,970.00) | 0.00 0.00 0.00 | (353,079.00) (409,970.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted | (353,079.00) (409,970.00) (1,553,762.00) | 0.00 0.00 0.00 0.00 | (353,079.00) (409,970.00) (1,553,762.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment | (353,079.00) (409,970.00) | 0.00 0.00 0.00 0.00 0.00 0.00 | (353,079.00) (409,970.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted | (353,079.00) (409,970.00) (1,553,762.00) | 0.00 0.00 0.00 0.00 | (353,079.00) (409,970.00) (1,553,762.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) | 0.00 0.00 0.00 0.00 0.00 0.00 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5404-3000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) | 0.00 0.00 0.00 0.00 0.00 0.00 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5404-3000 5520-6000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cafe | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (138,286.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (138,286.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5404-3000 5520-6000 5523-3000 5525-6000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's ClubWomen's Auxiliary Other Operating-Catering | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (186,540.00) (138,286.00) (271,806.00) (71,524.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (138,286.00) (271,806.00) (71,524.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5403-3000 5404-3000 5520-6000 5523-3000 5525-6000 5530-6000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating-Catering Other Operating- Community Events | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (188,286.00) (271,806.00) (71,524.00) (39,116.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5404-3000 5520-6000 5520-6000 5525-6000 5535-6000 5535-6000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating - Community Events Other Operating-Vending Machine | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5404-3000 5520-6000 5523-6000 5525-6000 5535-6000 5536-6000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating-Catering Other Operating-Catering Other Operating-Catering Other Operating-Community Events Other Operating-Congregate Food Program | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (188,540.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (8,028.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (138,540.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (8,028.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5404-3000 5520-6000 5523-6000 5530-6000 5530-6000 5540-6000 5550-6000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating - Community Events Other Operating-Congregate Food Program Other Operating-Television | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (168,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (6,028.00) (65,440.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (271,806.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (8,028.00) (65,440.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5404-3000 5520-6000 5523-000 5525-6000 5530-6000 5530-6000 5550-6000 5555-6000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating-Centering Other Operating - Community Events Other Operating-Vending Machine Other Operating-Congregate Food Program Other Operating-Congregate Food Program Other Operating-Delevision Other Operating-Physician Practice Office Rent | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (188,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (8,028.00) (65,440.00) (13,500.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (138,286.00) (271,806.00) (271,806.00) (271,824.00) (39,116.00) (415.00) (8,028.00) (65,440.00) (13,500.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5404-3000 5520-6000 5523-3000 5523-3000 5525-6000 5530-6000 5534-6000 5540-6000 5555-6000 5555-6000 5555-6000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's Club/Women's Auxillary Other Operating-Catering Other Operating - Catering Other Operating - Community Events Other Operating - Congregate Food Program Other Operating-Television Other Operating-Plevision Other Operating-Plevision Other Operating-Investment Income - Unrestricted | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (171,806.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (80,28.00) (65,440.00) (13,500.00) (53,711.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (65,440.00) (13,500.00) (53,711.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5520-6000 5523-6000 5535-6000 5536-6000 5554-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's ClubWomen's Auxiliary Other Operating-Catering Other Operating-Catering Other Operating-Community Events Other Operating-Community Events Other Operating-Vending Machine Other Operating-Television Other Operating-Television Other Operating-Investment Income - Unrestricted Non-Operating-Investment Income - Restricted | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (186,540.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (65,440.00) (13,500.00) (53,711.00) (77,335.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (138,54.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (65,440.00) (13,500.00) (53,711.00) (77,335.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5500-6000 5523-6000 5535-6000 5535-6000 5540-6000 5550-6000 5550-6000 5550-6000 5550-6000 5555-6000 5601-7710 5603-7710 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating-Catering Other Operating-Community Events Other Operating-Congregate Food Program Other Operating-Investment Income - Unrestricted Non-Operating-Investment Income - Restricted Non-Operating-Investment Income - Restricted | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (171,524.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (65,440.00) (53,711.00) (77,335.00) (432,371.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (65,440.00) (13,500.00) (53,711.00) (77,335.00) (432,371.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5503-6000 5523-3000 5523-6000 5535-6000 5535-6000 5536-6000 5556-6000 5556-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-7710 5604-7710 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cate Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating - Community Events Other Operating - Community Events Other Operating - Comgegate Food Program Other Operating-Indevision Other Operating-Investment Income - Inrestricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (188,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (80,28.00) (65,440.00) (13,500.00) (53,711.00) (77,335.00) (432,371.00) (58.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (138,286.00) (271,806.00) (271,806.00) (271,824.00) (39,116.00) (415.00) (8,028.00) (65,441.00) (13,500.00) (53,711.00) (77,335.00) (432,371.00) (58.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5520-6000 5523-3000 5525-6000 5535-6000 5535-6000 5536-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-7710 5603-7710 5620-7710 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cate Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating-Catering Other Operating - Community Events Other Operating - Community Events Other Operating - Comgregate Food Program Other Operating-Television Other Operating-Investment Income - Unrestricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Nestricted Non-Operating-Investment Income - Nestricted | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (186,540.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (65,240.00) (65,440.00) (13,500.00) (53,711.00) (77,335.00) (432,371.00) (58.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (138,54.00) (138,286.00) (271,806.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (65,440.00) (13,500.00) (53,711.00) (77,335.00) (432,371.00) (58.00) (43,505.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5503-6000 5523-3000 5523-6000 5535-6000 5535-6000 5536-6000 5556-6000 5556-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-7710 5604-7710 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cate Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating - Community Events Other Operating - Community Events Other Operating - Comgegate Food Program Other Operating-Indevision Other Operating-Investment Income - Inrestricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (188,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (80,28.00) (65,440.00) (13,500.00) (53,711.00) (77,335.00) (432,371.00) (58.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (138,286.00) (271,806.00) (271,806.00) (271,824.00) (39,116.00) (415.00) (8,028.00) (65,441.00) (13,500.00) (53,711.00) (77,335.00) (432,371.00) (58.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5520-6000 5523-3000 5525-6000 5535-6000 5535-6000 5536-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-6000 5555-7710 5603-7710 5620-7710 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cate Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating-Catering Other Operating - Community Events Other Operating - Community Events Other Operating - Comgregate Food Program Other Operating-Television Other Operating-Investment Income - Unrestricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Nestricted Non-Operating-Investment Income - Nestricted | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (186,540.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (65,240.00) (65,440.00) (13,500.00) (53,711.00) (77,335.00) (432,371.00) (58.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (8,028.00) (65,441.00) (13,500.00) (13,501.00) (423,371.00) (43,505.00) (43,505.00) (435,0215.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5500-6000 5523-6000 5535-6000 5535-6000 5550-6000 5555-6000 5555-6000 5555-6000 5560-7710 5603-7710 5602-7710 5623-7710 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Endowment Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating-Catering Other Operating-Community Events Other Operating-Congregate Food Program Other Operating-Investment Income - Unrestricted Non-Operating-Investment Income - Restricted Non-Operating-Investment Income - Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Interest Income Non-Operating-Interest Income | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (171,524.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (65,440.00) (13,500.00) (53,711.00) (77,335.00) (432,371.00) (432,371.00) (58.00) (43,505.00) (41,330.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (138,286.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (8,028.00) (65,441.00) (13,500.00) (13,501.00) (423,371.00) (43,505.00) (43,505.00) (435,0215.00) |
| 4200-2040-Marcum 4400-1000-Marcum 5000-5025 5401-3000 5403-3000 5500-6000 5520-6000 5525-6000 5535-6000 5535-6000 5540-6000 5550-6000 5550-6000 5550-6000 5555-6000 5601-7710 5603-7710 5604-7710 5621-7710 5624-7710 | CARES Medicare Monies Medicaid CRF Funds Child Care Center-Revenue Foundation-Contributions - Unrestricted Foundation-Contributions - Temporarily Restricted Other Operating-Cafe Foundation-Men's Club/Women's Auxiliary Other Operating-Catering Other Operating-Catering Other Operating-Community Events Other Operating-Congregate Food Program Other Operating-Physician Practice Office Rent Non-Operating-Investment Income - Unrestricted Non-Operating-Investment Income - Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Investment Income - Temp Restricted Non-Operating-Interest Income Non-Operating-Realized Gain/Loss-Endowment Non-Operating-Realized Gain/Loss-Temporarily Restr | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (168,540.00) (171,524.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (65,440.00) (65,440.00) (13,500.00) (33,711.00) (77,335.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (330,215.00) | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (353,079.00) (409,970.00) (1,553,762.00) (33,054.00) (138,266.00) (271,806.00) (271,806.00) (71,524.00) (39,116.00) (415.00) (8,028.00) (65,440.00) (13,500.00) (53,711.00) (77,335.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) (432,371.00) |
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| Client: Engagement: Period Ending: Trial Balance: Workpaper: Account | Jewish Senior Services Medicaid - Jewish Senior Services 9/30/2021 A.010 - TB A.013 - Balance Sheet Grouping Report Description | FINAL 9/30/2021 |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Group : [31 - 32] | Assets | |
| Subgroup : [A1] | Cash | |
| 1003 | People's Bank-Operating | 2,751,436.00 |
| 1006 | Checking Clearing Account | 8,807.00 |
| 1016 | PEOPLE'S BANK - PAYROLL | 2,009.00 |
| 1018 | CASH-SENIOR CHOICE AT HOME | 981,018.00 |
| 1019 | BANK OF AMERICA - UHC/DENTAL | 5,000.00 |
| 1020 | PETTY CASH JHE | 600.00 |
| 1022 | Petty Cash - ADHC | 200.00 |
| 1025 | PETTY CASH DINING SERVICES | 500.00 |
| 1044 | PEOPLE'S BANK - FOUNDATION | 924,211.00 |
| 1046 | PEOPLE'S BANK - FOUNDATION - CREDIT CARDS | 3,646.00 |
| Subtotal [A1] | Cash | 4,677,427.00 |
| Subaroup - [A2] | Resident Accounts Receivable | |
| Subgroup : [A2] 1210 | A/R - PRIVATE | 900 757 00 |
| 1210 | | 800,757.00 188,090.00 |
| 1212 | A/R - Private Pending Medicaid A/R - MEDICAID | 1,784,704.00 |
| 1220 | A/R MEDICAID A/R MEDICARE Fee for Service | 521,494.00 |
| 1230 | A/R MEDICARE PT B | 50,777.00 |
| 1233 | A/R MEDICARE A SECONDARY | 173,709.00 |
| 1240 | A/R MEDICARE B SECONDARY | 16,545.00 |
| 1243 | A/R COMMERCIAL | 213,902.00 |
| 1255 | A/R COMMERCIAL COINSURANCE | 7,218.00 |
| 1260 | A/R MEDICARE EVERCARE | 37,130.00 |
| 1265 | A/R MEDICARE MANAGED | 333,696.00 |
| 1270 | ALLOWANCE FOR DOUBTFUL ACCOUNT | (356,572.00) |
| 1280 | A/R-Assisted Living Private | 27,798.00 |
| 1320 | A/R - ADHC - GRASMERE - VETERANS ADMINISTRATI | 3,064.00 |
| 1350 | A/R - ADHC - GRASMERE - PRIVATE PAY | 30,329.00 |
| 1355 | A/R - ADHC - GRASMERE - SWCAA STATE | 12,706.00 |
| 1360 | A/R - ADHC - GRASMERE - RESPITE | 4,260.00 |
| 1405 | HOME TOGETHER A/R | 141,429.00 |
| 1410 | A/R - FRIEDMAN HOME CARE | 437,779.00 |
| 1412 | A/R - MEDICAL HOME CARE | 307,041.00 |
| 1413 | A/R-Hospice | 327,194.00 |
| | · · · · · · | |

| 1414 1415 | MHC & HOSPICE-ALLOWANCE FOR DOUBTFUL ACCC FHC - ALLOWANCE FOR DOUBTFUL ACCT | (1,148.00) (43,116.00) |
|----------------------|--------------------------------------------------------------------------------|---------------------------|
| 1435 | A/R - CONGREGATE MEALS | 1,180.00 |
| Subtotal [A2] | Resident Accounts Receivable | 5,019,966.00 |
| | | |
| Subgroup : [A3] | Other Accounts Receivable | |
| 1420 | ENTRANCE FEE RECEIVABLE-SCAH | 240,006.00 |
| Subtotal [A3] | Other Accounts Receivable | 240,006.00 |
| Subgroup : [A4] | Inventory | |
| 1510 | FOOD INVENTORY | 85,439.00 |
| 1520 | MED SURG INVENTORY | 48,556.00 |
| Subtotal [A4] | Inventory | 133,995.00 |
| | - | · · · · · · |
| Subgroup : [A5] | Prepaid Expenses | |
| 1445 | PREPAID EXPENSE - AGREEMENTS | 43,461.00 |
| Subtotal [A5] | Prepaid Expenses | 43,461.00 |
| | | |
| Subgroup : [A8] | Other Current Assets | |
| 1030 | RESIDENT BANK - CHECKING | 216,551.00 |
| 1035 1370 BSC | RESIDENT BANK - CASH ON HAND | 1,176.00 |
| 1450 | Current portion of pledges receivable DUE FROM GPG | 135,986.00 768.00 |
| 1464 | DUE FROM AUXILIARY | 4,467.00 |
| 1466 | DUE FROM GIFT SHOP | 1,457.00 |
| 1825 | 457B PENSION PLAN | 33,821.00 |
| Subtotal [A8] | Other Current Assets | 394,226.00 |
| | - | , |
| Subgroup : [B1] | Land | |
| 1610 | LAND | 5,000,000.00 |
| Subtotal [B1] | Land | 5,000,000.00 |
| Subgroup : [B3] | Building Improvements | |
| 1620 | BUILDING | 92,460,664.00 |
| 1720 | ACCUM.DEP-BUILDING | (17,177,922.00) |
| Subtotal [B3] | Building Improvements | 75,282,742.00 |
| | | · · · |
| Subgroup : [B5 - B6] | Non-Movable / Movable Equipment | |
| 1630 | FURNITURE & EQUIPMENT | 4,106,691.00 |
| 1635 | COMPUTERS AND SOFTWARE | 1,407,610.00 |
| 1730 | ACCUM.DEP-FURNITURE & EQUIPMEN | (2,493,498.00) |
| 1735 | ACCUM.DEP-COMPUTERS & SOFTWARE | (1,277,073.00) |
| Subtotal [B5 - B6] | Non-Movable / Movable Equipment | 1,743,730.00 |

| Subgroup : [B7] | Motor Vehicle | |
|-------------------|-----------------------------------------|----------------|
| 1645 | AUTOMOBILES | 377,001.00 |
| 1745 | ACCUM.DEP-AUTOMOBILES | (330,667.00) |
| Subtotal [B7] | – Motor Vehicle | 46,334.00 |
| | - | |
| Subgroup : [B9] | Other Fixed Assets | |
| 1650 | CONSTRUCTION IN PROGRESS | 30,483.00 |
| Subtotal [B9] | Other Fixed Assets | 30,483.00 |
| Subgroup : [D5] | Investments Related to Resident Care | |
| 1101 | MORGAN STANLEY - UNRESTRICTED | 829,311.00 |
| 1103 | MORGAN STANLEY - ENDOWMENT | 9,713,581.00 |
| 1104 | MORGAN STANLEY - TEMPORARILY RESTRICTED | 2,303,542.00 |
| 1123 | MERRILL LYNCH - HW | 1,215,329.00 |
| 1131 | ISRAEL BONDS | 100,000.00 |
| Subtotal [D5] | Investments Related to Resident Care | 14,161,763.00 |
| | | |
| Subgroup : [D7] | Other Assets | (405 000 00) |
| 1371 BSC | Reclass portion of pledges receivable | (135,986.00) |
| 1373 | PLEDGES RECEIVABLE - ENDOWMENT | 23,000.00 |
| 1374 | PLEDGES RECEIVABLE - SPECIAL | 5,721.00 |
| 1375 | PLEDGES RECEIVABLE DISCOUNT - ENDOWMENT | (5,540.00) |
| 1381 | ANNUAL CAMPAIGN RECEIVABLE | 11,222.00 |
| 1383 | CONTRIBUTIONS RECEIVABLE | 268,090.00 |
| 1383-BSC | CONTRIBUTIONS RECEIVABLE ALLOWANCE | (142,894.00) |
| 1384 | PLEDGES RECEIVABLE - VISION 2031 | 585,215.00 |
| 1385 | PLEDGES DISCOUNT/ALLOWANCE | (65,544.00) |
| Subtotal [D7] | Other Assets | 543,284.00 |
| Total [31 - 32] | Assets = | 107,317,417.00 |
| Group : [32 - 34] | Liabilities | |
| Subgroup : [A1] | Accounts Payable | |
| 2105 | ACCOUNTS PAYABLE | (861,135.00) |
| Subtotal [A1] | Accounts Payable | (861,135.00) |
| | | |
| Subgroup : [A2] | Notes Payable | <i></i> |
| 2426-BSC | Current Portion of ADHC Debt | (179,517.00) |
| Subtotal [A2] | Notes Payable _ | (179,517.00) |
| Subgroup : [A3] | Loans Payable for Equipment | |
| 2427-BSC | Current portion of equipment loan | (18,352.00) |
| Subtotal [A3] | Loans Payable for Equipment | (18,352.00) |
| | - | |

| Subgroup : [A4] | Accrued Payroll | |
|------------------|---------------------------------------------|------------------------------|
| 2140 | ACCRUED PAYROLL | (427,911.00) |
| Subtotal [A4] | Accrued Payroll | (427,911.00) |
| Subgroup : [A6] | Accrued Payroll Taxes Payable | |
| 2170 | FICA PAYABLE | (27,599.00) |
| Subtotal [A6] | Accrued Payroll Taxes Payable | (27,599.00) |
| Subgroup : [A9] | Mortgage Payable | |
| 2449 | BOND LIABILITY - S/T | (2,246,667.00) |
| Subtotal [A9] | Mortgage Payable | (2,246,667.00) |
| Subgroup : [A12] | Other Current Liabilities | |
| 2110 | ACCRUED EXPENSES | (1,002,779.00) |
| 2120 | PATIENT REFUND CLEARING | 1,158.00 |
| 2150 | ACCRUED VACATION | (1,102,661.00) |
| 2160 | EMPLOYEE PENSION LIABILITY | (29,995.00) |
| 2165 | 457B PENSION PLAN | (34,844.00) |
| 2200 | HOSPICE PASS THRU | (111,542.00) |
| 2210 | GARNISHMENTS | (129.00) |
| 2220 | PAID FAMILY LEAVE | (35,835.00) |
| 2230 | VOLUNTARY CHOICE CARE W/H | (95,771.00) |
| 2290 | EMPLOYEE GIVING FUND | (44,632.00) |
| 2300 | DEFERRED EXPENSES | (52,097.00) |
| 2305 | DEFERRED REVENUE - STIMULUS | (260,700.00) |
| 2305-Marcum | Medicaid Advances | (385,000.00) |
| 2310 | DEFERRED REVENUE - RECEIVABLES | (186,661.00) |
| 2320 | DEFERRED REVENUE-ADHC | (26,250.00) |
| 2322 | Deferred Revenue-Grants | (52,940.00) |
| 2335 | DEFERRED REVENUE - SENIOR CHOICE - CARE COO | (17,710.00) |
| 2337 | Deposits-Assisted Living | (277,200.00) |
| 2350 | RESIDENT BANK - EQUITY | (217,726.00) |
| Subtotal [A12] | Other Current Liabilities | (3,933,314.00) |
| | | |
| Subgroup : [B1] | Loans Payable - Equipment | / - · · · · · · · · · |
| 2445 | | (6,130.00) |
| Subtotal [B1] | Loans Payable - Equipment | (6,130.00) |
| Subgroup : [B2] | Mortgage payable | |
| 2450 | BOND LIABILITY - L/T | (50,357,500.00) |
| Subtotal [B2] | Mortgage payable | (50,357,500.00) |
| Subgroup : [B4] | Other Long Term Liabilities | |
| 1800 | PREPAID PENSION EXPENSE | (1,337,236.00) |

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| 1930 | DEFERRED BOND COST | 741,151.00 |
|-----------------|----------------------------------------|-----------------|
| 2330 | Deferred Revenue-Senior Choice at Home | (4,051,049.00) |
| 2400 | GIFT ANNUITY LIABILITY | (152,384.00) |
| 2500 | Swap Liability | (111,290.00) |
| Subtotal [B4] | Other Long Term Liabilities | (4,910,808.00) |
| Total [32 - 34] | Liabilities | (62,968,933.00) |
| Group : [35] | Equity | |
| Subgroup : [B5] | Cumulated Earnings | |
| 3010 | FUND BALANCE | (31,440,689.00) |
| 3013 | NET ASSETS - ENDOWMENT-PERM RESTRICTED | (11,007,594.00) |
| 3014 | NET ASSETS - TEMP RESRTICTED | (1,182,821.00) |
| Subtotal [B5] | Cumulated Earnings | (43,631,104.00) |
| Total [35] | Equity | (43,631,104.00) |

| Contact Modical Journal Entries Period Ending: 9302021 Taila Bulance A.007 - TB Workpaper: H.01 - Conduined Journal Entries Report Account Description WP Ref Debit Credit Reclassifying Journal Entries 246.500.00 6010-7010a Administration Salary - Administrator 668.832.00 6010-7010a Administration Salary - VP Innoce 241.500.00 6010-7010a Administration Salary - VP Innoce 1.177.382.00 6010-7010a Administration Salary - VP Innoce 1.319.00 6010-7010a Administration Salary - VP Innoce 1.177.382.00 60255220 Inpatent Therapy-Salary Expense - OT 480.00 60255220 Inpatent Therapy-Salary Expense - OT 480.00 7050-7350.20 Nurang Support - Temp Help - LPN 66.180.00 7060-7350.20 Nurang Support - Temp Help - LPN 66.180.00 7060-7350.20 Nurang Support - Temp Help - LPN 66.180.00 7060-7350.20 Nurang Support - Temp Help - LPN 66.180.0 | Client: | Jewish Senior Services | | | |
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| Period Enring: 202021 Hill Ballance: A020-73 Workpaper: H01-Combined Journal Entries Report Account Description WP Ref Debit Credit Reclassifying Journal Entries Reclassifying Journal Entries J # 3001 Toroclass sating or PEO 300000 6010-70100 VP OF OPERATION SIBUSINESS 2000000 6010-70100 Administration Statery. VP Interce 2010-70100 Administration Statery. VP Interce 2010-70200 Administration Parameters 2010-70200 Administration Parameter 2010-70200 | | | | | |
| Trial Balance: A. 240-7 B Workpape: H.01 - Combined Journal Entries Report Account Description WP Ref Debit Credit Reclassifying Journal Entries E South of the state statute state | | | | | |
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| AccountDescriptionWP RefDebitCreditReclassifying Journal Entries1.01To reclassing pur PGC document893,92.0060107010Admin Salary - Administrator893,92.0060107010Administrator893,92.0060107010Administrator893,92.0060107010Administrator893,92.0060107010Administrator893,92.0060107010Administrator893,92.0060107010Administrator893,92.006025-5220Inpatient Therapy-Salary Disperse - PT528,0006245-5220Inpatient Therapy-Salary Disperse - PT528,0006255-5220Inpatient Therapy-Salary Disperse - PT548,0006255-5220Inpatient Therapy-Salary Disperse - PT548,00070507302Nurang Support - Temp Help - DN66,180,0070507302Nurang Support - Temp Help - DN66,180,0070507302Nurang Support - Temp Help - DN59,181,007067303Nurang Support - Temp Help - DN59,181,007067300Declors and Officers Insurance79,990,007067301Ducktor and Officers Insurance79,990,0070507302Duranter Advinger Disperse70,990,0070507303Duranter and Disperse70,990,0070507301Ducktor and Officers Insurance79,990,0070507301Ducktor and Officers Insurance79,990,0070507301Ducktor and Officers Insurance79,990,0070507301Ducktor and Officers Insurance79,990,00 <t< td=""><td>Workpaper:</td><td>H.01 - Combined Journal Entries Report</td><td></td><td></td><td></td></t<> | Workpaper: | H.01 - Combined Journal Entries Report | | | |
| Reclassifying_ournal Entries JE # 3001 L01 To reclass salutions per PBC document 246,500,00 6010-7010a Administantar 6693,382,00 6010-7010a Administantar 6893,82,00 6010-7010a Administantar 6893,82,00 6010-7010a Administration Salary - Director 1,177,382,00 6025-5220 Inpatient Therapy-FBP Docural 1,319,00 6026-5220 Inpatient Therapy-Salary Expense - 0T 488,00 6226-5220 Inpatient Therapy-Salary Expense - 0T 488,00 6226-5220 Inpatient Therapy-Salary Expense - 0T 488,00 6226-5220 Inpatient Therapy-Rehab Program Manager 1,178,701,00 Total 1,178,701,00 1,178,701,00 Total 1,178,701,00 1,178,701,00 Reclassifying Journal Entries JE # 3003 N.02 159,943,20 Total 159,943,20 159,943,20 Total 159,943,20 159,943,20 Total 159,943,20 159,943,20 Total 159,943,20 159,943,20 Total 602,715 | Account | - | W/P Ref | Debit | Credit |
| Reclassifying_ournal Entries JE # 3001 L01 To reclass salutions per PBC document 246,500,00 6010-7010a Administantar 6693,382,00 6010-7010a Administantar 6893,82,00 6010-7010a Administantar 6893,82,00 6010-7010a Administration Salary - Director 1,177,382,00 6025-5220 Inpatient Therapy-FBP Docural 1,319,00 6026-5220 Inpatient Therapy-Salary Expense - 0T 488,00 6226-5220 Inpatient Therapy-Salary Expense - 0T 488,00 6226-5220 Inpatient Therapy-Salary Expense - 0T 488,00 6226-5220 Inpatient Therapy-Rehab Program Manager 1,178,701,00 Total 1,178,701,00 1,178,701,00 Total 1,178,701,00 1,178,701,00 Reclassifying Journal Entries JE # 3003 N.02 159,943,20 Total 159,943,20 159,943,20 Total 159,943,20 159,943,20 Total 159,943,20 159,943,20 Total 159,943,20 159,943,20 Total 602,715 | Poclassifying Jour | nal Entrice | | | |
| To redats subtrise per BEC document 246.500.00 6010-7010a Administrator 669.382.00 6010-7010a Administrator 669.382.00 6010-7010a Administrator 689.382.00 6010-7010a Administration Salay - VP Finance 241.500.00 6025-5220 Inpatient Therapy-Salay Expense - PT 1,319.00 6235-5220 Inpatient Therapy-Salay Expense - 9T 449.00 6235-5220 Inpatient Therapy-Salay Expense - 9T 165.00 7057-7100 Marinet Salay - Administration-Salay - Director 1,778.701.00 7057-7350.1 Nursing Support - Temp Help - LPN 66.180.00 7050-7350.2 Nursing Support - Temp Help - LPN 93.783.00 7050-7350.3 Nursing Support - Temp Help - LPN 93.783.00 7050-7350.4 Nursing Support - Temp Help - LPN 93.783.00 7050-7350.5 Nursing Support - Temp Help - LPN 93.783.00 7050-7350.6 E 3003 Nu2 To reclass support - Temp Help - LPN 93.783.00 7050-7350.7 E 300.4 89.181.00 7050-7350.1 E 300.4 <td></td> <td></td> <td>1.01</td> <td></td> <td></td> | | | 1.01 | | |
| 5001100 VP OF OPERATIONSBUSINESS 246,500.00 6010-7010a Admin Salary - Administrator 669,382.00 6010-7010a Administrator 629,382.00 6010-7010a Administrator 621,520.00 6010-7010a Administrator 621,520.00 6010-7010a Administration-Salary - Director 1,177,382.00 6226-5220 Inpatient Therapy-Salary Expense - OT 626,900.00 6255-5220 Inpatient Therapy-Salary Expense - OT 66,180.00 6255-5220 Inpatient Therapy-Salary Expense - OT 66,180.00 7050-7350.1 Nursing Support - Temp Help - LPN 66,180.00 7050-7350.2 Nursing Support - Temp Help - CNA 93,763.00 7050-7350.3 Nursing Support - Temp Help - CNA 93,763.00 7050-7350.5 Nursing Support - Temp Help - CNA 93,763.00 7050-7350.6 Equipment lease 69,181.00 705-74500 Equipment lease 69,181.00 705-7410A Directors and Officers and Officers insurance 70,960.00 705-7410A Directors and Officers insurance 70,960.00 | | | 1.01 | | |
| 9010-7010a Administrator 603,382,00 9010-7010a Administration Salary - VP Finance 241,500,00 6025-5220 Inpatient Therapy-FIO Accrual 1,319,00 6010-7010 Administration-Salary - Uncetor 520,00 6240-6220 Inpatient Therapy-Salary Expense - ST 520,00 6205-5220 Inpatient Therapy-Salary Expense - ST 480,00 6225-5220 Inpatient Therapy-Salary Expense - ST 1177,87,01.00 704 To reclass nursing purchased services 150,00 7050-7350 Nursing Support - Temp Help - LPN 66,180,00 7050-7350 Nursing Support - Temp Help - CNA 93,783,00 7050-7350 Nursing Support - Temp Help - CNA 93,783,00 7050-7350 Nursing Support - Temp Help - CNA 93,783,00 7050-7350 Nursing Support - Temp Help - CNA 93,783,00 7050-7350 Reclassifying Journal Entries JE # 3003 N.02 To reclass and/unment lease 89,181,00 89,181,00 7050-7101C Auto Instrance 70,980,00 70,911,00 To reclass instrunce expretsis 70,980, | | | | 246,500.00 | |
| 602-522 Inpatient Therapy-FIO Accual 1,319.00 6010-7010 Administration-Salary - Director 526.00 624-5220 Inpatient Therapy-Salary Expense - PT 526.00 624-5220 Inpatient Therapy-Salary Expense - OT 499.00 6255-5220 Inpatient Therapy-Salary Expense - ST 499.00 6255-5220 Inpatient Therapy-Salary Expense - ST 1177.7382.00 705 Nursing Support - Temp Help - LPN 61.100.00 7050-7350 Nursing Support - Temp Help - CNA 93.763.00 7050-7360 Nursing Support - Temp Help - CNA 93.763.00 7050-7360 Nursing Support - Temp Help - CNA 93.763.00 7050-7360 Nursing Support - Temp Help - CNA 93.763.00 7050-7360 Reclassifying Journal Entries JE # 3003 N.02 To reclass injurance expense 89.181.00 89.181.00 7050-730A Directors and Offcers Insurance 70.960.00 7050-701A Directors and Offcers Insurance 70.960.00 7050-701A Directors and Offcers Insurance 70.960.00 70750-7010A Directors and Offcers Insuranc | 6010-7010a | Admin Salary - Administrator | | 689,382.00 | |
| 610-7010 Administration-Salary Director 1,177,322.00 6240-5220 Inpatient Therapy-Salary Expense - OT 526.00 6245-5220 Inpatient Therapy-Salary Expense - OT 626.00 6250-5220 Inpatient Therapy-Salary Expense - OT 626.00 6255-5220 Inpatient Therapy-Salary Expense - ST 148.00 6255-5220 Inpatient Therapy-Salary Expense - OT 626.00 7050-7350.2 Nursing Support - Temp Help - LPN 60.180.00 7050-7350.2 Nursing Support - Temp Help - LPN 60.180.00 7050-7350.0 Nursing Support - Temp Help - LPN 60.180.00 7050-7350.0 Nursing Support - Temp Help - LPN 60.180.00 7050-7350.0 Nursing Support - Temp Help - LPN 60.180.00 7050-7350.0 Nursing Support - Temp Help - LPN 60.180.00 7050-7350.0 Nursing Support - Temp Help - LPN 60.180.00 7050-7350.0 Nursing Support - Temp Help - LPN 60.180.00 7050-7100.4 Ef# 3003 N.02 To reclass flying Journal Entries JE # 3003 N.02 To reclass flying Journal Entries JE # 3004 E10.3200 | 6010-7010c | Administration Salary - VP Finance | | 241,500.00 | |
| 6240-5220 Inpatient Therapy-Salary Expense - OT 525.00 6245-5220 Inpatient Therapy-Salary Expense - ST 489.00 6256-5220 Inpatient Therapy-Salary Expense - ST 166.00 7057 1.178.701.00 1.178.701.00 7057 1.000 1.178.701.00 1.178.701.00 7050-7350.1 Nursing Support - Temp Help - LPN 66.180.00 39.763.00 7050-7350 Nursing Support - Temp Help - CNN 69.780.00 159.943.00 7050-7350 Nursing Support - Temporary Help 159.943.00 159.943.00 7050-7350 Nursing Support - Temporary Help 159.943.00 159.943.00 7050-7350 Equipment lease 89.181.00 89.181.00 7050-7101A Equipment lease 89.181.00 89.181.00 7050-7101A Directors and Officers Insurance 70.960.00 1705.7010A 89.181.00 7050-7101D Umberlein Insurance 11.252.00 7705.7010A 19.280.00 7050-7101D Day Care Insurance 19.280.00 602.715.00 692.715.00 7050-7010D Linsuran | 6025-5220 | Inpatient Therapy-FTO Accrual | | 1,319.00 | |
| 623-5220 Inpatient Therapy-Salary Expense - OT 489.00 625-5220 Inpatient Therapy-Salary Expense - ST 148.00 625-5220 Inpatient Therapy-Rehab Program Manager 1,178,701.00 148.00 Total 1,178,701.00 1,178,701.00 1,178,701.00 To reclass nursing purchased services 0.01 0.01 0.01 7050-7350.1 Nursing Support Temp Help - LPN 66,180.00 33,763.00 7050-7350.2 Nursing Support Temp help - CNA 93,763.00 159,943.00 Total 159,943.00 159,943.00 89,181.00 Reclassifying Journal Entries JE # 3005 N.02 89,181.00 89,181.00 Total 100 89,181.00 89,181.00 89,181.00 Total 100 12,52.00 12,52.00 12,52.00 < | 6010-7010 | Administration-Salary - Director | | | 1,177,382.00 |
| 6250-522 Inpatient Therapy-Rehab Program Manager 148.00 Cotal 155.00 10patient Therapy-Rehab Program Manager 156.00 Total 1,178,701.00 1,178,701.00 1,178,701.00 To reclass nursing purchased services D.01 66.180.00 33,763.00 7050-7350.1 Nursing Support. Temp Help - LPN 66.180.00 33,763.00 7050-7350 Nursing Support. Temp prary Help 159,943.00 159,943.00 To reclass injung Journal Entries JE # 3003 N.02 To reclass insurance experimer 89,181.00 7050-7350 Equipment lease 89,181.00 89,181.00 7050-710A Directors and Officers Insurance 16,320.00 169,181.00 7050-710D Durbella Insurance 18,320.00 705,710.00 89,181.00 7050-710D Directors and Officers Insurance 18,320.00 705,715.00 89,181.00 7050-710D Directors and Officers Insurance 18,320.00 705,715.00 89,181.00 7050-710D Directors and Officers Insurance 18,320.00 705,715.00 80,027,15.00 602,715.00 | 6240-5220 | Inpatient Therapy-Salary Expense - PT | | | 526.00 |
| 6255-520 Inpatient Therapy-Rehab Program Manager 155.00 Total 1,178,701.00 1,178,701.00 Reclassifying Journal Entries JE # 3002 D.01 To reclass Insurging purchased services 050,7350.0 Nursing Support - Temp Help - LPN 66,180.00 7050-7350.1 Nursing Support - Temp Help - LPN 66,180.00 33,763.00 7050-7350.2 Nursing Support - Temp Pelp - CNA 93,763.00 159,943.00 Total 159,943.00 159,943.00 159,943.00 Total 159,943.00 159,943.00 159,943.00 Reclassifying Journal Entries JE # 3003 N.02 89,181.00 89,181.00 7805-7450B Equipment lease 89,181.00 89,181.00 705-7010C Auto Insurance 16,320.00 89,181.00 705-7010D Umbrelia Insurance 10,890.00 11,250.00 7705-7010C Auto Insurance 12,820.00 602,715.00 7705-7010E Day Carle Insurance 12,820.00 602,715.00 7705-7010E Day Carle Insurance 12,820.00 602,715.00 | 6245-5220 | Inpatient Therapy-Salary Expense - OT | | | 489.00 |
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| To reclass insurance expense 70,960.00 7705-7010A Directors and Officers Insurance 70,960.00 7705-7010C Auto Insurance 18,320.00 7705-7010D Umbrella Insurance 469,395.00 7705-7010F Day Care Insurance 11,252.00 7705-7010F Day Care Insurance 11,252.00 7705-7010G Insurance - GPG Group 9,269.00 7705-7010 Administration-Insurance General 602,715.00 To reclass informal Entries JE # 3005 K.02 To reclass incommovable depreciation expense 131,587.00 8150-7720A Depreciation - Non-movable Reclass 131,587.00 8150-7710 Administration-Dues 240.00 240.00 7515-7010 Administration-Dues 240.00 240.00 240.00 240.00 7515-7010 Administration-Dues 2,162,367.00 | | | | | |
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| Total All Journal Entries 2,162,367.00 2,162,367.00 | | Total Reclassifying Journal Entries | | 2,162,367.00 | 2,162,367.00 |
| | | Total All Journal Entries | | 2,162,367.00 | 2,162,367.00 |



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 Jewish Senior Services for the year ended 9/30/2021, 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 Jewish Senior Services. 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 Jewish Senior Services 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 8, 2022



Annual Report of Long-Term Care Facility Cost Year 2021 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 Jewish Senior Services

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



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

Explanation: _____



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



Explanation:

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



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

Explanation: _



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



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?



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?



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



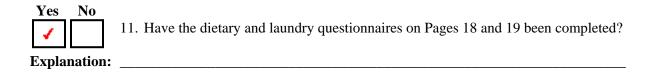
9. Has resident day user fee expense been properly reported on Page 15, Line 1k3?

Explanation: _____



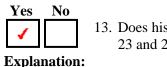
10. Have purchased services greater than \$10,000 reported on Pages 16, 18, 19, 20 and 22 been detailed on Page 21?

Explanation: ____





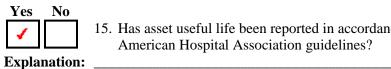
12. Has the personal use portion of automobile expense been disallowed, including, depreciation, lease payments, insurance and taxes?



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



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?

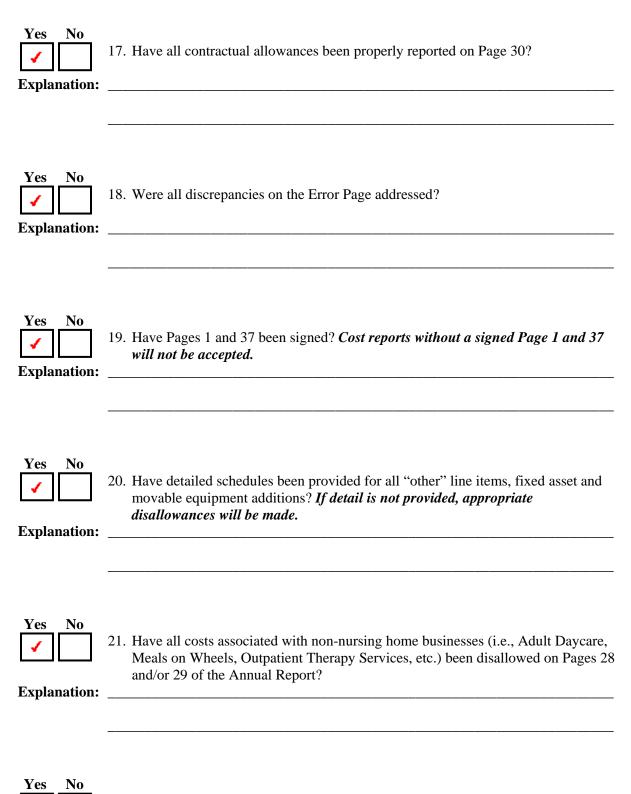


15. Has asset useful life been reported in accordance with the 2018 edition of the American Hospital Association guidelines?



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

Explanation: ___





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

Explanation: _____



Workpaper Index: 400.2 Prepared By: Reviewed By: Workpaper Date: Run Date: 2/8/2022

| VEHICLE COMPLIANCE CHECKLIST | | | | | | | | |
|------------------------------|------------------------------------------------------------------------------------|--------------------|------------|--|--|--|--|--|
| Period Ended: | 9/30/21 | Name of Workpaper: | VHCL CKLST | | | | | |
| Provider Number: | 9233 | | | | | | | |
| Provider Name: | Jewish Home for the Elderly of Fairfield County, Inc. d/b/a Jewish Senior Services | Run Date: | 2/8/2022 | | | | | |

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: