

February 15, 2018

Mr. Chris LaVigne, Director  
Department of Social Services  
55 Farmington Avenue  
Hartford, CT 06105  
Attention: Office of Reimbursement and CON

Dear Mr. LaVigne:

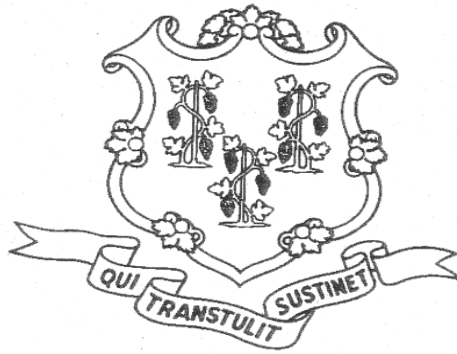
Enclosed please find the 2017 Medicaid Cost Report for Jewish Home for the Elderly of Fairfield County, Inc.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense in excess of the limits for each prescribed by your department except for bonus pay, past president deferred compensation expense, and 20% of remaining salary allocable to non-reimbursable programs. We did not perform any disallowances for dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

Certain building assets were assigned a 40 year life for financial statement purposes. We adjusted these assets to a 30 year life for cost reporting purposes and included a positive disallowance for the difference. Depreciation and amortization reported on page 22 of the cost report does not agree to pages 23 and 24. Pages 23 and 24 include all assets of the organization, while page 22 reports the amount allocated to skilled nursing. The non-skilled nursing amounts are removed in the allocation on the allocation template.

The facility moved into a newly constructed building effective July 1, 2016. Historically, prior to the move, the facility included costs for all programs in the cost report and performed specific and overhead disallowances on pages 28 and 29. Now, the facility utilizes an allocation template and allocation methodologies to allocate costs for non-reimbursable programs out on the allocation template. The allocation methodologies include direct assignment, resident days, square footage, accumulated cost, meals, laundry pounds, and gross salaries. The non-reimbursable costs are not included on the cost report.

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Jewish Home for the Elderly of Fairfield County	
Address (No. & Street, City, State, Zip Code) 4200 Park Ave, Bridgeport, CT 06604	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 923-C	RHNS	(Specify)	Medicare Provider 07-5353
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Medicaid Provider Numbers:	CCNH 9233	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield County	923-C	9/30/2017	1	37


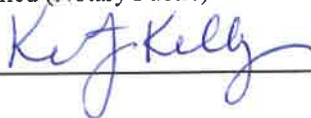
**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Jewish Home for the Elderly of Fairfield County [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
		2/14/18			
Printed Name (Administrator) Andrew Banoff			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Kathryn Kelly	CT	2/14/18		12/31/18	
Address of Notary Public 4200 Park Avenue Bridgeport CT 06604					

(Notary Seal)



**Kathryn Kelly**  
 Notary Public-Connecticut  
 My Commission Expires 12/31/2018

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Jewish Home for the Elderly of Fairfield County	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 4200 Park Ave, Bridgeport, CT 06604				
Report Prepared By Blum Shapiro & Company, P.C.	Phone Number 860-561-4000	Date 2/15/2018		
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-365-6400		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Jewish Home for the Elderly of Fairfield County		Address (No. & Street, City, State, Zip) 4200 Park Ave, Bridgeport, CT 06604		
License Numbers:	CCNH 923-C	RHNS	(Specify)	Medicare Provider No. 07-5353
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Andrew Banoff		Nursing Home Administrator's License No.:	001719	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		







**Jewish Senior Services® – The Jewish Home**  
**Board of Directors**  
**2017**

Jon August ( <b>Secretary</b> )	Frank Morse
Andrew H. Banoff	Alan Nevas
Russell Beitman ( <b>Vice Chairperson</b> )	Nate Nevas
Carl Bennett ( <b>Honorary Director for Life</b> )	Alan Phillips ( <b>Treasurer</b> )
Robert Berkowitz	Jeff Radler
Muriel Brown	Hal Rosnick
Sanford Buchsbaum	Dr. Robert Russo
Bill Dardani	Richard Seclow
Dorothy N. Freedman	Amanda Shapiro
Roy Friedman	Jeffrey J. Siegel
Roslyn Goldstein ( <b>Honorary Director for Life</b> )	William Sims
Michael Guthman	Carol Spinner
Eric Hendlin	Leonard Srebnick ( <b>Honorary Director for Life</b> )
Mark A. Lapine ( <b>Honorary Director for Life</b> )	Milton Sutin ( <b>Honorary Director for Life</b> )
Linda Lazinger ( <b>Women's Auxiliary</b> )	John Vaccaro
Renee Manger	Kenneth I. Wirfel ( <b>Chairperson</b> )
Michael Marcus	Martin F. Wolf ( <b>Honorary Director for Life</b> )
Emil Meshberg	Mike Wolfson
Jerry Minsky ( <b>Men's Club</b> )	

### 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	923-C	9/30/2017	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire  
 Related Parties\***

Name of Facility Jewish Home for the Elderly of Fairfield County	License No. 923-C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Marty Wolf	Cohen & Wolf, P.C.	<input checked="" type="radio"/>	<input type="radio"/>		Legal Services	15 / 1e	1,057	1,057
James Sugarman	Eastern Bag & Paper Co.	<input checked="" type="radio"/>	<input type="radio"/>		Paper Supplies	See attached	See attached	See attached
Michael Marcus	Marcus Dairy	<input checked="" type="radio"/>	<input type="radio"/>		Dairy Products	18 / 2a1	7,349	7,349
Roy Friedman	Standard Oil of Connecticut	<input checked="" type="radio"/>	<input type="radio"/>		Fuel Oil	22 / 6b	2,863	2,863
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

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

**General Information and Questionnaire**  
**Related Parties\***

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield Count	923-C	9/30/2017	4a	37

<b>Description</b>	<b>Amount</b>	<b>Page</b>
<b>Eastern Bag &amp; Paper Co.</b>	23,493	31 a4
	160	20 / 5c
	42	20 / 5j
	111,562	20 / 4a1
	37,831	19 / 3d
	<b>173,088</b>	

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Jewish Home for the Elderly of Fairfield County	License No. 923-C	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
The facility moved into a newly constructed building effective July 1, 2016. Historically, prior to the move, the facility included costs for all programs in the cost report and performed specific and overhead disallowances on pages 28 and 29. Now, the facility utilizes an allocation template and allocate costs for non-reimbursable programs out on the allocation template using appropriate methodologies, accumulated cost, or direct assignment. The non reimbursable costs are not included on the cost report. Please see the cover letter included with this cost report.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Jewish Home for the Elderly of Fairfield County			923-C	9/30/2017			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Paul Miller Nissan, LLC, 930 Kings Highway East, Fairfield, CT 06825	<input type="radio"/>	<input checked="" type="radio"/>	Automobile - Amount claimed is amount allocated to skilled nursing on allocation	01/11/14	39 months	3,588	2,406	
CIT Technology, 11 West 42nd Street, New York, NY 10036	<input type="radio"/>	<input checked="" type="radio"/>	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	10/31/12	60 months	7,439	5,431	
CIT Technology, 11 West 42nd Street, New York, NY 10036	<input type="radio"/>	<input checked="" type="radio"/>	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	10/01/13	60 months	49,668	36,263	
Pitney Bowes Global, P.O. Box 371887, Pittsburgh, PA 15250-7887	<input type="radio"/>	<input checked="" type="radio"/>	Mail Machine - Amount claimed is amount allocated to skilled nursing on allocation	07/01/15	24 months	3,204	1,570	
Canon Solutions America, One Canon Park, Melville, NY 11747	<input type="radio"/>	<input checked="" type="radio"/>	Copiers - Amount claimed is amount allocated to skilled nursing on allocation template	07/18/17	63 months	59,064	3,594	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
<b>Total ***</b>							49,263	

\* 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.



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

**UNIFIED LEASE AGREEMENT**  
**#ULS S0713189.02**

Salesperson: Lawrence C Lewis

Order Date: 7/18/2017

<b>Customer ("You"):</b> Customer Account: <u>1564206</u>		<b>Organization Information</b>	
Company Legal Name: <u>The Jewish Home for the Elderly of Fairfield County Inc.</u>		Federal Tax Identification Number (TIN):	
Doing Business As:		<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input checked="" type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> State or Local Government <input type="checkbox"/> Sole Proprietorship If selected, complete Date of Birth _____	
Billing Address: <u>4200 PARK AVE</u>		<input type="checkbox"/> Chief Executive Office and address for notices: Address:	
City: <u>BRIDGEPORT</u>	County: <u>FAIRFIELD</u>	City: _____ State: _____ Zip: _____	
State: <u>CT</u>	Zip: <u>06604-1049</u>	Phone: <u>203.396.1053</u>	
Contact: <u>Paul Visnicky</u>		Fax:	
E-Mail: <u>pvisnicky@jseniors.org</u>		Address:	
<b>Lease Information</b>			
<b>Lease Term</b> <u>63</u> Months	<b>Payment *</b> \$ <u>4,922.00</u> (* Plus applicable taxes)	<b>Amount Due at Signing</b> # of Payments in Advance: <u>0</u> TOTAL DUE AT SIGNING * \$ <u>0.00</u>	
<b>Payment Frequency</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<b>End of Lease Term Purchase Option *</b> <input checked="" type="checkbox"/> Fair Market Value <input type="checkbox"/> \$1.00 <input type="checkbox"/> Other _____ (estimated)		<b>Tax Exempt</b> <input checked="" type="checkbox"/> Yes (Attach certificate)
Check must accompany agreement			
<b>Equipment Description: See Schedule A</b>			
<b>Equipment Maintenance</b>	Select 1 option: <input checked="" type="checkbox"/> Included for all Equipment	<input type="checkbox"/> Included, except for Equipment excluded on Schedule A	<input type="checkbox"/> Declined <input type="checkbox"/> Under separate agreement
<b>Excess Per Image Charge Billing Cycle</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Other <u>Annually</u>	<b>Coverage Plan</b> <input type="checkbox"/> Per Unit <input checked="" type="checkbox"/> Fleet If adding to existing fleet, applicable contract # _____	<input type="checkbox"/> Aggregate	If adding to an existing Aggregate, provide either a contract # or serial # under Aggregate.
<b>Consumables Inclusive</b> <input checked="" type="checkbox"/> Toner <input type="checkbox"/> Other _____	<b>PO Required</b> <input type="checkbox"/> Yes PO# _____	<input checked="" type="checkbox"/> No	<b>Charges</b> See Schedule A
<b>Personal Guaranty</b>			
<p>The undersigned (whether one or more are specified, "Guarantor(s)"), in consideration of CANON SOLUTIONS AMERICA, INC. ("CSA") entering into a unified lease agreement (together with any schedules or supplements thereto, "Agreement") with the customer identified above ("Customer"), irrevocably and unconditionally, jointly and severally, guarantee to Lessor (as defined in the Agreement) and its successors and assigns, the payment when due of all amounts owed under the Agreement (whether at maturity or upon the occurrence of an event of default or otherwise) and the performance by Customer of all terms of the Agreement and any other transaction between Customer and Lessor (or CSA as assigned to Lessor) (collectively, "Liabilities"). If Customer shall fail to pay or perform any Liabilities when due, Guarantors shall, upon demand, pay any amounts which may be due from Customer and take any action required of Customer under the Agreement. This is an absolute and continuing guaranty and Guarantors' liability under this Guaranty is primary and will not be affected by any settlement, extension, renewal or modification of the Agreement or any discharge or release of Customer's obligations, whether by agreement or operation of law.</p> <p>If any payment applied by Lessor on the Liabilities is thereafter set aside, recovered or required to be returned for any reason (including without limitation the bankruptcy, insolvency or reorganization of Customer or any other person), the Liabilities to which such payment was applied shall for the purposes of this Guaranty be deemed to have continued in existence, notwithstanding such application, and this Guaranty shall be enforceable as to such Liabilities as fully as if such application had never been made. This Guaranty may be terminated only upon sixty (60) days' prior written notice to CSA and Lessor, and such termination shall be effective only as to Liabilities arising under schedules, supplements, or agreements entered into after the effective date of termination and shall not affect Lessor's rights under this Guaranty arising out of the Agreement or other agreements entered into prior to such date. Guarantors waive all damages, demands, presentments and notices of every kind and nature, any rights of set-off, and any defenses available to a guarantor (other than the defense of payment and performance in full) under applicable law. Guarantors further waive any (i) notice of the incurring of indebtedness by Customer and the acceptance of this Guaranty, (ii) right to require suit against Customer or any other party before enforcing this Guaranty and (iii) right of subrogation to Lessor's rights against Customer until the Liabilities are satisfied in full. Any (a) renewals and extensions of time of payment, (b) release, substitution or compromise of or realization upon the Equipment, other guaranties or any collateral security and (c) exercise of any other right under this or any other agreement between Lessor (or CSA as assigned by Lessor) and Customer or any third party, may be made, granted and effected by Lessor without notice to Guarantors and without in any manner affecting Guarantors' liability under this Guaranty.</p> <p>Guarantors shall pay all expenses (including attorneys' fees and legal expenses) paid or incurred by Lessor in endeavoring to collect the Liabilities or any part thereof and in enforcing the Guaranty. THIS GUARANTY SHALL FOR ALL PURPOSES BE DEEMED A CONTRACT ENTERED INTO IN THE STATE OF NEW JERSEY. THE RIGHTS OF THE PARTIES UNDER THIS GUARANTY SHALL BE GOVERNED BY THE LAWS OF THE STATE OF NEW JERSEY WITHOUT REFERENCE TO CONFLICT OF LAW PRINCIPLES. ANY ACTION BETWEEN GUARANTORS AND LESSOR SHALL BE BROUGHT IN ANY STATE OR FEDERAL COURT LOCATED IN THE COUNTY OF CAMDEN OR BURLINGTON, NEW JERSEY, OR AT LESSOR'S SOLE OPTION, IN THE STATE WHERE ANY GUARANTOR, CUSTOMER OR EQUIPMENT IS LOCATED. GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, IRREVOCABLY WAIVE OBJECTIONS TO JURISDICTION OF SUCH COURTS AND OBJECTIONS TO TO VENUE AND CONVENIENCE OF FORUM. GUARANTORS, BY THEIR EXECUTION AND DELIVERY HEREOF, AND CSA AND LESSOR, BY THEIR ACCEPTANCE HEREOF, HEREBY IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUCH PROCEEDINGS.</p> <p>Guarantors agree that CSA and Lessor may accept a facsimile or other electronic transmission of this Guaranty as an original, and that facsimile or electronically transmitted copies of Guarantors' signatures will be treated as an original for all purposes.</p>			
Printed Name: _____		Signature: _____ (no title) Date: _____	
Address: _____		Phone: _____	
Printed Name: _____		Signature: _____ (no title) Date: _____	
Address: _____		Phone: _____	
<p>BY YOUR SIGNATURE BELOW, YOU AGREE TO LEASE THE ITEMS LISTED ON SCHEDULE A OR IN ANY ADDENDUM(S) TO THIS AGREEMENT. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, INCLUDING THE GENERAL TERMS AND CONDITIONS, WHICH ARE INCORPORATED HEREIN BY REFERENCE. The undersigned and CSA have each caused this Agreement to be executed as of the date first written below.</p>			
Customer's Authorized Signature: _____		Date: <u>8/10/17</u>	
Printed Name: <u>ANONW H BANOFF</u>		Title: <u>PRESIDENT &amp; CEO</u>	
CSA Authorized Signature: _____		Date: _____	
Printed Name: _____		Title: _____	

## 1. LEASE OF EQUIPMENT AND SOFTWARE

**1.1 Listed Items; Commencement of Lease; Lessor.** CSA shall supply, for lease by you as provided below, and you shall lease the units of equipment ("Equipment") and licenses of software with separate support contracts, if applicable ("Listed Software"); and together with the Equipment and all replacements and additions thereto, "Listed Items") indicated on Schedule A. The initial lessor is Canon Financial Services, Inc. (together with any future successors or assignees of its rights as lessor, "Lessor"). You shall keep the Listed Items at the "Ship To" location, not move them to another location without the prior written consent of Lessor (defined below), and keep them free and clear of all liens and encumbrances. This Agreement shall be effective on the date the Listed Items are delivered to you ("Lease Commencement Date"). The term of this Agreement begins on the date accepted by Lessor or any later date that CSA designates ("Agreement Date") and shall continue for an initial term of the number of months specified on page 1 (together with any renewal periods, "Lease Term"). Your execution of an acceptance certificate provided by CSA shall conclusively establish that the Listed Items have been delivered to and irrevocably accepted by you. If you have not, within 10 days after delivery of Equipment, delivered to Lessor written notice of non-acceptance of any Equipment, specifying the reasons and referencing this Agreement, you shall be deemed to have irrevocably accepted the Equipment. After acceptance, you shall have no right to cancel this Agreement or return the Listed Items prior to the end of the Lease Term for any reason whatsoever, including termination of any maintenance services that may be provided by CSA under this or any separate agreement. Title to all Listed Items shall be transferred by CSA to Lessor. CSA shall assign to Lessor all of its rights (but none of its obligations) with respect to the Listed Items, including the right to receive all Payments. Lessor does not and shall not assume any obligations under this Agreement. CSA shall remain solely liable for the performance of all maintenance, service, and warranty obligations described in this Agreement.

**1.2 Payments and Costs.** You shall pay to Lessor each billing period the fixed base and, if applicable, the fixed maintenance amounts and per image charges and all other amounts, as listed and specified on page 1 and Schedule A and such other amounts permitted in this Agreement as invoiced by Lessor (collectively, "Payments"; per image charges are the "Usage Payments", and all other Payments are the "Fixed Payments"). For Equipment designated as Corporate Advantage, the meter shall record a quantity of 2 images for any image produced on media wider than 8 1/2". The per image charges included within the Usage Payments are subject to an annual increase of up to 10% (as determined by CSA in its sole discretion) either (i) on each anniversary of the Lease Commencement Date or (ii) once in each calendar year if you have selected the Aggregate Coverage Plan. Fixed Payments are fixed for the initial term. Prepaid charges shall not be refundable except as provided in Paragraph 2.1(b). Invoices shall be due and payable upon receipt. All Payments will be applied in such order as Lessor, in its discretion, may determine. This lease is a net lease. Fixed Payments shall be made without set-off or deduction, even if the Listed Items malfunction and irrespective of any non-performance by CSA of its maintenance obligations. You authorize Lessor to adjust the Payments and the End of Term Purchase Option amount (if specified on page 1) ("Purchase Option") by up to 15% if the actual cost of the Listed Items and any related services and supplies, including any sales and use tax, exceed CSA's estimates on which such amounts were based. You shall pay a \$85 documentation fee and any applicable taxes (including personal property tax), expenses, charges and fees imposed with respect to the Listed Items, the Payments or your performance or non-performance under this Agreement, and you shall reimburse Lessor for the same plus processing fees (collectively, "Costs"). You agree that Lessor may in its sole discretion apply, but shall not be obligated to apply, any amount paid in advance to any amount due or to become due hereunder and in no event shall any amount paid in advance earn interest unless required by applicable law. If any Payments are late, you shall pay (a) the actual and reasonable costs and expenses of collection, including attorneys' fees, whether or not suit is brought, (b) a late charge equal to the higher of 10% of the amount due or \$25, as reasonable liquidated damages, and (c) if Lessor should bring court action, you agree that attorney fees equal to 25% of the amount sought shall be deemed reasonable, in each case not to exceed the maximum amount permitted by law.

**1.3 Purchase Options; Return.** (a) END OF TERM PURCHASE OPTION. To elect this option, you shall give Lessor 60 days' prior irrevocable written notice (unless the Purchase Option price is \$1.00) that you will purchase, upon the expiration of the Lease Term, all the Listed Items at the Purchase Option price plus any Costs. (b) PRIOR TO MATURITY PURCHASE. You may, upon 60 days' prior irrevocable written notice, purchase all the Listed Items at a price equal to the sum of all remaining Payments, plus the Fair Market Value, plus Costs. For purposes of this Agreement, "Fair Market Value" shall be Lessor's retail price at the time you notify Lessor of your intent to purchase the Listed Items. (c) Listed Item purchases shall be "AS-IS WHERE-IS" without warranty, except for title; purchases of licenses of Listed Software are subject to the terms thereof. (d) Unless this Agreement contains a \$1.00 Purchase Option, this Agreement shall automatically renew on a month to month basis at the same Payment amount (subject to increase of Usage Payments) and frequency unless you, at least 60 days before the end of the Lease Term, send to Lessor written notice (the "End of Term Notice") that you either (i) are purchasing all (but not less than all) of the Equipment in accordance with the terms hereof, or (ii) do not want to renew this Agreement, and at the end of the Lease Term shall return the Equipment as provided below. Unless this Agreement automatically renews or you purchase the Equipment as provided in this Agreement, you shall, at the termination of the Lease Term, return the Equipment at your sole cost and expense in good operating condition, ordinary wear and tear resulting from proper use excepted, to a location specified by Lessor. Lessor may charge you a return fee equal to the greater of one Fixed Payment or \$250 for the processing of returned Listed Items. If for any reason you fail to return any Equipment to Lessor as provided in this Agreement by the last day of the Lease Term, you shall pay to Lessor upon demand one billing period's Fixed Payment for each billing period or portion thereof that such return is delayed. If you fail to provide the required End of Term Notice and return the Equipment at the end of such Lease Term, you shall pay to Lessor upon demand the 60 day equivalent of Fixed Payments to satisfy the End of Term Notice period referenced above. You shall reimburse Lessor for any costs incurred by Lessor to place the Listed Items in good operating condition.

**2. MAINTENANCE. YOU SHALL RECEIVE THE MAINTENANCE DESCRIBED IN THIS PARAGRAPH 2 ("Maintenance") ONLY IF YOU HAVE ACCEPTED MAINTENANCE ON PAGE 1.** Such services are subject to the exclusions hereinafter described. Maintenance provided to you under separate agreement between CSA and you shall be governed solely by the provisions thereof.

**2.1 Covered Service.** (a) CSA shall provide all routine preventive maintenance and emergency service necessary to keep the Equipment in good working order in accordance with this Agreement and CSA's normal practice. Such service shall be performed between 8:30 A.M. and 5:00 P.M. Monday through Friday, except holidays. (b) You shall afford CSA reasonable and safe access to the Equipment to perform on-site service. CSA may terminate its maintenance obligations as to any Equipment if you relocate it to a site outside CSA's service coverage area. If, in CSA's opinion, any Equipment cannot be maintained in good working order through CSA's

routine maintenance services, CSA may, at its option, (i) substitute comparable Equipment or (ii) cancel any balance of the term of its maintenance obligations as to such Equipment and refund the unearned portion of any prepaid Usage Payments. Parts or Equipment replaced or removed by CSA in connection with Maintenance shall become the property of Lessor and you disclaim any interest in them. (c) Installation/implementation of Listed Software may be at an additional charge except to the extent included as a Listed Item, and may be conditioned on your agreement to a separate statement of work or other document covering the scope and schedule of installation/implementation, configuration options, responsibilities of each party, and other matters, which shall solely govern as to the matters covered therein. Additional charges may apply for work beyond the initial scope described in such separate document. (d) Support for Listed Software is provided directly by the respective developers thereof and as set forth in each developer's applicable separate support contract, and is not provided by CSA under this Agreement except as expressly provided herein. Support for Listed Software may require separate purchase by you of a support contract, unless included under this Agreement as a Listed Item. The terms of support contracts for Listed Software are available from the developers, or will be provided to you by CSA upon request. Notwithstanding any provision in the support contract to the contrary, it shall automatically renew on an annual basis, subject to a price increase after the initial term. (e) CSA shall make available to you from time to time upgrades and bug fixes for the software licensed as part of the Equipment and for Listed Software, but: (i) only if such upgrades and bug fixes are provided to CSA by the developers of such Listed Software, (ii) availability of upgrades and bug fixes may be at additional charge, and (iii) installation of such upgrades and bug fixes by CSA if requested by you shall be at additional charge. You are not required to use CSA for installation of either Listed Software or for any upgrades and bug fixes, but if installation is done by anyone other than CSA, CSA shall have no responsibility for any performance or other issues that may result from such installation. (f) CSA shall also use reasonable efforts to provide Level 1 support for the Listed Software (except that for certain Listed Software, Level 1 support shall be provided only if and so long as a separate software support contract for such Listed Software from the developer thereof is in effect). Level 1 support consists of (i) providing help-line telephone assistance in operating the Listed Software and identifying service problems in the Listed Software, and attempting to troubleshoot any such problems; (ii) escalating operating problems to the applicable developer of the Listed Software as needed to rectify such problems, including facilitating contact between you and the developer of the Listed Software as necessary; and (iii) maintaining a log of such problems to assist in tracking the same.

**2.2 Maintenance Term and Charges.** (a) Maintenance shall start on the Lease Commencement Date and shall continue for the Lease Term. (b) Consumables Inclusive Maintenance includes replenishment of toner only (and other consumables, but only if specified on page 1) Toner is supplied for exclusive use with the Equipment. CSA may terminate the Maintenance if you use consumables in a different manner. If your toner usage exceeds by more than 10% the published manufacturer specifications for conventional office image coverage, CSA may invoice you for such excess usage. You may purchase additional toner from CSA if required. You shall bear all risk of loss, theft or damage to unused consumables, which shall remain CSA's property and shall be returned promptly upon termination of this Agreement or Maintenance. (c) If you selected the Fleet or Aggregate Coverage Plan on page 1, the Covered Images Included shall apply to all of the Equipment on Schedule A unless otherwise indicated. If specified on page 1 that the Listed Items are being added to an existing fleet under a previous agreement between you and CSA, (i) the fleet shall include the listed items under the previous agreement, and all other agreements for which the add to existing fleet option was selected, and (ii) the maintenance term for all Listed Items under this Agreement shall be the same as the maintenance term for all listed items under all such previous agreements. (d) If specified on the face page that the Listed Items are being added to an existing Aggregate Coverage Plan under a previous agreement between you and CSA, the Covered Images shall apply to all of the Equipment on the schedule, unless otherwise indicated, plus the listed items under the previous agreement(s), and all other agreements for which the add to existing Aggregate Coverage Plan was selected, on an aggregated basis, for so long as the maintenance term for all such listed items continues. (e) Unless otherwise indicated on Schedule A, you authorize CSA to use networked features of the Equipment including imageVWARE to receive software updates, activate features/new licenses and transmit use and service data accumulated by the Equipment over your network by means of an HTTPS protocol and to store, analyze and use such data for purposes related to servicing the Equipment, providing reports and product improvement. This feature is not capable of sending or receiving image data. (f) You shall provide meter readings to CSA in accordance with the Meter Read Method selected. If you selected the myCSA website, you, your employees or agents shall complete CSA's registration process governing access to and use of such website, and you agree to be bound by, and comply with its Terms of Use. If CSA does not receive timely meter readings from you, you shall pay invoices that reflect CSA's estimates of meter readings. CSA may verify the accuracy of any meter readings from time to time and invoice you for any shortfall in the next invoice. (g) You agree that CSA may suspend performance of Maintenance if and so long as any Payments are overdue, and that any such suspension shall not in and of itself be deemed a termination of this Agreement.

**2.3 Non-Covered Service.** The following services are not included within Maintenance and shall be invoiced in accordance with CSA's then current labor, parts and supply charges: (a) replacement of any consumables not provided as part of Consumable Inclusive Maintenance identified on page 1, including, without limitation, paper, toner, ink, waste containers, fuser oil, staples, other media, print heads and puncher dies; (b) repairs necessitated by factors other than normal use including, without limitation, any willful act, negligence, abuse or misuse of the Equipment; the use of parts, supplies or software not supplied by CSA; service performed by anyone other than CSA; accident; use of Equipment with non-compatible hardware or software components; electrical power malfunction or heating, cooling or humidity ambient conditions; (c) de-installation, re-installation, or relocation of Equipment; (d) repairs to or realignment of Equipment and related training necessitated by changes made to your system configuration or network environment; (e) work requested to be performed outside of CSA's regular business hours; and (f) repair of any network/system connection devices, except when listed on page 1. If you have NOT selected Maintenance on page 1, any of the maintenance services described in Paragraph 2.1 above shall be available only upon your request, either under separate agreement with CSA or invoiced in accordance with CSA's then current labor, parts and supply charges. Installation of certain Listed Software may also require a separate agreement between you and CSA setting forth the scope of work, your responsibilities in connection with such installation, and other terms and conditions as required by CSA. Such separate agreement(s) shall solely govern, and this Agreement shall not apply to, the services described therein.

**3. CSA CUSTOMER SATISFACTION POLICY.** If you are not satisfied with the performance of your Canon or Océ brand product, upon your written request, CSA in its sole discretion will repair or replace the product with a like unit with equivalent capabilities. Prior to replacement, CSA shall have had the opportunity to return the product to good working order in accordance with the terms of this agreement. If a replacement unit is provided, the lease hereunder of the replaced unit shall be deemed terminated and the replacement unit shall be deemed a "Listed



Item" for the lease and all other purposes of this Agreement. This policy shall apply only if you are not in default of this Agreement and Maintenance under this Agreement has not been canceled or terminated.

**4. DATA.** You acknowledge that the hard drive(s) on the Equipment, including attached devices, may retain images, content or other data that you may store for purposes of normal operation of the Equipment ("Data"). You acknowledge that Lessor is not storing Data on behalf of you and that exposure or access to the Data by CSA or Lessor, if any, is purely incidental to the services performed by CSA or Lessor. Neither CSA nor Lessor nor any of their affiliates has an obligation to erase or overwrite Data upon your return of the Equipment to CSA or Lessor or any other disposition of the Equipment by you. You are solely responsible for: (A) your compliance with applicable law and legal requirements pertaining to data privacy, storage, security, retention and protection; and (B) all decisions related to erasing or overwriting Data. Without limiting the foregoing, you should, (i) enable the Hard Disk Drive (HDD) data erase functionality that is a standard feature on certain Equipment and/or (ii) prior to return or other disposition of the Equipment, utilize the HDD (or comparable) formatting function (which may be referred to as "Initialized All Data/Settings" function) if found on the Equipment to perform a one pass overwrite of Data or, if you have higher security requirements, you may purchase from CSA at current rates an appropriate option for the Equipment, which may include (a) an HDD Data Encryption Kit option which disguises information before it is written to the hard drive using encryption algorithms, (b) an HDD Data Erase Kit that can perform up to a 3-pass overwrite of Data (for Equipment not containing data erase functionality as a standard feature), or (c) a replacement hard drive (in which case you should properly destroy the replaced hard drive). You shall indemnify Lessor, CSA, their subsidiaries, directors, officers, employees and agents from and against any and all costs, expenses, liabilities, claims, damages, losses, judgments or fees (including reasonable attorneys' fees) arising or related to the storage, transmission or destruction of the Data. The terms of this section shall solely govern as to Data, notwithstanding that any provisions of this Agreement or any separate confidentiality or data security or other agreement now or hereafter entered into between you and CSA or Lessor applies, or could be construed to apply to Data.

**5. LIMITED WARRANTY; EXCLUSIONS & LIMITATIONS; INDEMNIFICATION**

**5.1 Limited Warranty.** Equipment is warranted only as provided in the manufacturer's warranty provided with the Equipment (for CANON brand Equipment, the manufacturer's warranty is provided by Canon U.S.A., Inc.). End user warranties, if any, for Listed Software are provided solely by the developers or suppliers of the Listed Software. So long as you are not in breach or default of this Agreement, Lessor assigns to you, solely for the purpose of making and prosecuting any such claim, the rights, if any, which Lessor may have under all such warranties for the Listed Items.

**5.2 Disclaimer of Warranties.** LESSOR IS NOT A MANUFACTURER, DEALER, OR SUPPLIER OF THE LISTED ITEMS. AS BETWEEN YOU AND LESSOR, THE LISTED ITEMS ARE LEASED "AS IS" AND ARE OF A SIZE, DESIGN, AND CAPACITY SELECTED BY YOU. LESSOR HAS MADE NO REPRESENTATION OR WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, WITH RESPECT TO THE LISTED ITEMS. The warranties, if any, provided for any of the Listed Items are enforceable by you only against the Canon company or third party making such warranties, not against any Lessor. CSA is not an agent or representative of Lessor and is not authorized to waive or alter any of Lessor's rights or make any representation for Lessor about the Listed Items, except to the extent set forth in this Agreement. EACH OF CSA AND LESSOR EXPRESSLY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE RELATING TO THE USE OR PERFORMANCE OF THE LISTED ITEMS OR CSA'S SERVICES. THE FURNISHING OF MAINTENANCE UNDER THIS AGREEMENT DOES NOT ASSURE UNINTERRUPTED OPERATION OR USE OF ANY OF THE LISTED ITEMS.

**5.3 Limitation of Liability.** NEITHER CSA NOR LESSOR SHALL BE LIABLE FOR INJURY OR DAMAGE EXCEPT TO THE EXTENT CAUSED BY SUCH PARTY'S NEGLIGENCE OR WILLFUL MISCONDUCT. NEITHER CSA NOR LESSOR SHALL BE LIABLE FOR EXPENDITURES FOR SUBSTITUTE EQUIPMENT OR SERVICES, LOSS OF REVENUE OR PROFIT, LOSS, CORRUPTION OR RELEASE OF DATA, FAILURE TO REALIZE SAVINGS OR OTHER BENEFITS, STORAGE CHARGES; OR INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT, REGARDLESS OF THE LEGAL THEORY ON WHICH THE CLAIM IS BASED AND EVEN IF CSA OR LESSOR HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

**5.4 Indemnification.** You shall reimburse Lessor for and defend Lessor against any claim for losses or injury caused by the Listed Items, before and after the Lease Term ends.

**6. ADDITIONAL LEASE REQUIREMENTS.**

**6.1 Warranty of Business Purpose; Maintenance.** You warrant that the Listed Items will not be used for personal, family or household purposes. If at any time for any reason whatsoever CSA's maintenance obligations have terminated, at your sole expense you shall keep the Equipment in good working order and supply and install replacement parts and accessories when required to maintain the Equipment. Any such replacements shall be the property of Lessor and shall be deemed Equipment.

**6.2 Risk of loss; Insurance.** Effective upon delivery to you, you shall bear the entire risk of any loss or theft of or damage to the Equipment ("Loss"). You shall obtain and maintain during the term hereunder including all renewals and extensions, at your expense, (a) property insurance for the full replacement value of the Equipment and (b) comprehensive public liability and property damage insurance. All such insurance shall provide for a deductible not exceeding \$5,000 and be in form and amount and with companies satisfactory to Lessor. Each insurer providing such insurance shall name Lessor as additional insured and loss payee and provide Lessor 30 days' prior written notice of alteration or cancellation. You shall deliver certificates or other evidence of insurance to Lessor. You appoint Lessor as your attorney-in-fact solely to make claim for, receive payment of, and execute and endorse documents, checks, or drafts for any Loss. If within 10 days after request you fail to deliver satisfactory evidence of such insurance to Lessor, then Lessor shall have the right, but not the obligation, to obtain insurance covering Lessor's interest in the Equipment, and add the costs of maintaining such insurance, and an administrative fee, to the amounts due from you under the Agreement. Lessor and any of its affiliates may make a profit on the foregoing. You shall promptly (i) repair or replace any Equipment subject to a Loss or (ii) pay to Lessor the Remaining Lease Balance (defined below). No Loss shall relieve you of any obligation under this Agreement.

**7. DEFAULT; REMEDIES.** You shall be in default of this Agreement if: (a) you fail to make any Payments when due or perform any of your other obligations under this Agreement; (b) you fail to make payments when due of any indebtedness to Lessor; (c) you or any guarantor of your obligations ("Guarantor") cease doing business as a going concern; (d) you or any Guarantor become insolvent or make an assignment for the benefit of creditors; (e) a petition or proceeding is filed by or against you or any Guarantor under any bankruptcy or insolvency law; (f) a receiver, trustee, conservator, or liquidator is appointed for you, any Guarantor, or any of you or any Guarantor's property; (g) any statement, representation or warranty made

by you or any Guarantor to CSA or Lessor is incorrect in any material respect; or (h) you or any Guarantor who is a natural person die. If you are in default, you shall pay for Lessor's reasonable collection and other costs, and without limiting any of CSA's rights hereunder or under applicable law, Lessor may exercise (on behalf of itself and, as applicable, CSA) any one or all of the following remedies: (1) declare all unpaid Payments (other than per image charges) immediately due and payable, with Lessor retaining title to the Listed Items; (2) terminate any and all agreements with you; (3) without notice, demand or legal process, retake possession of the Listed Items (and you authorize Lessor to enter upon the premises where the Listed Items may be found) and (A) retain the Listed Items and all Payments and other sums paid, (B) re-lease the Listed Items and recover from you the amount by which the Remaining Lease Balance exceeds the value attributed to the Listed Items by Lessor for purposes of calculating the payments under the new lease agreement, or (C) sell the Listed Items and recover from you the amount by which the Remaining Lease Balance exceeds the net amount received by Lessor from such sale; or (4) pursue any other remedy permitted at law or in equity. Lessor may sell the Listed Items after preparing them or not and may disclaim warranties of title and the like. If the Listed Items are not available for sale, you shall be liable for the Remaining Lease Balance and any other amounts due. The "Remaining Lease Balance" shall be the sum of: (i) all Fixed Payments then owed by you to Lessor; (ii) the present value of all remaining Fixed Payments for the full Lease Term; (iii) the Purchase Option price of the Listed Items indicated on the face of this Agreement; plus (iv) any applicable taxes, expenses, charges, and fees. For purposes of determining present value, Fixed Payments shall be discounted at 3% per year.

**8. SECURITY; WAIVER.** You authorize Lessor to file any form of financing or continuation statements and amendments thereto. THE LEASE CREATED BY THIS AGREEMENT IS INTENDED AS A "FINANCE LEASE" AS THAT TERM IS DEFINED IN ARTICLE 2A OF THE UNIFORM COMMERCIAL CODE ("UCC 2A"). LESSOR IS ENTITLED TO ALL BENEFITS, PRIVILEGES AND PROTECTIONS OF A LESSOR UNDER A FINANCE LEASE, AND YOU IRREVOCABLY WAIVE ANY RIGHT OF NOTICE THEREOF. YOU WAIVE YOUR RIGHTS AS A LESSEE UNDER UCC 2A SECTIONS 508-522. If the lease is determined not to be a true lease, you grant Lessor a security interest in the Listed Items. Your exact legal name, your chief executive office address, and your jurisdiction of organization are as set forth on page 1; if you change any of them or the corporate structure, you shall provide prior written notice to Lessor 30 days before such change. Upon request, you will execute and deliver to Lessor such documents as required or appropriate.

**9. GENERAL**

**9.1 Choice of Law and Forum.** THIS AGREEMENT AND ALL CLAIMS, DISPUTES AND CAUSES OF ACTION RELATING THERETO, WHETHER SOUNDING IN CONTRACT, TORT OR STATUTE, SHALL FOR ALL PURPOSES BE GOVERNED BY THE LAWS OF NEW JERSEY WITHOUT REFERENCE TO CONFLICT OF LAW PRINCIPLES. YOU CONSENT TO THE EXCLUSIVE JURISDICTION AND VENUE OF ANY STATE OR FEDERAL COURT LOCATED WITHIN CAMDEN OR BURLINGTON COUNTY, NEW JERSEY, OR AT LESSOR'S OPTION IN ANY STATE WHERE YOU OR THE EQUIPMENT ARE LOCATED. YOU WAIVE OBJECTIONS TO THE JURISDICTION OF SUCH COURTS, TO VENUE AND TO CONVENIENCE OF FORUM. ANY SUIT, OTHER THAN ONE SEEKING PAYMENT OF AMOUNTS DUE, SHALL BE COMMENCED, IF AT ALL, WITHIN 1 YEAR OF THE DATE THAT THE CLAIM ACCRUES. THE PARTIES IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUIT BETWEEN THEM.

**9.2 Entire Agreement; Electronic Acceptance.** This Agreement shall be binding upon you when you sign it, upon CSA when CSA has installed the Equipment, and upon Lessor when you have accepted the Listed Items. All provisions of this Agreement, including Section 4, which by their nature can be construed to survive the expiration or termination of the Agreement shall so survive. CSA or Lessor may insert missing or correct other information including the Listed Item description, serial number, and location; and corrections to your legal name; but otherwise this Agreement (together with any separate agreement entered into between you and CSA as described in Section 2.3 above) constitutes the entire agreement between the parties with respect to the subject matter hereof. Any purchase order utilized by you shall be for your administrative convenience only, and any terms therein which conflict with, vary from or supplement the provisions of this Agreement shall be deemed null and void. No representation or statement shall be binding upon Lessor or CSA as a warranty or otherwise unless it is contained in the original of this Agreement. This Agreement shall not be modified or amended except in a written amendment signed by an authorized signer of CSA and you. If a court finds any provision to be unenforceable, the remaining provisions shall remain in full force and effect. You expressly disclaim having relied upon any statement concerning the capability, condition, operation, performance or specifications of the Listed Items, except to the extent set forth in the original of this Agreement. CSA or Lessor may accept electronic images of this Agreement or any Acceptance Certificate as originals, and electronic copies of your signature will be treated as original for all purposes.

**9.3 Joint and Several Liability; Assignment.** If more than one entity executes this Agreement as the Customer, your obligations shall be joint and several. YOU SHALL NOT ASSIGN OR PLEDGE THIS AGREEMENT, NOR SHALL YOU SUBLET OR LEND ANY LISTED ITEMS. Each of CSA and Lessor may pledge or assign its rights under this Agreement. If a Lessor assigns its rights, the assignee will have the same rights and benefits that the Lessor had and shall not have any obligations hereunder. The rights of the assignee will not be subject to any claims, defenses, or set-offs that you may have against the Lessor.

**9.4 Notices.** All notices required or permitted under this Agreement shall be sufficient if delivered personally, sent via facsimile or other electronic transmission, or mailed to such party at the address set forth on page 1 or at such other address as such party may designate in writing from time to time. Notices shall be effective 3 days after deposit in the U.S. mail, duly addressed, or upon delivery via personal or express delivery, facsimile or other electronic transmission. You shall send all notices regarding lease provisions to Lessor only, and all notices regarding maintenance provisions to CSA only.

<b>Address for notices to Canon Solutions America, Inc.:</b> 300 Commerce Square Blvd. Burlington, NJ 08016 Attn: Customer Service Department Phone: (800) 613-2228 Fax: (800) 220-4002 Email: customer@csa.canon.com	<b>Address for notices to Canon Financial Services, Inc.:</b> 158 Gaither Drive, Suite 200 Mount Laurel, NJ 08054 Attn: Customer Service Department Phone: (800) 220-0330 Fax: (856) 813-5122 Email: customer@cfs.canon.com
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**9.5 USA PATRIOT Act; Credit information.** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who enters into a lease. This means that when you enter into a lease, Lessor may ask for, among other things: (a) your federal tax identification number and (b) your date of birth, if you are a sole proprietor. Lessor may also ask to see identifying documents. You authorize your credit references, any credit reporting agency, or any third party (including Lessor) to collect any credit information and to release the same to Lessor, its affiliates, and their respective designees or assignees.



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

Unified Lease Agreement

Schedule A

#ULS S0713189.02

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Customer Name: The Jewish Home for the Elderly of Fairfield Count

Ship To Information

Delivery Address: 1Post Road - Grasmere by the Sea  
 City: Fairfield County: FAIRFIELD  
 State: CT Zip: 06824 Phone #: 203-365-6470  
 Delivery Contact: Danielle Jackson Fax #:  
 E-Mail: djackson@seniors.org  
 Connectivity Contact: Paul Visnicki  
 I/T Phone #: 203.396.1053 E-Mail: pvisnicky@seniors.org  
 Elevator: Yes  No  Loading Dock: Yes  No   
 Earliest Delivery Date: 8/3/2017 # of Steps: 8 Hours of Operation: 9-5  
 Special Instructions:

Equipment and Software ("Listed Items")

Item Code	Product Description	Qty	Serial #
1403C001	IRADV4525i	1	
1428C003	DADF-AV1	1	
1419C002	CASSETTE FEEDING UNIT-AN1	1	
1423C002	INNER FINISHER-J1	1	
0166C007	SUPER G3 FAX BOARD-AS2	1	
2246V630	IMAGERUNNER ADV 4235/4225/4535i/4535i/4525i INST	1	
2368V119	LOW VOLUME CONNECTIVITY UP TO 30PPM	1	
IntSupplies	Pre-installed Supplies Installed in Machine	1	

Equipment Maintenance Information

Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W	B & W	B & W
Color	Color	Color
120,000		0.009900

Alternate Meter Read Method: \_\_\_\_\_

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W	B & W	B & W
Color	Color	Color

Alternate Meter Read Method: \_\_\_\_\_





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

Unified Lease Agreement  
 #ULS S0713189.02

Schedule A  
 Page 3 of 17

Customer Name: The Jewish Home for the Elderly of Fairfield Count

**Ship To Information**

Delivery Address: 4200 PARK AVE - Copy Room  
 City: BRIDGEPORT  
 State: CT  
 Delivery Contact: Paul Visnicky  
 E-Mail: pvisnicky@jseuniors.org

Connectivity Contact: Paul Visnicky  
 I/T Phone #: 203.396.1053  
 E-Mail: pvisnicky@jseuniors.org

County: FAIRFIELD  
 Phone #: 203-396-1053  
 Fax #:

Elevator: Yes  No  Loading Dock: Yes  No

Earliest Delivery Date: 8/3/2017 # of Steps: 8 Hours of Operation: 9-5

Special Instructions:

**Equipment and Software ("Listed Items")**

Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Item Code	Product Description	Qty	Serial #	Covered Images Included B & W Color	Start Meter B & W Color	Excess per Image Charge B & W Color
0295C002	IRADV6555I	1				
0125C003	BOOKLET FINISHER-V2 (CANNOT BE USED W/ IR AD	1				
0126C001	2/3 HOLE PUNCHER UNIT-A1	1				
0166C007	SUPER G3 FAX BOARD-AS2	1				
2966V466	IR ADV 6555/6575 INSTALL PAK	1				
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1				
1618V190	IR ADVANCE IMPLEMENTATION SERVICES BY LOCAL	1				
IntSupplies	Pre-Installed Supplies Installed in Machine	1				

Alternate Meter Read Method: \_\_\_\_\_

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included B & W Color	Start Meter B & W Color	Excess per Image Charge B & W Color

Alternate Meter Read Method: \_\_\_\_\_



CANON SOLUTIONS AMERICA  
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 One Canon Park, Melville, NY 11747  
 (800)-613-2228

Unified Lease Agreement

Schedule A

#ULS S0713189.02

Page 4 of 17

Customer Name: The Jewish Home for the Elderly of Fairfield Count

Ship To Information

Delivery Address: 4200 PARK AVE - CHILD CARE DIRECTORS OFFICE  
 County: FAIRFIELD  
 City: BRIDGEPORT  
 State: CT  
 Zip: 06604-1049  
 Phone #: 203-396-1005  
 Fax #:  
 Delivery Contact: MARY ZARRILLI  
 E-Mail: mzarrilli@seniors.org

Connectivity Contact: Paul Visnicki  
 I/T Phone #: 203.396.1053  
 E-Mail: pvisnicki@seniors.org

Elevator: Yes  No  Loading Dock: Yes  No

Earliest Delivery Date: 8/3/2017 # of Steps: 8 Hours of Operation: 9-5  
 Special Instructions:

Equipment and Software ("Listed Items")

Equipment Maintenance Information

Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.

Item Code	Product Description	Qty	Serial #
6856B003	IRADV400IF	1	
4001B004	REMOTE OPERATORS SOFTWARE KIT-B1 ELAN	1	
2368V148	INSTALL PAK 1700/500IF/400IF SERIES	1	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	

Equipment excluded from Maintenance

Corporate Advantage

Equipment under separate agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W Color	B & W Color	B & W Color

Alternate Meter Read Method: \_\_\_\_\_

Equipment excluded from Maintenance

Corporate Advantage

Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W Color	B & W Color	B & W Color

Alternate Meter Read Method: \_\_\_\_\_



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 (800)-613-2228

Customer Name: The Jewish Home for the Elderly of Fairfield Count

Ship To Information

Delivery Address: 4200 PARK AVE - CHILD CARE KITCHEN AREA  
 City: BRIDGEPORT County: FAIRFIELD  
 State: CT Zip: 06604-1049 Phone #: 203.396.1053  
 Delivery Contact: Paul Visnick E-Mail: pvisnick@seniors.org  
 E-Mail: pvisnick@seniors.org  
 Fax #: Loading Dock: Yes  No   
 Earliest Delivery Date: 8/3/2017 # of Steps: 8 Hours of Operation: 9-5  
 Special Instructions:

Equipment and Software ("Listed Items")

Item Code	Product Description	Qty	Serial #
6856B003	IRADV400IF	1	
6862B001	CASSETTE MODULE-AA1	1	
8766B001	CABINET TYPE-L	1	
4001B004	REMOTE OPERATORS SOFTWARE KIT-B1 ELAN	1	
2368V148	INSTALL PAK 1700/500IF/400IF SERIES	1	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	

Equipment Maintenance Information

Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W Color	B & W Color	B & W Color

Alternate Meter Read Method:

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W Color	B & W Color	B & W Color

Alternate Meter Read Method:



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#ULS S0713189.02

Customer Name: The Jewish Home for the Elderly of Fairfield Count

Ship To Information

Delivery Address: 4200 PARK AVE - Receptionist  
 City: BRIDGEPORT County: FAIRFIELD  
 State: CT Zip: 06604-1049 Phone #: 203-365-6400  
 E-Mail: bfreddino@jseiators.org  
 Fax #:  
 Connectivity Contact: Paul Visnicky  
 I/T Phone #: 203.396.1053 E-Mail: pvisnicky@jseiators.org  
 Elevator: Yes  No  Loading Dock: Yes  No   
 Earliest Delivery Date: 8/3/2017 # of Steps: 8 Hours of Operation: 9-5  
 Special Instructions:

Equipment and Software ("Listed Items")

Item Code	Product Description	Qty	Serial #
1403C001	IRADV4525I	1	
1428C003	DADF-AV1	1	
1419C002	CASSETTE FEEDING UNIT-AN1	1	
1423C002	INNER FINISHER-J1	1	
0166C007	SUPER G3 FAX BOARD-AS2	1	
0625C001	IC CARD READER BOX-C1	1	
2246V630	IMAGERUNNER ADV 4235/4225/4535I/4535I/4525I INST.	1	
2368V119	LOW VOLUME CONNECTIVITY UP TO 30PPM	1	
IntSupplies	Pre-installed Supplies Installed in Machine	1	

Equipment Maintenance Information

Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.

Equipment excluded from Maintenance  
 Corporate Advantage  
 Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W	B & W	B & W
Color	Color	Color

Alternate Meter Read Method: \_\_\_\_\_

Equipment excluded from Maintenance  
 Corporate Advantage  
 Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W	B & W	B & W
Color	Color	Color

Alternate Meter Read Method: \_\_\_\_\_

X Customer Initials: Date: 8/1/17







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Unified Lease Agreement

Schedule A

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Customer Name: The Jewish Home for the Elderly of Fairfield Count

Ship To Information

Delivery Address: 4200 PARK AVE - 1st Floor PT  
 City: BRIDGEPORT County: FAIRFIELD  
 State: CT Zip: 06604-1049  
 Delivery Contact: Shelley Kendra Bergers  
 E-Mail: [ ]  
 Connectivity Contact: Paul Visnicki  
 I/T Phone #: 203.396.1053 E-Mail: pvisnicki@seniors.org  
 Elevator: Yes [ ] No [x] Loading Dock: Yes [ ] No [x]  
 Earliest Delivery Date: 8/3/2017 # of Steps: 8 Hours of Operation: 9-5  
 Special Instructions:

Equipment and Software ("Listed Items")

Item Code	Product Description	Qty	Serial #
1407C001	IRADV4545I	1	
1419C002	CASSETTE FEEDING UNIT-AN1	1	
1423C002	INNER FINISHER-J1	1	
0166C007	SUPER G3 FAX BOARD-AS2	1	
2246V629	IMAGERUNNER ADV 4251/4245/4551/4545I INSTALL P.	1	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	

Equipment Maintenance Information

Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W	Color	B & W

Alternate Meter Read Method: \_\_\_\_\_

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W	Color	B & W

Alternate Meter Read Method: \_\_\_\_\_

Key to Meter Read Method: Image READER unless noted above (or) VOLUME USA website  
 X Customer Initials: [Signature] Date: 8/10/17



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Unified Lease Agreement

Schedule A

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Page 9 of 17

Customer Name: The Jewish Home for the Elderly of Fairfield Count

Ship To Information

Delivery Address: 4200 PARK AVE - OUTPATIENT REHAB  
 City: BRIDGEPORT  
 State: CT  
 Delivery Contact: Rachel Triplett  
 E-Mail: rtriplett@seniors.org

Connectivity Contact: Paul Visnicky  
 I/T Phone #: 203.396.1053  
 E-Mail: pvisnicky@seniors.org

County: FAIRFIELD  
 Phone #: 203-365-8455  
 Fax #:

Elevator: Yes  No  Loading Dock: Yes  No

Earliest Delivery Date: 8/3/2017 # of Steps: 8 Hours of Operation: 9-5  
 Special Instructions:

Equipment and Software ("Listed Items")			Equipment Maintenance Information			
Item Code	Product Description	Qty	Serial #	Covered Images Included B & W Color	Start Meter B & W Color	Excess per Image Charge B & W Color
1403C001	IRADV4525I	1		<input type="checkbox"/>	<input type="checkbox"/>	
1428C003	DADF-AV1	1		<input type="checkbox"/>	<input type="checkbox"/>	
1419C002	CASSETTE FEEDING UNIT-AN1	1		<input type="checkbox"/>	<input type="checkbox"/>	
1423C002	INNER FINISHER-J1	1		<input type="checkbox"/>	<input type="checkbox"/>	
0166C007	SUPER G3 FAX BOARD-AS2	1		<input type="checkbox"/>	<input type="checkbox"/>	
2246V630	IMAGERUNNER ADV 4235I/4225I/4535I/4525I INST.	1		<input type="checkbox"/>	<input type="checkbox"/>	
2368V119	LOW VOLUME CONNECTIVITY UP TO 30PPM	1		<input type="checkbox"/>	<input type="checkbox"/>	
IntSupplies	Pre-Installed Supplies Installed in Machine	1		<input type="checkbox"/>	<input type="checkbox"/>	
Alternate Meter Read Method: _____						
Alternate Meter Read Method: _____						

Key to Meter Read Method:   
 X Customer Initials: Date: 8/13/17





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Unified Lease Agreement

Schedule A

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Customer Name: The Jewish Home for the Elderly of Fairfield Count

Ship To Information

Delivery Address: 4200 PARK AVE - HIS  
 City: BRIDGEPORT  
 State: CT  
 Delivery Contact: Grace Katonya  
 E-Mail: gKatonya@jseiors.org

Connectivity Contact: Paul Visnicky  
 I/T Phone #: 203.396.1053  
 E-Mail: pvisnicky@jseiors.org

County: FAIRFIELD  
 Phone #: 203-365-6457  
 Fax #:

Elevator: Yes  No  Loading Dock: Yes  No

Earliest Delivery Date: 8/3/2017 # of Steps: 8 Hours of Operation: 9-5

Special Instructions:

Equipment and Software ("Listed Items")

Item Code	Product Description	Qty	Serial #
1407C001	IRADV4545i	1	
1419C002	CASSETTE FEEDING UNIT-AN1	1	
0613C002	STAPLE FINISHER-Y1	1	
1426C001	BUFFER PASS UNIT-N1	1	
0166C007	SUPER G3 FAX BOARD-AS2	1	
2246V629	IMAGERUNNER ADV 4251/4245/4551/4545i INSTALL P	1	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	

Equipment Maintenance Information

Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W	B & W	B & W
Color	Color	Color

Alternate Meter Read Method: \_\_\_\_\_

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W	B & W	B & W
Color	Color	Color

Alternate Meter Read Method: \_\_\_\_\_





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Unified Lease Agreement

Schedule A

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Customer Name: The Jewish Home for the Elderly of Fairfield Count

Ship To Information

Delivery Address: 4200 PARK AVE - Medical Home Care  
 City: BRIDGEPORT County: FAIRFIELD  
 State: CT Zip: 06604-1049  
 Phone #: 203-365-6400 x1136  
 Fax #:  
 Delivery Contact: Catherine Symes  
 E-Mail: csymes@seniors.org  
 Connectivity Contact: Paul Visnicki  
 I/T Phone #: 203.396.1053 E-Mail: pvisnicki@seniors.org  
 Elevator: Yes  No  Loading Dock: Yes  No   
 Earliest Delivery Date: 8/3/2017 # of Steps: 8 Hours of Operation: 9-5  
 Special Instructions:

Equipment and Software ("Listed Items")

Item Code	Product Description	Qty	Serial #
0295C002	IRADV65551	1	
0124C003	STAPLE FINISHER-V2 (CANNOT BE USED W/IR ADV 8	1	
0126C001	2/3 HOLE PUNCHER UNIT-A1	1	
0166C007	SUPER G3 FAX BOARD-AS2	1	
2966V466	IR ADV 6555/65/75 INSTALL PAK	1	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	
1618V190	IR ADVANCE IMPLEMENTATION SERVICES BY LOCAL	1	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	

Equipment Maintenance Information

Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W Color	B & W Color	B & W Color

Alternate Meter Read Method: \_\_\_\_\_

Equipment excluded from Maintenance	Corporate Advantage	Equipment under separate MPS agreement billed by CSA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Covered Images Included	Start Meter	Excess per Image Charge
B & W Color	B & W Color	B & W Color

Alternate Meter Read Method: \_\_\_\_\_



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Unified Lease Agreement  
**#ULS** S0713189.02

Customer Name: The Jewish Home for the Elderly of Fairfield Count

**Ship To Information**

Delivery Address: 4200 PARK AVE - Work Center		Connectivity Contact: Paul Visnicky	
City: BRIDGEPORT	County: FAIRFIELD	I/T Phone #: 203.396.1053	E-Mail: pvisnicky@seniors.org
State: CT	Zip: 06604-1049	Elevator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Loading Dock: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Delivery Contact: Paul Visnicky	Fax #:	Earliest Delivery Date: 8/3/2017	# of Steps: 8
E-Mail: pvisnicky@seniors.org		Hours of Operation: 9-5	

**Equipment and Software ("Listed Items")**

Item Code	Product Description	Qty	Serial #
3575B504	MICARD PLUS SC READER	1	

Special Instructions:

Equipment Maintenance Information

Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.

<input checked="" type="checkbox"/>	Equipment excluded from Maintenance	<input type="checkbox"/>	Corporate Advantage	<input type="checkbox"/>	Equipment under separate MPS agreement billed by CSA
<input type="checkbox"/>	Equipment excluded from Maintenance	<input type="checkbox"/>	Corporate Advantage	<input type="checkbox"/>	Equipment under separate MPS agreement billed by CSA
<input type="checkbox"/>	Covered Images Included B & W	<input type="checkbox"/>	Start Meter B & W	<input type="checkbox"/>	Excess per Image Charge B & W
<input type="checkbox"/>	Covered Images Included Color	<input type="checkbox"/>	Start Meter Color	<input type="checkbox"/>	Excess per Image Charge Color

Alternate Meter Read Method: \_\_\_\_\_

<input type="checkbox"/>	Equipment excluded from Maintenance	<input type="checkbox"/>	Corporate Advantage	<input type="checkbox"/>	Equipment under separate MPS agreement billed by CSA
<input type="checkbox"/>	Covered Images Included B & W	<input type="checkbox"/>	Start Meter B & W	<input type="checkbox"/>	Excess per Image Charge B & W
<input type="checkbox"/>	Covered Images Included Color	<input type="checkbox"/>	Start Meter Color	<input type="checkbox"/>	Excess per Image Charge Color

Alternate Meter Read Method: \_\_\_\_\_



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Unified Lease Agreement

Schedule A

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Customer Name: The Jewish Home for the Elderly of Fairfield Count

Ship To Information

Delivery Address: 4200 PARK AVE - I.O.A.  
 City: BRIDGEPORT County: FAIRFIELD  
 Phone #: 203-396-1053 E-Mail: pvisnicki@seniors.org  
 State: CT Zip: 06604-1049 Elevator: Yes  No  Loading Dock: Yes  No   
 Delivery Contact: marianna Arszyla # of Steps: 8 Hours of Operation: 9-5  
 E-Mail: marszyla@seniors.org Special Instructions:

Equipment and Software ("Listed Items")

Item Code	Product Description	Qty	Serial #
1407C001	IRADV4545I	1	
1419C002	CASSETTE FEEDING UNIT-AN1	1	
1423C002	INNER FINISHER-J1	1	
0166C007	SUPER G3 FAX BOARD-AS2	1	
2246V629	IMAGERUNNER ADV 4251/4245/4551/4545I INSTALL P	1	
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	
IntSupplies	Pre-Installed Supplies Installed in Machine	1	

Equipment Maintenance Information

Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W	B & W	B & W
Color	Color	Color

Alternate Meter Read Method: \_\_\_\_\_

Equipment excluded from Maintenance  Corporate Advantage  Equipment under separate MPS agreement billed by CSA

Covered Images Included	Start Meter	Excess per Image Charge
B & W	B & W	B & W
Color	Color	Color

Alternate Meter Read Method: \_\_\_\_\_





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Unified Lease Agreement

Schedule A

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Customer Name: The Jewish Home for the Elderly of Fairfield Count

**Ship To Information**

Delivery Address: 4200 PARK AVE - Dietary			Connectivity Contact: Paul Visnicky		
City: BRIDGEPORT		County: FAIRFIELD	I/T Phone #: 203.396.1053		E-Mail: pvisnicky@jseniors.org
State: CT	Zip: 06604-1049	Phone #: 203-396-1023		Elevator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Loading Dock: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Delivery Contact: Brenda ??		Fax #:	Earliest Delivery Date: 8/3/2017	# of Steps: 8	Hours of Operation: 9-5
E-Mail: pvisnicky@jseniors.org			Special Instructions:		

**Equipment and Software ("Listed Items")**

**Equipment Maintenance Information**

Item Code	Product Description	Qty	Serial #	Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.					
1407C001	IRADV4545I	1		<input type="checkbox"/> Equipment excluded from Maintenance		<input type="checkbox"/> Corporate Advantage		<input type="checkbox"/> Equipment under separate MPS agreement billed by CSA	
1419C002	CASSETTE FEEDING UNIT-AN1	1		Covered Images Included		Start Meter		Excess per Image Charge	
1423C002	INNER FINISHER-J1	1		B & W	Color	B & W	Color	B & W	Color
0166C007	SUPER G3 FAX BOARD-AS2	1							
2246V629	IMAGERUNNER ADV 4251/4245/4551i/4545i INSTALL P	1		Alternate Meter Read Method: _____					
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1							
IntSupplies	Pre-Installed Supplies Installed in Machine	1		<input type="checkbox"/> Equipment excluded from Maintenance		<input type="checkbox"/> Corporate Advantage		<input type="checkbox"/> Equipment under separate MPS agreement billed by CSA	
				Covered Images Included		Start Meter		Excess per Image Charge	
				B & W	Color	B & W	Color	B & W	Color
				Alternate Meter Read Method: _____					

Key to Meter Read Method: imagineWARE (Note unless noted above (or) on the CSA website)

Customer Initials: [Signature] Date: 8/16/17



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Unified Lease Agreement

Schedule A

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Page 17 of 17

Customer Name: The Jewish Home for the Elderly of Fairfield Count

Ship To Information

Delivery Address: 4200 PARK AVE PRINT - FINANCE			Connectivity Contact: Paul Visnicky		
City: BRIDGEPORT		County: FAIRFIELD	I/T Phone #: 203.396.1053		E-Mail: pvisnicky@jseiors.org
State: CT	Zip: 06604-1049	Phone #: 203-365-6482	Elevator: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Loading Dock: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Delivery Contact: Natalia Iartchikowa		Fax #:	Earliest Delivery Date: 8/3/2017	# of Steps: 8	Hours of Operation: 9-5
E-Mail: <a href="mailto:nlartchikowa@jseiors.org">nlartchikowa@jseiors.org</a>			Special Instructions:		

Equipment and Software ("Listed Items")

Equipment Maintenance Information

Item Code	Product Description	Qty	Serial #	Complete the following information, if Maintenance is selected on the face page. Maintenance is automatically selected herein unless you choose the option to exclude Maintenance by checking box(es) below.					
1407C001	IRADV4545I	1		<input type="checkbox"/> Equipment excluded from Maintenance		<input type="checkbox"/> Corporate Advantage		<input type="checkbox"/> Equipment under separate MPS agreement billed by CSA	
1419C002	CASSETTE FEEDING UNIT-AN1	1		Covered Images Included		Start Meter		Excess per Image Charge	
0613C002	STAPLE FINISHER-Y1	1		B & W	Color	B & W	Color	B & W	Color
1426C001	BUFFER PASS UNIT-N1	1							
0166C007	SUPER G3 FAX BOARD-AS2	1		Alternate Meter Read Method: _____					
2246V629	IMAGERUNNER ADV 4251/4245/4551i/4545i INSTALL P.	1							
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1							
IntSupplies	Pre-Installed Supplies Installed in Machine	1							
				<input type="checkbox"/> Equipment excluded from Maintenance		<input type="checkbox"/> Corporate Advantage		<input type="checkbox"/> Equipment under separate MPS agreement billed by CSA	
				Covered Images Included		Start Meter		Excess per Image Charge	
				B & W	Color	B & W	Color	B & W	Color
				Alternate Meter Read Method: _____					

Key to Meter Read Method: imageWATS (note unless noted above (or) visit CSA website)

X Customer Initials: [Signature] Date: 8/16/17



CANON SOLUTIONS AMERICA

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

**SPECIAL LEASED EQUIPMENT REIMBURSEMENT  
& RETURN AGREEMENT**

Related to agreement # S0713189.02

Salesperson Lawrence C Lewis Order Date: 7 / 18 / 2017

<b>Customer ("you"):</b>	Customer #: 1564206	<b>Customer Contact for Equipment Return Coordination</b>
Company: The Jewish Home for the Elderly of Fairfield County Inc.	Primary Contact Name: Paul Visnicky	
Address: 4200 PARK AVE	Title: Dir of IT	
City: BRIDGEPORT	Phone #: 203-396-1053	
State: CT	Email Address: pvisnicky@seniors.org	
Zip: 06604-1049	Alternative Contact Name:	
<b>End of Lease Conditions and Lease Return Instructions:</b>	Phone#	
Lease Term Status: <input checked="" type="checkbox"/> Original Term <input type="checkbox"/> In Renewal Term(s)	Email Address:	
Lease End Date (or end of Renewal Term if applicable): <i>Complete in table below</i>	<b>Pick Up Location Information:</b>	
<b>Lease non-renewal notification requirement: (Check one)</b>	Hours of Operation _____ # Steps _____	
<input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input checked="" type="checkbox"/> 90 Days <input type="checkbox"/> Other _____	Elevator: Yes <input type="checkbox"/> No <input type="checkbox"/> Loading Dock: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Return Options: (Check one)</b>	Other Requirements: _____	
<input checked="" type="checkbox"/> CSA will Return the Equipment to the Leasing Company subject to the Terms and Conditions of this Agreement	<b>Required Documentation:</b>	
<input type="checkbox"/> CSA will not pick up and return the Equipment to the Leasing Company	This executed form must be accompanied by the following Documents:	
Leasing Company <u>CIT</u>	• A copy of the related executed Lease Agreement	
Lease # <u>900-0211656-000</u>	• A copy of your most recent lease invoice	
<b>Customer Reimbursement:</b>		
Promotional Customer Reimbursement ..... \$ <u>\$61,053.72</u>		
Other (describe) _____ \$ _____		
Total ..... \$ <u>\$61,053.72</u>		

**PLEASE PRINT EQUIPMENT LOCATION INFORMATION BELOW:**

Brand	Model / Accessory Description	Serial #	Meter Reading	Lease End Date	Street	City	State	Zip
Xerox	5875	ex9283906	1,138,000	9/2018				
Xerox	4260	mae912708	370,000	9/2018				
Xerox	5855	ex7383797	230,000	9/2018				
Xerox	4260	mae912732	851,000	9/2018				
Xerox	5875	ex9283659	630,000	9/2018				
Xerox	5885	ex7385711	385,000	9/2018				
Xerox	4260	mae912735	230,000	9/2018				

CSA or its designee will issue a check to you for the Reimbursement Amount specified above for the sole purpose of reimbursement of early termination charges or fees and associated expenses for equipment being replaced by the listed items in the Agreement referenced above. You shall remain all payment obligations associated with your lease(s).

If you have elected to have CSA return Equipment to your Leasing Company above, you hereby authorize CSA to use commercially reasonable efforts to pick up the equipment listed above in its existing condition, store in a CSA designated location and transport such equipment to the Leasing Company return location at CSA's expense. You acknowledge that CSA's obligations hereunder are limited to transportation and/or storage of equipment and that CSA or its designee does not inspect functionally prior to relocation and therefore makes no representation regarding functionality upon delivery. CSA shall only be responsible for obvious damage which occurs during relocation. If CSA is returning the equipment to a Leasing Company on your behalf, you agree to notify the Leasing Company of your intent to return the equipment within your contractual timeframe, which you have indicated above. In addition, you agree to obtain the required return authorization and return instructions ("Instructions") from the Leasing Company and provide the same to CSA promptly, so CSA may return the equipment within 30 days of the earliest date permitted on the Instructions but not sooner than 30 days from CSA's receipt of the Instructions. If for any reason you do not provide CSA the Instructions within 60 days of the Lease End Date indicated above, CSA will attempt to contact you to obtain such Instructions. If CSA is unable to contact you or you fail to respond to CSA request for information, you authorize CSA to attempt to obtain such Instructions directly from the Leasing Company or otherwise dispose of the Equipment to avoid further storage costs. All Instructions must be sent by email to CSA at the following address: [ESSRelocationInstructions@csa.canon.com](mailto:ESSRelocationInstructions@csa.canon.com)

CSA SHALL NOT BE LIABLE FOR INJURY OR DAMAGE EXCEPT TO THE EXTENT CAUSED BY CSA'S NEGLIGENCE OR WILLFUL MISCONDUCT. CSA SHALL NOT BE LIABLE FOR LOSS OF REVENUE OR PROFIT, LOSS, CORRUPTION OR RELEASE OF DATA, FAILURE TO REALIZE SAVINGS OR OTHER BENEFITS, STORAGE CHARGES OR INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT REGARDLESS OF THE LEGAL THEORY ON WHICH THE CLAIM IS BASED AND EVEN IF CSA HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. This agreement and all claims, disputes and causes of action relating thereto, whether sounding in contract, tort or statute, shall be governed by and construed in accordance with the laws of the State of New York. You consent to the exclusive jurisdiction and venue of any State or Federal Court located within the City of New York upon service of process made in accordance with the applicable statutes and rules of the State of New York, or the United States. Any and all suits you commence against CSA, whether or not arising under this agreement, shall be brought only in the State or Federal Courts located within the City of New York, you hereby waive objections as to venue and convenience of forum. Any suit, other than one seeking payment of amounts due hereunder, shall be commenced, if at all, within one (1) year of the date that the claim accrues. The parties irrevocably waive any right to a jury trial in any suit between them.

**DATA.** You acknowledge that the hard drive on the Equipment may retain images, content or other data that you may store for purposes of normal operation of the Equipment ("Data"). You acknowledge that CSA is not storing Data on behalf of you and that exposure or access to the Data by CSA, if any, is purely incidental to the services performed by CSA. Neither CSA nor any of their affiliates has an obligation to erase or overwrite Data upon Your return of the Equipment to CSA or any leasing company. You are solely responsible for: (i) Your compliance with applicable law and legal requirements pertaining to data privacy, storage, security, retention and destruction, and (ii) all decisions related to erasing or overwriting Data. The terms of this section shall solely govern as to Data, notwithstanding that any provisions of this Agreement or any separate contract, policy or data security or other agreement now or hereafter entered into between you and CSA could be construed to apply to Data.

X Customer's Authorized Signature \_\_\_\_\_

Printed Name Anthony H. Knorr Title President & CEO Date 8/10/17



CANON BUSINESS AMERICA

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

SPECIAL LEASED EQUIPMENT REIMBURSEMENT & RETURN AGREEMENT

Related to agreement # S0713189.02

Salesperson Lawrence C Lewis Order Date: 7 / 18 / 2017

Customer ("you"): Customer #: 1564206
Company: The Jewish Home for the Elderly of Fairfield County Inc.
Address: 4200 PARK AVE
City: BRIDGEPORT County: FAIRFIELD
State: CT Zip: 06604-1049
End of Lease Conditions and Lease Return Instructions:
Lease Term Status: [X] Original Term [ ] In Renewal Term(s)
Lease End Date (or end of Renewal Term if applicable): Complete in table below
Lease non-renewal notification requirement: (Check one)
[ ] 30 Days [ ] 60 Days [X] 90 Days [ ] Other
Return Options: (Check one)
[X] CSA will Return the Equipment to the Leasing Company subject to the Terms and Conditions of this Agreement
[ ] CSA will not pick up and return the Equipment to the Leasing Company
Leasing Company CIT
Lease # 900-0211656-000
Customer Reimbursement:
Promotional Customer Reimbursement: \$
Other (describe) \$
Total \$

Table with 6 columns: Brand, Model / Accessory Description, Serial #, Meter Reading, Lease End Date, Street, City, State, Zip. Rows include Xerox 5875, 5855, 3635, 3645, 4260, and Xerox 4260.

CSA or its designee will issue a check to you for the Reimbursement Amount specified above for the sole purpose of reimbursement of early termination charges or fees and associated expenses for equipment being replaced by the listed items in the Agreement referenced above. You shall retain all payment obligations associated with your lease(s).

If you have elected to have CSA return Equipment to your Leasing Company above, you hereby authorize CSA to use commercially reasonable efforts to pick up the equipment listed above in its existing condition, store in a CSA designated location and transport such equipment to the Leasing Company return location at CSA's expense. You acknowledge that CSA's obligations hereunder are limited to transportation and/or storage of equipment and that CSA or its designee does not inspect functionally prior to relocation and therefore makes no representation regarding functionality upon delivery. CSA shall only be responsible for obvious damage which occurs during relocation. If CSA is returning the equipment to a Leasing Company on your behalf, you agree to notify the Leasing Company of your intent to return the equipment within your contractual timeframe, which you have indicated above. In addition, you agree to obtain the required return authorization and return instructions ("instructions") from the Leasing Company and provide the same to CSA promptly, so CSA may return the equipment within 30 days of the earliest date permitted on the instructions but not sooner than 30 days from CSA's receipt of the instructions. If for any reason you do not provide CSA the instructions within 60 days of the Lease End Date indicated above, CSA will attempt to contact you to obtain such instructions. If CSA is unable to contact you or you fail to respond to CSA request for information, you authorize CSA to attempt to obtain such instructions directly from the Leasing Company or otherwise dispose of the Equipment to avoid further storage costs. All instructions must be sent by email to CSA at the following address: ESSRelocationInstructions@csa.canon.com

CSA SHALL NOT BE LIABLE FOR INJURY OR DAMAGE EXCEPT TO THE EXTENT CAUSED BY CSA'S NEGLIGENCE OR WILLFUL MISCONDUCT. CSA SHALL NOT BE LIABLE FOR LOSS OF RENTURE OR PROFIT, LOSS, CORRUPTION OR RELEASE OF DATA, FAILURE TO REALIZE SAVINGS OR OTHER BENEFITS, STORAGE CHARGES OR INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT REGARDLESS OF THE LEGAL THEORY ON WHICH THE CLAIM IS BASED AND EVEN IF CSA HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. This agreement and all claims, disputes and causes of action relating thereto, whether sounding in contract, tort or statute, shall be governed by and construed in accordance with the laws of the State of New York. You consent to the exclusive jurisdiction and venue of any State or Federal Court located within the City of New York upon service of process made in accordance with the applicable statutes and rules of the State of New York or the United States. Any and all suits you commence against CSA, whether or not arising under this agreement, shall be brought only in the State or Federal Courts located within the City of New York, you hereby waive objections as to venue and convenience of forum. Any suit, other than one seeking payment of amounts due hereunder, shall be commenced, if at all, within one (1) year of the date that the claim accrues. The parties irrevocably waive any right to a jury trial in any suit between them.

DATA: You acknowledge that the hard drive on the Equipment may retain images, content or other data that you may store for purposes of normal operation of the Equipment ("Data"). You acknowledge that CSA is not storing Data on behalf of you and that exposure or access to the Data by CSA, if any, is purely incidental to the services performed by CSA. Neither CSA nor any of their affiliates has an obligation to erase or overwrite Data upon Your return of the Equipment to CSA or any leasing company. You are solely responsible for: (i) Your compliance with applicable law and legal requirements pertaining to data privacy, storage, security, retention and protection, and (ii) any decisions related to erasing or overwriting Data. The terms of this section shall solely govern as to Data, notwithstanding that any provisions of this Agreement or any separate confidentiality or data protection agreement or other agreement now or hereafter entered into between you and CSA could be construed to apply to Data.

Customer's Authorized Signature: Avrom H. Danoff, Title: President & CEO, Date: 8/10/17



SUBSCRIPTION SUPPORT SERVICES AGREEMENT

CANON SOLUTIONS AMERICA

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

Salesperson / Analyst Lawrence C Lewis Order Date: 7 / 18 / 2017

Customer ("You") Customer Account: 1564206
Company: The Jewish Home for the Elderly of Fairfield County Inc.
Address: 4200 PARK AVE - Work Center
City: BRIDGEPORT
State: CT Zip: 06604-1049 Phone #: 203.396.1053
Contact: Paul Vrsnicki Fax #:
Email: pvrsnicki@seniors.org
Related Agreement # (if applicable): S0713189
Agreement Term: [X] 12 Months (max 12 months)
Payment Terms: [ ] Lease Term [ ] Net 30 [X] Bill with my CFS Lease Payment [ ] Credit Card:
Requires submission of secure credit card authorization form.
Customer P.O. Number:

Table with columns: Ordered Qty, Item Code, Description, Price, Extended Price. Row 1: 1, 2807V116, SUBSCRIPTION SUPPORT SERVICES 6 UNIT BLOCK: F, Included, Included.

Total
Sales Tax
Total Due

TERMS AND CONDITIONS

(continued on page 2)

- 1. Term. The term of this Agreement (the "Term") shall continue until the earlier of (a) the units of Subscription Support Services specified above ("Units") are consumed or (b) for either (as indicated above) the number of months indicated above beginning on the Order Date or the end of the term of the applicable CFS lease.
2. Included Services. Under this Agreement, Canon Solutions America, Inc. ("CSA") will provide to you Subscription Support Services ("Services") consisting of a) remote support and b) on-site support for CANON and select third party software and hardware solutions. Services will be provided by CSA at the Resource Level based upon your resource selection or description of the scope of work to be performed. Services will be provided during CSA's local regular business hours (8:30 A.M. - 5:00 P.M. Monday through Friday, excluding holidays). Any pre-approved scheduled work beyond these hours will be billed at a premium rate.
3. Effective Rates. Units are available to you under this Agreement based upon the Resource Level utilized to perform the Services:

Table with columns: Resource Level, Units Per Hour, Min Hours, Engagement. Rows: National Consulting and Support ("NCS") Engineers (4, 8), Production Analyst (4, 8), Local Systems Analyst (3, 1), Local Systems Engineer (3, 1), Product Trainer (2, 1\*).

(continued on page 2)

BY THE SIGNATURE OF YOUR AUTHORIZED SIGNATORY BELOW, YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, CONSISTING OF 2 PAGES, AND YOU AGREE TO PURCHASE THE QUANTITY OF UNITS SPECIFIED ABOVE, ON THE TERMS AND CONDITIONS ABOVE AND AS CONTINUED ON PAGE 2 HEREOF.

X Customer's Authorized Signature

Printed Name Avramo H Banoff Title President & CEO Date 8/10/17

**TERMS AND CONDITIONS**

(continued from page 1)

4. **Utilization Procedure.** Services will be provided during the Term when requested by you through the CSA service dispatch center. CSA will determine the appropriate Resource Level(s) to be assigned based on your resource selection or description of the requested Services. CSA reserves the right to reject any request by you if CSA determines that such request is for work beyond the scope of the Services covered by this Agreement or the Resource Levels available hereunder. Units unused upon the expiration of the Term are non-refundable. If Services requested by you, or completion of ongoing Services, will require Units in excess of the unused quantity available hereunder, CSA shall notify you in advance of completing the work and you shall instruct CSA to end work or you shall agree to pay for those additional Units at CSA's then prevailing rates.
5. **Performance of Services.** Services will be performed by CSA personnel or its designee at your business locations located within CSA's servicing area. CSA personnel, while on-site at your premises, shall comply with your reasonable security and other such policies of which CSA has been informed by you in writing. You will provide to CSA's personnel appropriate workspace and other assistance as may be reasonably required for the performance of the Services. You acknowledge that the performance by CSA of Services with respect to any non-CANON hardware or software may be dependent on assistance or cooperation from the third-party manufacturer or developer, including your requirement(s) to purchase any necessary software upgrades or licenses to operate the software.
6. **Payment.**
  - (a) Unless the "Bill with my CFS Lease Payment" option is selected on page 1 hereof, the total purchase price specified on page 1 hereof is payable in full and in advance within no later than 30 days after the date of CSA's invoice therefore, and CSA shall have no obligation to provide any Services until such payment has been made. If payments are late, CSA may charge you and you agree to pay a late charge equal to the higher of ten percent (10%) of the amount due or ten dollars (\$10) as reasonable collection fees, not to exceed the maximum amount permitted by law.
  - (b) If the "Finance through my CFS Lease" option is selected on page 1 hereof, the total purchase price specified on page 1 shall be financed by the lessor (Canon Financial Services, Inc.) through the applicable lease, as provided herein, over the initial term of the applicable lease.
7. **EXCLUSION OF WARRANTIES AND LIMITATION OF LIABILITY.** CSA WARRANTS THAT IT WILL PERFORM SERVICES HEREUNDER IN A PROFESSIONAL AND COMPETENT MANNER CONSISTENT WITH THE RESOURCE LEVEL UTILIZED. OTHERWISE, CSA MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, WITH RESPECT TO THE SERVICES. CSA SHALL NOT BE LIABLE FOR INJURY OR DAMAGE EXCEPT TO THE EXTENT CAUSED BY CSA'S NEGLIGENCE OR WILLFUL MISCONDUCT. CSA SHALL NOT BE LIABLE FOR EXPENDITURES FOR SUBSTITUTE EQUIPMENT OR SERVICES, LOSS OF REVENUE OR PROFIT, LOSS, CORRUPTION OR RELEASE OF DATA, FAILURE TO REALIZE SAVINGS OR OTHER BENEFITS, STORAGE CHARGES OR INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES ARISING OUT OF THE USE OF OR IN CONNECTION WITH THIS AGREEMENT REGARDLESS OF THE LEGAL THEORY ON WHICH THE CLAIM IS BASED AND EVEN IF CSA HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. IN NO EVENT SHALL CSA'S LIABILITY TO YOU HEREUNDER OR IN CONNECTION WITH THE SERVICES EXCEED THE AGGREGATE AMOUNT PAID BY YOU TO CSA PURSUANT TO THIS AGREEMENT.
8. **Non-Solicitation.** Throughout the Term and for one (1) year following the expiration or termination thereof, you agree that you will not, directly or through any third party, solicit, offer employment to, hire, interfere with or endeavor to entice away from CSA any individual who is an employee of CSA and who, at any time during the Term, was involved in providing Services to you hereunder. You further agree, with respect to any former employee of CSA who was involved in providing Services to you hereunder, that you will not, directly or through any third party, solicit, offer employment to or hire such former CSA employee at any time during the one (1) year period after he or she ceases to be an employee of CSA.
9. **Confidentiality.** CSA shall use commercially reasonable efforts during the recruiting, training and supervision of its personnel providing Services to advise that they shall refrain from using except in connection with the Services, and shall not disclose to any third parties, any of your business or financial information of a proprietary nature.
10. **Default.** If you fail to pay any amounts within 15 days after the same are due and payable under this Agreement, (or under the CFS lease, if the Units have been financed there under), or if you or CSA fails to perform in any material respect any other obligation hereunder within thirty (30) days after written notice thereof from the other party, the non-defaulting party may terminate this Agreement upon written notice to the other party. Any such termination shall be without limitation of the rights and remedies of the non-defaulting party under applicable law. CSA shall not be required to accept any request for Services, or continue performance of ongoing Services, at any time that any amount is hereunder (or the CFS lease) is due and unpaid.
11. **Miscellaneous.** This Agreement shall be binding upon the parties upon execution. In rendering Services hereunder, CSA shall be acting as an independent contractor and shall not be deemed your employee or agent. Nothing in this Agreement shall be deemed to create a partnership or joint venture between the parties. This Agreement constitutes the entire agreement between the parties with respect to the Services and shall supersede all prior agreements, if any, between the parties relating to the Services provided hereunder. The parties stipulate that neither of them has made any representation with respect to the subject matter of this Agreement or the execution and delivery hereof except such representations as are specifically set forth herein. No modification, amendment, addendum to or waiver of this Agreement shall be binding upon the parties hereto unless made in writing and duly signed by both parties. Any purchase order utilized by you shall be for your administrative convenience only, and any terms therein which conflict with, vary from or supplement the provisions of this Agreement shall be deemed null and void. A failure of either party to exercise any right provided for herein shall not be deemed a waiver of any right under this Agreement. This Agreement shall inure to the benefit of and be binding upon the successors and permitted assigns of the respective parties. This Agreement shall not be assignable by you without CSA's prior written consent, and any attempted assignment without such consent shall be void. If a court finds any provision of this Agreement (or part thereof) to be unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
12. **Choice of Law and Forum.** THIS AGREEMENT AND ALL CLAIMS, DISPUTES AND CAUSES OF ACTION RELATING THERETO, WHETHER SOUNDING IN CONTRACT, TORT OR STATUTE, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE INTERNAL LAWS OF THE STATE OF NEW YORK. ANY AND ALL SUITS YOU COMMENCE AGAINST CSA, WHETHER OR NOT ARISING UNDER THIS AGREEMENT, SHALL BE BROUGHT ONLY IN THE STATE OR FEDERAL COURTS LOCATED WITHIN THE CITY OF NEW YORK. YOU CONSENT TO THE EXCLUSIVE JURISDICTION AND VENUE OF ANY STATE OR FEDERAL COURT LOCATED WITHIN THE CITY OF NEW YORK UPON SERVICE OF PROCESS MADE IN ACCORDANCE WITH THE APPLICABLE STATUTES AND RULES OF THE STATE OF NEW YORK OR THE UNITED STATES. ANY SUIT, OTHER THAN FOR PAYMENT OF AMOUNTS DUE HEREUNDER, SHALL BE COMMENCED, IF AT ALL, WITHIN ONE (1) YEAR OF THE DATE THAT THE CLAIM ACCRUES. THE PARTIES IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUIT BETWEEN THEM.
13. **ELECTRONIC ACCEPTANCE.** You agree that CSA may accept an electronic image of this Agreement as an original, and that electronic copies of your signature will be treated as an original for all purposes.

X

Customer Initials



Date

8/31/17



SUBSCRIPTION SUPPORT SERVICES AGREEMENT

CANON SOLUTIONS AMERICA

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

Salesperson / Analyst Lawrence C Lewis Order Date: 7 / 18 / 2017

Customer ("You") Customer Account: 1564206
Company: The Jewish Home for the Elderly of Fairfield County Inc.
Address: 4200 PARK AVE - Copy Room
City: BRIDGEPORT
State: CT Zip: 06604-1049 Phone #: 203.396.1053
Contact: Paul Visnicki Fax #:
Email: pvisnicki@seniors.org
Related Agreement # (if applicable): S0713189
Agreement Term: [X] 12 Months (max 12 months)
Payment Terms: [ ] Lease Term [ ] Net 30 [X] Bill with my CFS Lease Payment [ ] Credit Card:
Requires submission of secure credit card authorization form.
Customer P.O. Number:

Table with columns: Ordered Qty, Item Code, Description, Price, Extended Price. Row 1: 1, 2807V116, SUBSCRIPTION SUPPORT SERVICES 6 UNIT BLOCK: F, Included, Included.

Total
Sales Tax
Total Due

TERMS AND CONDITIONS

(continued on page 2)

- 1. Term. The term of this Agreement (the "Term") shall continue until the earlier of (a) the units of Subscription Support Services specified above ("Units") are consumed or (b) for either (as indicated above) the number of months indicated above beginning on the Order Date or the end of the term of the applicable CFS lease.
2. Included Services. Under this Agreement, Canon Solutions America, Inc. ("CSA") will provide to you Subscription Support Services ("Services") consisting of a) remote support and b) on-site support for CANON and select third party software and hardware solutions. Services will be provided by CSA at the Resource Level based upon your resource selection or description of the scope of work to be performed. Services will be provided during CSA's local regular business hours (8:30 A.M. - 5:00 P.M. Monday through Friday, excluding holidays). Any pre-approved scheduled work beyond these hours will be billed at a premium rate.
3. Effective Rates. Units are available to you under this Agreement based upon the Resource Level utilized to perform the Services:

Table with columns: Resource Level, Units Per Hour, Engagement per Min Hours. Rows: National Consulting and Support ("NCS") Engineers (4, 8), Production Analyst (4, 8), Local Systems Analyst (3, 1), Local Systems Engineer (3, 1), Product Trainer (2, 1\*).

(continued on page 2)

BY THE SIGNATURE OF YOUR AUTHORIZED SIGNATORY BELOW, YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, CONSISTING OF 2 PAGES, AND YOU AGREE TO PURCHASE THE QUANTITY OF UNITS SPECIFIED ABOVE, ON THE TERMS AND CONDITIONS ABOVE AND AS CONTINUED ON PAGE 2 HEREOF.

X Customer's Authorized Signature [Signature]
Printed Name: Armin H Danoff Title: Armin Danoff & CEO Date: 8/10/17

**TERMS AND CONDITIONS**  
(continued from page 1)

4. **Utilization Procedure.** Services will be provided during the Term when requested by you through the CSA service dispatch center. CSA will determine the appropriate Resource Level(s) to be assigned based on your resource selection or description of the requested Services. CSA reserves the right to reject any request by you if CSA determines that such request is for work beyond the scope of the Services covered by this Agreement or the Resource Levels available hereunder. Units unused upon the expiration of the Term are non-refundable. If Services requested by you, or completion of ongoing Services, will require Units in excess of the unused quantity available hereunder, CSA shall notify you in advance of completing the work and you shall instruct CSA to end work or you shall agree to pay for those additional Units at CSA's then prevailing rates.
5. **Performance of Services.** Services will be performed by CSA personnel or its designee at your business locations located within CSA's servicing area. CSA personnel, while on-site at your premises, shall comply with your reasonable security and other such policies of which CSA has been informed by you in writing. You will provide to CSA's personnel appropriate workspace and other assistance as may be reasonably required for the performance of the Services. You acknowledge that the performance by CSA of Services with respect to any non-CANON hardware or software may be dependent on assistance or cooperation from the third-party manufacturer or developer, including your requirement(s) to purchase any necessary software upgrades or licenses to operate the software.
6. **Payment.**
  - (a) Unless the "Bill with my CFS Lease Payment" option is selected on page 1 hereof, the total purchase price specified on page 1 hereof is payable in full and in advance within no later than 30 days after the date of CSA's invoice therefore, and CSA shall have no obligation to provide any Services until such payment has been made. If payments are late, CSA may charge you and you agree to pay a late charge equal to the higher of ten percent (10%) of the amount due or ten dollars (\$10) as reasonable collection fees, not to exceed the maximum amount permitted by law.
  - (b) If the "Finance through my CFS Lease" option is selected on page 1 hereof, the total purchase price specified on page 1 shall be financed by the lessor (Canon Financial Services, Inc.) through the applicable lease, as provided herein, over the initial term of the applicable lease.
7. **EXCLUSION OF WARRANTIES AND LIMITATION OF LIABILITY.** CSA WARRANTS THAT IT WILL PERFORM SERVICES HEREUNDER IN A PROFESSIONAL AND COMPETENT MANNER CONSISTENT WITH THE RESOURCE LEVEL UTILIZED. OTHERWISE, CSA MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, WITH RESPECT TO THE SERVICES. CSA SHALL NOT BE LIABLE FOR INJURY OR DAMAGE EXCEPT TO THE EXTENT CAUSED BY CSA'S NEGLIGENCE OR WILLFUL MISCONDUCT. CSA SHALL NOT BE LIABLE FOR EXPENDITURES FOR SUBSTITUTE EQUIPMENT OR SERVICES, LOSS OF REVENUE OR PROFIT, LOSS, CORRUPTION OR RELEASE OF DATA, FAILURE TO REALIZE SAVINGS OR OTHER BENEFITS, STORAGE CHARGES OR INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES ARISING OUT OF THE USE OF OR IN CONNECTION WITH THIS AGREEMENT REGARDLESS OF THE LEGAL THEORY ON WHICH THE CLAIM IS BASED AND EVEN IF CSA HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. IN NO EVENT SHALL CSA'S LIABILITY TO YOU HEREUNDER OR IN CONNECTION WITH THE SERVICES EXCEED THE AGGREGATE AMOUNT PAID BY YOU TO CSA PURSUANT TO THIS AGREEMENT.
8. **Non-Solicitation.** Throughout the Term and for one (1) year following the expiration or termination thereof, you agree that you will not, directly or through any third party, solicit, offer employment to, hire, interfere with or endeavor to entice away from CSA any individual who is an employee of CSA and who, at any time during the Term, was involved in providing Services to you hereunder. You further agree, with respect to any former employee of CSA who was involved in providing Services to you hereunder, that you will not, directly or through any third party, solicit, offer employment to or hire such former CSA employee at any time during the one (1) year period after he or she ceases to be an employee of CSA.
9. **Confidentiality.** CSA shall use commercially reasonable efforts during the recruiting, training and supervision of its personnel providing Services to advise that they shall refrain from using except in connection with the Services, and shall not disclose to any third parties, any of your business or financial information of a proprietary nature.
10. **Default.** If you fail to pay any amounts within 15 days after the same are due and payable under this Agreement, (or under the CFS lease, if the Units have been financed there under), or if you or CSA fails to perform in any material respect any other obligation hereunder within thirty (30) days after written notice thereof from the other party, the non-defaulting party may terminate this Agreement upon written notice to the other party. Any such termination shall be without limitation of the rights and remedies of the non-defaulting party under applicable law. CSA shall not be required to accept any request for Services, or continue performance of ongoing Services, at any time that any amount is hereunder (or the CFS lease) is due and unpaid.
11. **Miscellaneous.** This Agreement shall be binding upon the parties upon execution. In rendering Services hereunder, CSA shall be acting as an independent contractor and shall not be deemed your employee or agent. Nothing in this Agreement shall be deemed to create a partnership or joint venture between the parties. This Agreement constitutes the entire agreement between the parties with respect to the Services and shall supersede all prior agreements, if any, between the parties relating to the Services provided hereunder. The parties stipulate that neither of them has made any representation with respect to the subject matter of this Agreement or the execution and delivery hereof except such representations as are specifically set forth herein. No modification, amendment, addendum to or waiver of this Agreement shall be binding upon the parties hereto unless made in writing and duly signed by both parties. Any purchase order utilized by you shall be for your administrative convenience only, and any terms therein which conflict with, vary from or supplement the provisions of this Agreement shall be deemed null and void. A failure of either party to exercise any right provided for herein shall not be deemed a waiver of any right under this Agreement. This Agreement shall inure to the benefit of and be binding upon the successors and permitted assigns of the respective parties. This Agreement shall not be assignable by you without CSA's prior written consent, and any attempted assignment without such consent shall be void. If a court finds any provision of this Agreement (or part thereof) to be unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
12. **Choice of Law and Forum.** THIS AGREEMENT AND ALL CLAIMS, DISPUTES AND CAUSES OF ACTION RELATING THERETO, WHETHER SOUNDING IN CONTRACT, TORT OR STATUTE, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE INTERNAL LAWS OF THE STATE OF NEW YORK. ANY AND ALL SUITS YOU COMMENCE AGAINST CSA, WHETHER OR NOT ARISING UNDER THIS AGREEMENT, SHALL BE BROUGHT ONLY IN THE STATE OR FEDERAL COURTS LOCATED WITHIN THE CITY OF NEW YORK. YOU CONSENT TO THE EXCLUSIVE JURISDICTION AND VENUE OF ANY STATE OR FEDERAL COURT LOCATED WITHIN THE CITY OF NEW YORK UPON SERVICE OF PROCESS MADE IN ACCORDANCE WITH THE APPLICABLE STATUTES AND RULES OF THE STATE OF NEW YORK OR THE UNITED STATES. ANY SUIT, OTHER THAN FOR PAYMENT OF AMOUNTS DUE HEREUNDER, SHALL BE COMMENCED, IF AT ALL, WITHIN ONE (1) YEAR OF THE DATE THAT THE CLAIM ACCRUES. THE PARTIES IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUIT BETWEEN THEM.
13. **ELECTRONIC ACCEPTANCE.** You agree that CSA may accept an electronic image of this Agreement as an original, and that electronic copies of your signature will be treated as an original for all purposes.







SUBSCRIPTION SUPPORT SERVICES AGREEMENT

CANON SOLUTIONS AMERICA

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

Salesperson / Analyst Lawrence C Lewis Order Date: 7 / 18 / 2017

Customer ("You") Customer Account: 1564206
Company: The Jewish Home for the Elderly of Fairfield County Inc
Address: 4200 PARK AVE - Medical Home Care
City: BRIDGEPORT
State: CT Zip: 06604-1049 Phone #: 203.396.1053
Contact: Paul Visnicki Fax #:
Email: pvisnicky@seniors.org
Related Agreement # (if applicable): S0713189
Agreement Term: [X] 12 Months (max 12 months)
Payment Terms: [ ] Lease Term [ ] Net 30 [X] Bill with my CFS Lease Payment [ ] Credit Card:
Requires submission of secure credit card authorization form.

Table with columns: Ordered Qty, Item Code, Description, Price, Extended Price. Row 1: 1, 2807V116, SUBSCRIPTION SUPPORT SERVICES 6 UNIT BLOCK: F, Included, Included. Summary rows: Total, Sales Tax, Total Due.

TERMS AND CONDITIONS
(continued on page 2)

- 1. Term. The term of this Agreement (the "Term") shall continue until the earlier of (a) the units of Subscription Support Services specified above ("Units") are consumed or (b) for either (as indicated above) the number of months indicated above beginning on the Order Date or the end of the term of the applicable CFS lease.
2. Included Services. Under this Agreement, Canon Solutions America, Inc. ("CSA") will provide to you Subscription Support Services ("Services") consisting of a) remote support and b) on-site support for CANON and select third party software and hardware solutions. Services will be provided by CSA at the Resource Level based upon your resource selection or description of the scope of work to be performed. Services will be provided during CSA's local regular business hours (8:30 A.M. - 5:00 P.M. Monday through Friday, excluding holidays). Any pre-approved scheduled work beyond these hours will be billed at a premium rate.
3. Effective Rates. Units are available to you under this Agreement based upon the Resource Level utilized to perform the Services:

Table with columns: Resource Level, Units Per Hour, Engagement Min Hours. Rows: National Consulting and Support ("NCS") Engineers (4, 8), Production Analyst (4, 8), Local Systems Analyst (3, 1), Local Systems Engineer (3, 1), Product Trainer (2, 1\*). Includes note: Subject to Course minimum requirements if applicable.

(continued on page 2)

BY THE SIGNATURE OF YOUR AUTHORIZED SIGNATORY BELOW, YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, CONSISTING OF 2 PAGES, AND YOU AGREE TO PURCHASE THE QUANTITY OF UNITS SPECIFIED ABOVE, ON THE TERMS AND CONDITIONS ABOVE AND AS CONTINUED ON PAGE 2 HEREOF.

X Customer's Authorized Signature [Signature] Title: President & CEO Date: 8/10/17


**TERMS AND CONDITIONS**  
(continued from page 1)

4. **Utilization Procedure.** Services will be provided during the Term when requested by you through the CSA service dispatch center. CSA will determine the appropriate Resource Level(s) to be assigned based on your resource selection or description of the requested Services. CSA reserves the right to reject any request by you if CSA determines that such request is for work beyond the scope of the Services covered by this Agreement or the Resource Levels available hereunder. Units unused by you, or completion of ongoing Services, will require Units in excess of the unused quantity available hereunder, CSA shall notify you in advance of completing the work and you shall instruct CSA to end work, or you shall agree to pay for those additional Units at CSA's then prevailing rates.
5. **Performance of Services.** Services will be performed by CSA personnel or its designee at your business locations located within CSA's servicing area. CSA personnel, while on-site at your premises, shall comply with your reasonable security and other such policies of which CSA has been informed by you in writing. You will provide to CSA's personnel appropriate workspace and other assistance as may be reasonably required for the performance of the Services. You acknowledge that the performance by CSA of Services with assistance or non-CANON hardware or software may be dependent on assistance or cooperation from the third-party manufacturer or developer, including your requirement(s) to purchase any necessary software upgrades or licenses to operate the software.
6. **Payment**
- (a) Unless the "Bill with my CFS Lease Payment" option is selected on page 1 hereof, the total purchase price specified on page 1 hereof is payable in full and in advance within no later than 30 days after the date of CSA's invoice herefore, and CSA shall have no obligation to provide any Services until such payment has been made. If payments are late, CSA may charge you and you agree to pay a late charge equal to the higher of ten percent (10%) of the amount due or ten dollars (\$10) as reasonable collection fees, not to exceed the maximum amount permitted by law.
- (b) If the "Finance through my CFS Lease" option is selected on page 1 hereof, the total purchase price specified on page 1 shall be financed by the lessor (Canon Financial Services, Inc.) through the applicable lease, as provided herein, over the initial term of the applicable lease.
7. **EXCLUSION OF WARRANTIES AND LIMITATION OF LIABILITY.** CSA WARRANTS THAT IT WILL PERFORM SERVICES HEREUNDER IN A PROFESSIONAL AND COMPETENT MANNER CONSISTENT WITH THE RESOURCE LEVEL UTILIZED. OTHERWISE, CSA MAKES NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, WITH RESPECT TO THE SERVICES. CSA SHALL NOT BE LIABLE FOR INJURY OR DAMAGE EXCEPT TO THE EXTENT CAUSED BY CSA'S NEGLIGENCE OR WILLFUL MISCONDUCT. CSA SHALL NOT BE LIABLE FOR EXPENDITURES FOR SUBSTITUTE EQUIPMENT OR SERVICES, LOSS OF REVENUE OR PROFIT, LOSS, CORRUPTION OR RELEASE OF DATA, FAILURE TO REALIZE SAVINGS OR OTHER BENEFITS, STORAGE CHARGES OR INCIDENTAL, SPECIAL, PUNITIVE OR CONSEQUENTIAL DAMAGES ARISING OUT OF THE USE OF OR IN CONNECTION WITH THIS AGREEMENT REGARDLESS OF THE LEGAL THEORY ON WHICH THE CLAIM IS BASED AND EVEN IF CSA HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. IN NO EVENT SHALL CSA'S LIABILITY TO YOU HEREUNDER OR IN CONNECTION WITH THE SERVICES EXCEED THE AGGREGATE AMOUNT PAID BY YOU TO CSA PURSUANT TO THIS AGREEMENT.
8. **Non-Solicitation.** Throughout the Term and for one (1) year following the expiration or termination thereof, you agree that you will not, directly or through any third party, solicit, offer employment to, hire, interfere with or endeavor to entice away from CSA any individual who is an employee of CSA and who, at any time during the Term, was involved in providing Services to you hereunder. You further agree, with respect to any former employee of CSA who was involved in providing Services

to you hereunder, that you will not, directly or through any third party, solicit, offer employment to or hire such former CSA employee at any time during the one (1) Year period after he or she ceases to be an employee of CSA.

9. **Confidentiality.** CSA shall use commercially reasonable efforts during the recruiting, training and supervision of its personnel providing Services to advise that they shall refrain from using except in connection with the Services, and shall not disclose to any third parties, any of your business or financial information of a proprietary nature.
10. **Default.** If you fail to pay any amounts within 15 days after the same are due and payable under this Agreement, (or under the CFS lease, if the Units have been financed there under), or if you or CSA fails to perform in any material respect any other obligation hereunder within thirty (30) days after written notice thereof from the other party, the non-defaulting party may terminate this Agreement upon written notice to the other party. Any such termination shall be without limitation of the rights and remedies of the non-defaulting party under applicable law. CSA shall not be required to accept any request for Services, or continue performance of ongoing Services, at any time that any amount is hereunder (or the CFS lease) is due and unpaid.
11. **Miscellaneous.** This Agreement shall be binding upon the parties upon execution. In rendering Services hereunder, CSA shall be acting as an independent contractor and shall not be deemed your employee or agent. Nothing in this Agreement shall be deemed to create a partnership or joint venture between the parties. This Agreement constitutes the entire agreement between the parties with respect to the Services and shall supersede all prior agreements, if any, between the parties relating to the Services provided hereunder. The parties stipulate that neither of them has made any representation with respect to the subject matter of this Agreement or the execution and delivery hereof except such representations as are specifically set forth herein. No modification, amendment, addendum to or waiver of this Agreement shall be binding upon the parties hereto unless made in writing and duly signed by both parties. Any purchase order utilized by you shall be for your administrative convenience only, and any terms therein which conflict with, vary from or supplement the provisions of this Agreement shall be deemed null and void. A failure of either party to exercise any right provided for herein shall not be deemed a waiver of any right under this Agreement. This Agreement shall inure to the benefit of and be binding upon the successors and permitted assigns of the respective parties. This Agreement shall not be assignable by you without CSA's prior written consent, and any attempted assignment without such consent shall be void. If a court finds any provision of this Agreement (or part thereof) to be unenforceable, the remaining provisions of this Agreement shall remain in full force and effect.
12. **Choice of Law and Forum.** THIS AGREEMENT AND ALL CLAIMS, DISPUTES AND CAUSES OF ACTION RELATING THERETO, WHETHER SOUNDING IN CONTRACT, TORT OR STATUTE, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE INTERNAL LAWS OF THE STATE OF NEW YORK. ANY AND ALL SUITS YOU COMMENCE AGAINST CSA, WHETHER OR NOT ARISING UNDER THIS AGREEMENT, SHALL BE BROUGHT ONLY IN THE STATE OR FEDERAL COURTS LOCATED WITHIN THE CITY OF NEW YORK. YOU CONSENT TO THE EXCLUSIVE JURISDICTION AND VENUE OF ANY STATE OR FEDERAL COURT LOCATED WITHIN THE CITY OF NEW YORK UPON SERVICE OF PROCESS MADE IN ACCORDANCE WITH THE APPLICABLE STATUTES AND RULES OF THE STATE OF NEW YORK OR THE UNITED STATES. ANY SUIT, OTHER THAN FOR PAYMENT OF AMOUNTS DUE HEREUNDER, SHALL BE COMMENCED, IF AT ALL, WITHIN ONE (1) YEAR OF THE DATE THAT THE CLAIM ACCRUES. THE PARTIES IRREVOCABLY WAIVE ANY RIGHT TO A JURY TRIAL IN ANY SUIT BETWEEN THEM.
13. **ELECTRONIC ACCEPTANCE.** You agree that CSA may accept an electronic image of this Agreement as an original, and that electronic copies of your signature will be treated as an original for all purposes.

X Customer Initials \_\_\_\_\_ Date 8/1/17



**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Jewish Home for the Elderly of Fai	License No. 923-C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Blum Shapiro & Co, P.C.	29 South Main Street, West Hartford, CT 06127
2 Blum Shapiro & Co, P.C.	29 South Main Street, West Hartford, CT 06127
3 Blum Shapiro & Co, P.C.	29 South Main Street, West Hartford, CT 06127
4	

Services Provided by This Firm (*describe fully*)

1 Annual audit and prep of FS, Medicaid & Medicare cost reporting, Retirement plan audits, 990 preparation	\$ 67,585
2 990 preparation for Auxillary Orgs - Disallowed	\$ 3,185
3 Expense accrued relating to audit and tax work to be performed in FY 18 - disallowed	\$ 53,077
4	\$
	<b>Charge for Services Provided</b>
	\$ 123,847

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

**Legal Services Information**

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

Address (*No. & Street, City, State, Zip Code*)

1  
2  
3  
4  
5

Services Provided by This Firm (*describe fully*)

1 See attached	\$ 156,991
2	\$
3	\$
4	\$
5	\$
	<b>Charge for Services Provided</b>
	\$ 156,991

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

Legal Services

Name/Address of Legal Firm	Services Provided	Amount	Disallowed
<b>Wiggin &amp; Dana</b>			
	Collections	34,185	Disallowed
	Employment Law Misc	2,790	
<b>Cohen and Wolf</b>			
	Mortgage Loan to Bader, Samuel & Dorothy	91	Disallowed
	Service Mark Application	748	Disallowed
	Sale to SHU	45	Disallowed
	Misc.	173	Disallowed
<b>Misc:</b>			
Treasurer State of CT	Civil Penalty	159	Disallowed
Department of Social Service	Annual filing for continuing care contract	544	Disallowed
Verrill Dana LLP	Transaction with Jewish Center for Community Service	1,805	Disallowed
Updike, Kelly and Spellacy	Bond issuance, debt covenants	14,315	Disallowed
Sheriff	Civil Penalty	76	Disallowed
Bridgeport Probate	Probate	159	Disallowed
Shipman & Goodwin LLP	Forbearance agreement	64,299	Disallowed
Jackson Lewis	Employee relations, net of settlement	9,990	Disallowed
Carlton Fields Jorden Burt	Employee relations	602	Disallowed
Daly, Weihng & Bochanis	Employee relations	27,011	Disallowed
<b>Total:</b>		<u><u>156,991</u></u>	
		<u><u>154,201</u></u>	Total Disallowed

### Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Jewish Home for the Elderly of Fairfield County		923-C			9/30/2017				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	294	294			294	294			294	294			
B. On last day of THIS report period	294	294			294	294			294	294			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	284	284			284	284			288	288			
B. As of midnight of THIS report period	287	287			288	288			287	287			
3. Total Number of Days Care Provided During Period													
A. Medicare	8,087	8,087			6,060	6,060			2,027	2,027			
B. Medicaid (Conn.)	69,274	69,274			52,595	52,595			16,679	16,679			
C. Medicaid (other states)													
D. Private Pay	20,297	20,297			14,654	14,654			5,643	5,643			
E. State SSI for RCH													
F. Other (Specify) Commercial Managed Care	7,692	7,692			5,500	5,500			2,192	2,192			
G. Total Care Days During Period (3A thru F)	105,350	105,350			78,809	78,809			26,541	26,541			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	94	94			76	76			18	18			
B. Other Bed Reserve Days	52	52			37	37			15	15			
5. <b>Total Resident Days (3G + 4A + 4B)</b>	105,496	105,496			78,922	78,922			26,574	26,574			

### Schedule of Resident Statistics (Cont'd)

Name of Facility Jewish Home for the Elderly of Fairfield Cour			License No. 923-C			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid			Self-Pay			Other State Assisted				
	CCNH	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	18		190			79							
Per Diem Rate													
a. One bed rm.	PPS		297.47			525.00							
b. Two bed rms.	PPS		297.47			525.00							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B									TOTAL	CCNH	RHNS	(Specify)	
B. Medicaid (Exclusive of Part B)									8,367	8,367			
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									33,193	33,193			
D. <b>Total Physical Therapy Treatments</b>									41,560	41,560			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									832	832			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,537	1,537			
D. <b>Total Speech Therapy Treatments</b>									2,369	2,369			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,327	3,327			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									33,399	33,399			
D. <b>Total Occupational Therapy Treatments</b>									36,726	36,726			

### Report of Expenditures - Salaries & Wages

Name of Facility Jewish Home for the Elderly of Fairfield County	License No. 923-C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	802,852	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	197,657	1,876				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	1,303,838	54,000				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	1,520,521	105,507				
6. Housekeeping Service						
a. Head Housekeeper	13,696	506				
b. Other Housekeeping Workers	877,589	60,536				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	66,089	1,402				
b. Other Maintenance Workers	301,636	14,051				
8. Laundry Service						
a. Supervisor	17,943	663				
b. Other Laundry Workers	310,890	20,574				
9. Barber and Beautician Services						
10. Protective Services	105,028	5,855				
11. Accounting Services						
a. Head Accountant	153,581	1,472				
b. Other Accountants	390,073	13,403				
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	290,464	7,180				
b. RN						
1. Direct Care	3,122,311	83,723				
2. Administrative**	156,183	4,873				
c. LPN						
1. Direct Care	3,176,209	98,498				
2. Administrative**						
d. Aides and Attendants	6,021,601	339,819				
e. Physical Therapists	707,887	21,912				
f. Speech Therapists	203,066	4,332				
g. Occupational Therapists	470,904	12,215				
h. Recreation Workers	463,790	32,319				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	215,590	7,594				
n. Marketing	5,333	208				
o. Other (Specify)						
See Attached Schedule	664,702	31,899				
<i>A-13. Total Salary Expenditures</i>	21,559,433	926,496				

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Childcare services (s/b included as employee benefit)	\$ 399,785	24,778				
Pastoral care	\$ 111,168	3,305				
Outpatient Therapy - Disallowed	\$ 126,690	3,066				
Education	\$ 27,059	750				
<b>Total</b>	\$ 664,702	31,899	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Physicians - Long term care	\$ 203	Disallowed				
Pastoral Care	\$ 21,610	864				
Post Acute Physician	\$ 6,811	Disallowed				
Inpatient Therapy Purchased Services	\$ 16,081	Disallowed				
Inpatient Therapy Temp Help	\$ 57,149	Disallowed				
Employee Relations Temp Help	\$ 33,455	Disallowed				
<b>Total</b>	\$ 135,309	864	\$ -	-	\$ -	-



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

Name of Facility				License No.	Report for Year Ended				Page	of
Jewish Home for the Elderly of Fairfield County				923-C	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Jewish Home for the Elderly of Fairfield County				923-C	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Andrew Banoff	802,852			Auto allowance included in salary		2,080	A2			
<b>Section IV - Assistant Administrators</b>										
Larry Condon	197,657			Non-preferential		1,876	A3			

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

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

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

**Annual Report of Long-Term Care Facility**

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Jewish Home for the Elderly of Fairfield County	923-C	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	12,940	104				
3. Pharmacist	19,074	388				
4. Podiatrist	4,200	57				
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	24,000	360				
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) Psychiatrist	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	1,536	24				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	135,309	864				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>214,001</b>	<b>2,247</b>				

\* 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 Jewish Home for the Elderly of Fairfield County		License No. 923-C		Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Carla Monteiro, DMD, 1825 Barnum Ave, Suite 303, Stratford, CT 06614	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Value Rx Pharmacy	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Bridgeport Podiatry	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>			
Summit Healthcare, LLC, 175 Jefferson Street, Fairfield, CT 06825	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Vittoria Gassman, MD - 120 Connecticut Ave, Norwalk Community Health Center, Norwalk, CT	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Joseph Fickes, MD, 51 Merwins Ln, Fairfield, CT 06824	Psychiatrist	<input type="radio"/>	<input checked="" type="radio"/>			
The Nurse Network	RNs	<input type="radio"/>	<input checked="" type="radio"/>			
Father Churchill Penn	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Richard Wolpoe	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Gerry Ginsburg	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Ariel Herzog	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Avi Schwarzmer	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Gil Ezving	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Rabbi Steven Zacharow	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Rabbi Daniel Satlow	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Andy Schultz	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Yehudoh Gordon	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Rabbi David Breitler	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Rabbinical Assembly	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Oren Goldhaber	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
Bengamin Kohanim	Pastoral Care	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

\* Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

### C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield County	923-C	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 719,675	719,675		
2. Disability Insurance	\$ 101,787	101,787		
3. Unemployment Insurance	\$ 83,672	83,672		
4. Social Security (F.I.C.A.)	\$ 1,477,439	1,477,439		
5. Health Insurance	\$ 2,464,409	2,464,409		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 22,493	22,493		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 573,899	573,899		
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 10,199	10,199		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 123,847	123,847		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 156,991	156,991		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 88,327	88,327		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 66,540	66,540		
2. Cellular Phones	\$ 20,978	20,978		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,595,483	1,595,483		
<b>Subtotal</b>	<b>\$ 7,505,739</b>	<b>7,505,739</b>		

\* 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**

Jewish Home for the Elderly of Fairfield County  
9/30/2017

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Tuition Reimbursement - Disallowed	\$ 10,199		
<b>Total</b>	\$ 10,199	\$ -	\$ -

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**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Jewish Home for the Elderly of Fairfield County	923-C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		7,505,739	7,505,739		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 34,431	34,431			
4. Employee Travel	\$ 11,778	11,778			
5. Education Expenses Related to Seminars and Conventions	\$ 53,633	53,633			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 37,401	37,401			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 19,622	19,622			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 73,843	73,843			
4. Fund-Raising***	\$ 21,333	21,333			
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 29,811	29,811			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 44,667	44,667			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 21,349	21,349			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 20,091	20,091			
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 919,342	919,342			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 8,793,040	8,793,040			

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Community Relations/Marketing/Printing - Disallowed	\$ 73,843		
<b>Total Other Advertising</b>	\$ 73,843	\$ -	\$ -

**Schedule of Dues**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Leading Age	\$ 21,447		
Assoc of Jewish Aging Services (AJAS)	\$ 5,281		
Bridgeport Regional Business - Disallowed	\$ 955		
National Association of Jewish Chaplins	\$ 902		
CALTC Expense - Disallowed	\$ 708		
American College of Healthcare Executives	\$ 230		
New York Academy of Medicine	\$ 283		
Jewish Community Center	\$ 4,246		
St. Vincent Health Partners	\$ 10,615		
<b>Total Dues</b>	\$ 44,667	\$ -	\$ -



**Schedule of Contributions**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Admin recruiting fees	\$ 19,968		
IT Network	\$ 32,655		
IT Hardware	\$ 29,820		
IT Software	\$ 93,184		
Fire safety training	\$ 10,971		
Admissions software	\$ 3,728		
IT Support	\$ 105,496		
Finance Consulting	\$ 1,007		
Pre-employment screening	\$ 34,720		
Workers comp transportation	\$ 11		
HR Consulting	\$ 128,381		
Admin meeting expense	\$ 117		
Child Care Center misc. expenses - Disallowed	\$ 278		
Minor equipment	\$ 2,626		
Admin/Education supplies expense	\$ 260		
Misc. consulting expenses - Insurance, cost containment	\$ 106,162		
Misc. consulting expenses - Restructuring, lobbying, new campus expansion - Disallowed	\$ 189,575		
Administration Printing	\$ 464		
Employee Relations Printing	\$ 255		
Inpatient therapy consulting - Disallowed	\$ 653		
Miscellaneous expenses - Disallowed	\$ 1,083		
Clinical support services consulting	\$ 12,540		
Other employee relations - Disallowed	\$ 177		
Inpatient therapy software - Disallowed	\$ 3,380		
Outpatient therapy software - Disallowed	\$ 2,645		
Bank fees and other charges - Disallowed	\$ 101,225		
Employee Relations Software - Disallowed	\$ 3,963		
Finance printing expense	\$ 92		
Finance Software	\$ 577		
Employee relations supplies - Disallowed	\$ 11		
D&O insurance	\$ 33,318		
<b>Total Other Administrative and General</b>	\$ 919,342	\$ -	\$ -

**Other Employee Relations expenses:**

	Amount	Description	Disallowed Amount
<b>Events - Net after donations:</b>			
Holiday Party /Celebration/Summer Event	6,890	December 2016 / Summer 2017	
<b>Subtotal Employee Events:</b>	<b>\$ 6,890</b>		<b>\$ 2,022</b>
<b>Performance Incentive Program:</b>			
Target Gift Cards	19,666	Performance Incentive Program	
<b>Subtotal Performance Incentive:</b>	<b>\$ 19,666</b>		<b>\$ 2,041</b>
<b>Service Awards:</b>			
		Quarterly awards for customer service, annual	
November 2016	212	awards in September for long service, special	
February 2017	212	recognition.	
June 2017	283		
September 2017	2,088		
<b>Subtotal Service Awards</b>	<b>\$ 2,795</b>		<b>\$ 2,795</b>
<b>Misc</b>			
Other	5,079		\$ 5,079
<b>Subtotal on Page 16 Line L3: Gifts to Employees</b>	<b>\$ 34,431</b>	<b>Pg. 16/L3</b>	<b>\$ 11,938</b>
<b>Other Employee Relations Exp.</b>			
Customer Service	177		\$ 177
<b>Subtotal other Employee Relations</b>	<b>\$ 177</b>	<b>Pg. 16/m13</b>	<b>\$ 177</b>
<b>GRAND TOTAL:</b>	<b>\$ 34,608</b>		

**Schedule C-1 - Management Services\***

Name of Facility Jewish Home for the Elderly of Fairfield C	License No. 923-C	Report for Year Ended 9/30/2017	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Morrison Mgmt. Specialists Inc, - 5801 Peachtree Dunwoody Rd, Atlanta, GA 30342	93,701	Management Services - Dietary	Page 18 line 2a3

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Jewish Home for the Elderly of Fairfield County		923-C	9/30/2017		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$	1,321,470	1,321,470			
2. Non-Food Supplies	\$	227,864	227,864			
3. Other ( <i>Specify</i> ) _____ Dining Services -Management Fee	\$	93,701	93,701			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$				
c. Management Services**		\$				
d. Other ( <i>Specify</i> ) _____ Food Service Admin Charge		\$	456,675	456,675		
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$	2,099,710	2,099,710		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						not reported
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.						
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No                      If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						not reported
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No                      If yes, specify amt.						
P. 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.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Jewish Home for the Elderly of Fairfield County		923-C	9/30/2017		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$				
c. Management Services**		\$				
d. Other ( <i>Specify</i> ) Laundry Supplies and OSHA Laundry exp.		\$	79,538	79,538		
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	79,538	79,538		
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Jewish Home for the Elderly of Fairfield County		923-C	9/30/2017		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	136,598	136,598		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
<b>4E.</b>	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	136,598	136,598		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	646,099	646,099		
b.	Medicine Cabinet Drugs	\$	18,008	18,008		
c.	Medical and Therapeutic Supplies	\$	562,928	562,928		
d.	Ambulance/Limousine***	\$	141,462	141,462		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	27,765	27,765		
f.	X-rays and Related Radiological Procedures***	\$	38,898	38,898		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$	11,447	11,447		
h.	Laboratory***	\$	60,924	60,924		
i.	Recreation	\$	163,274	163,274		
j.	Other (Specify)**** See Attached Schedule	\$	70,557	70,557		
<b>5K.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	1,741,362	1,741,362		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Nursing Department Supplies	\$ 206		
Satellite TV - Disallowed	\$ 49,745		
Patient Lost Articles - Disallowed	\$ 3,929		
Inpatient Therapy Supplies - Disallowed	\$ 6,028		
Outpatient Therapy Supplies - Disallowed	\$ 915		
Pastoral Supplies	\$ 2,722		
SNF Therapy Supplies - Disallowed	\$ 581		
Child Care Center Supplies	\$ 6,431		
<b>Total Other Resident Care</b>	<b>\$ 70,557</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Jewish Home for the Elderly of Fairfield County			License No. 923-C	Report for Year Ended 9/30/2017	Page of 21   37						
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
Gallagher Benefit Service	Turnpike, Suite 301, Fairfield, Connecticut,	<input type="radio"/>	<input checked="" type="radio"/>		Compensation Study	14,347				16	M13
Harmony Healthcare International	104, Topsfield, MA 01983	<input type="radio"/>	<input checked="" type="radio"/>		Medicare Consulting	12,540				16	M13
Morrison Senior Dining	400 Northridge Rd. Suite 600, Atlanta, GA 30350	<input type="radio"/>	<input checked="" type="radio"/>		Food Services	2,099,710				18	2e
Riccio Landscaping LLC	388 Main St #2f, Monroe, CT 06468	<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	45,018				22	6f
Red Hawk	55 Robinson Blvd, Orange, CT 06477	<input type="radio"/>	<input checked="" type="radio"/>		Fire Alarm Maintenance	23,971				22	6a
City Carting & Recycling	8 Viaduct Road, Stamford, CT 06907	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal	81,941				22	6f
Expense Consulting	811 Blue Hills Avenue, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Cost Containment	74,315				16	M13
Gaffney, Bennett	One Liberty Sq, New Britain, CT	<input type="radio"/>	<input checked="" type="radio"/>		Lobbying Consulting	8,492				16	M13
Greenbrier Development	Suite 1160, Dallas, TX 75204	<input type="radio"/>	<input checked="" type="radio"/>		New Campus Expansion Consulting	12,746				16	M13
BDO	1055 Washington Blvd, Stamford, CT 06901	<input type="radio"/>	<input checked="" type="radio"/>		Restructuring Consulting	19,288				16	M13
RKL	1800 Fruitville Pike, Lancaster, PA 17601	<input type="radio"/>	<input checked="" type="radio"/>		Restructuring Consulting	25,370				16	M13
Marsh & McLennan Agency	Americas, New York, NY 10036	<input type="radio"/>	<input checked="" type="radio"/>		Insurance (28%) / HR (72%)	113,231				16	M13
Cost Management Services	Pittsburgh, PA 15264-2444	<input type="radio"/>	<input checked="" type="radio"/>		Payroll System	11,877				16	M13
Flagship Networks	Suite 340, Shelton, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>		IT Support	105,373				16	M13

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

\*\* Refer to Page 4 for definition of related.

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



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

Name of Facility	License No.	Report for Year Ended			Page	of
Jewish Home for the Elderly of Fairfield Count	923-C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 189,330	189,330				
b. Heat	\$ 167,819	167,819				
c. Light & Power	\$ 624,124	624,124				
d. Water	\$ 19,675	19,675				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 49,263	49,263				
f. Other ( <i>itemize</i> )	\$ 312,266	312,266				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 1,362,477</b>	<b>1,362,477</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 2,393,602	2,393,602				
c. Non-Movable Equipment	\$ 98,726	98,726				
d. Movable Equipment	\$ 299,023	299,023				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 2,791,351</b>	<b>2,791,351</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 30,774	30,774				
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 30,774</b>	<b>30,774</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 36,505	36,505				
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 2,858,630</b>	<b>2,858,630</b>				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Sewage	\$ 61,765		
Security Supplies	\$ 5,693		
Physical Plant Supplies Expense	\$ 95,951		
Finance Supplies	\$ 42		
Waste Removal	\$ 83,740		
Physical Plant Uniform Expense	\$ 1,397		
Landscaping	\$ 45,018		
Snow Removal	\$ 18,660		
<b>Total Other Repairs and Maintenance</b>	\$ 312,266	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Jewish Home for the Elderly of Fairfield County			License No. 923-C			Report for Year Ended 9/30/2017			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			87,403,706		87,403,706	528,065	SL	Various	3,170,768				
2. Disposals (attach schedule)			(61,372)		(61,372)	(256)	SL	40	(1,534)				
3. Acquired during this report period (attach schedule)			4,017,244		4,017,244		SL	Various	110,011				
B-4. Subtotal										3,279,245			
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period			1,245,462		1,245,462	181,591	SL	Various	135,222				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal										135,222			
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Fully Depreciated		X		Various		222,354		222,354	222,354	SL	Various		
b. 2013 Glaval Concorde II Bus		X		8	2013	118,963		118,963	91,701	SL	4	27,262	
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						3,578,601		3,578,601	870,870	SL	Various	417,480	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						209,374		209,374		SL	Various	15,019	
D-3. Subtotal													459,761
<b>E. Total Depreciation</b>													3,874,228

Jewish Home for the Elderly of Fairfield County  
9/30/2017

**Schedule of Land Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

**Schedule of Building Improvements Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/12/2016	Install heat trance in elevators	\$ 12,287	15	\$ 683
11/18/2016	General construction	\$ 1,732,330	40	\$ 36,090
12/31/2016	General construction	\$ 1,902,187	40	\$ 34,631
10/30/2016	Fitness center-exterior signage-2 sets - Removed on allocation template	\$ 6,267	10	\$ 574
12/29/2016	Electrical work for magnetic door holds	\$ 23,328	20	\$ 875
1/31/2017	Facility signs for kiosk stand	\$ 4,565	5	\$ 609
11/3/2016	23-Cookstop 4 wire plug in kit	\$ 7,807	10	\$ 651
10/1/2016	Monorail track systems and motor installation	\$ 20,851	10	\$ 2,953
10/1/2016	Civil engineering monitoring and reporting	\$ 922	40	\$ 23
10/1/2016	Architect fees	\$ 13,159	40	\$ 329
10/1/2016	Management consulting for site	\$ 5,040	40	\$ 126
10/1/2016	New phone systems project management	\$ 3,000	5	\$ 600
10/1/2016	Construction document review	\$ 1,313	40	\$ 33
10/1/2016	Electrical work	\$ 6,565	10	\$ 821
10/1/2016	Electrical work	\$ 7,163	20	\$ 358
10/1/2016	Artwork	\$ 53,950	10	\$ 5,395
10/1/2016	Communications - phone and internet	\$ 216,510	10	\$ 25,260
<b>Total additions for Building Improvements</b>		\$ 4,017,244		\$ 110,011 *
<b>Deletions:</b>				
9/30/2017	Architect Fees for Park Avenue Site	\$ (61,372)		\$ (1,534)
<b>Total deletions for Building Improvements</b>		\$ (61,372)		\$ (1,534) **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *

<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ -

Attachment Pages 23 24

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

\*\*



**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Jewish Home for the Elderly of Fairfield County			923-C		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1. Finance - Bond Expense	4	14	25	1,053,769	101,865	SL		42,151	
2.									
3.									
B-4. Subtotal									42,151
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	8	9	Various	199,194	146,187			17,953	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									17,953
<b>D. Total Amortization</b>									60,104

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Jewish Home for the Elderly of Fairfield	License No. 923-C	Report for Year Ended 9/30/2017	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased		02/24/14			
2. Date Structure Completed		07/01/16			
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure		1973			
5. Total Licensed Bed Capacity		294			
6. Square Footage		367,000			
7. Acquisition Cost					
a. Land		5,000,000			
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)	Fixed	Variable	Tax-Ex		
b. Date Mortgage Obtained	02/11/10	04/29/14			
c. Interest Rate for the Cost Year	4.00%	2.50%			
d. Term of Mortgage (number of years)	10	25			
e. Amount of Principal Borrowed	2,000,000	62,000,000			
f. Principal balance outstanding as of 9/30/17	1,117,525	58,691,913			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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



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

Name of Facility		License No.	Report for Year Ended			Page	of
Jewish Home for the Elderly of Fairfield		923-C	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 39,395	39,395				
Name of Lender		Rate					
Connecticut Community Bank dba Westport National Bank		3.99%					
Address of Lender							
1495 Post Rd EastWestport, CT 06881							
2. Second Mortgage		\$ 1,899,778	1,899,778				
Name of Lender		Rate					
People's United Bank		2.38-2.67%					
Address of Lender							
850 Main StBridgeport, CT 06604							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 1,939,173	1,939,173				

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Jewish Home for the Elderly of Fairfield		923-C		9/30/2017		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				1,939,173	1,939,173		
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Line of Credit				\$ 45,457	45,457		
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$ 1,984,630	1,984,630		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 54,200	54,200		
b. Insurance on Automobiles				\$ 22,455	22,455		
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 147,642	147,642		
2. Fire and Extended Coverage				\$			
3. Other (Specify) Child care				\$ 10,893	10,893		
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$ 235,190	235,190		
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$ 41,064,609	41,064,609		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield County				923-C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	a12g	Occupational Therapy	\$ 470,904	470,904		
4.			Other - See attached Schedule	\$ 810,528	810,528		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 147,781	147,781		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 210,463	210,463		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 19,538	19,538		
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	\$ 10,199	10,199		
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	16	Automobile Expense (e.g. personal use)	\$ 20,945	20,945		
18.	16	m3	Unallowable Advertising *	\$ 73,843	73,843		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m4	Fund Raising / Contributions	\$ 21,333	21,333		
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 232,029	232,029		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 2,017,563	2,017,563		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12n	Marketing/Comm Relations salaries	\$ 5,333		
10	A2	Past President deferred compensation expense	\$ 58,261		
10	12o	Outpatient therapy salaries	\$ 126,690		
10	A2	Administrator's bonus	\$ 150,000		
10	A2	Administrator's salary allocable to nonreimbursable programs (20%)	\$ 118,918		
10	12o	Child care salaries - see pg. 29e attachment	\$ 351,326		
<b>Total Other Salaries Adjustment</b>			\$ 810,528	\$ -	\$ -

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 12,940		
13	B4	Podiatrist	\$ 4,200		
13	B8e	Psychiatrist	\$ 16,942		
13	B12	Physician - Long term care	\$ 203		
13	B12	Post Acute Physician	\$ 6,811		
13	B12	Inpatient Therapy Purchased Services	\$ 16,081		
13	B12	Inpatient Therapy Temp Help	\$ 57,149		
13	B12	Employee Relations Temp Help	\$ 33,455		
<b>Total Other Fees Adjustments</b>			\$ 147,781	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Misc. Consulting Expenses	\$ 189,575		
16	m13	Inpatient therapy consulting	\$ 653		
16	m13	Miscellaneous expenses	\$ 1,083		
16	m13	Inpatient therapy software	\$ 3,380		
16	m13	Outpatient therapy software	\$ 2,645		
16	m13	Bank fees and other charges	\$ 101,225		
16	m13	Employee Relations software	\$ 3,963		
16	m13	Employee relations supplies	\$ 11		
16	m8	Brigeport Regional Business and CALTC dues	\$ 1,663		
15	1a1-1a8	Benefits on disallowed salaries	\$ 309,666		
16	L3	Other Employee Relations Exp - see pg. 16 attachment	\$ 11,938		
16	m13	Other Employee Relations Exp - see pg. 16 attachment	\$ 177		
15	1G	Childcare office supplies - see pg. 29e attachment	\$ 681		
16	L5	Childcare education expenses- see pg. 29e attachment	\$ 1,727		
16	M9	Childcare subscriptions - see pg. 29e attachment	\$ 477		
16	m13	Childcare expenses - see pg. 29e attachment	\$ 278		
18	2A1	Childcare food - see pg. 29e attachment	\$ 33		
15	1a1-1a8	Benefits disallowed in excess for nonreimbursable programs	\$ (397,146)		
<b>Total Other A&amp;G Adjustments</b>			\$ 232,029	\$ -	\$ -

**Jewish Senior Services**

**Attachment page 28d**

**9/30/2017**

**Childcare Direct Expenses Disallowance**

Page	Line	Description	Direct Amount	Allocation Basis	Amount Disallowed by Allocation Basis	Amount Disallowed - 5% of excess	Additional Disallowance	Note
10	12O	Salaries	399,785	Direct to SNF	-		351,326	
15	IGB	Office Supplies	1,162	Accum Cost	340		681	
16	L5	Education expenses	2,945	Accum Cost	861		1,727	
16	M3	Advertising - Other	68	Accum Cost	20		-	Line already disallowed 100%
16	M9	Licenses and Subscriptions	813	Accum Cost	238		477	
16	m13	Childcare misc. expenses	393	Accum Cost	115		278	Disallow full amount
18	2A1	Raw Food	50	Meals	11		33	
20	5c	Medical Supplies	1,534	Direct to SNF	-	77	1,281	Medical supplies already disallowed 5%
20	5i	Recreation	7,568	Direct to SNF	-		6,651	
20	5J	Other	6,431	Direct to SNF	-		5,651	
27	14c3	Childcare insurance	10,893	Direct to SNF	-		9,573	
30	2M	Childcare Revenue	494,294	Direct to SNF	434,380		45,331	Revenue received for allowable employees
			Total Disallowance, exclusive of benefits				423,009	
			Benefits disallowance				88,944	included in overall benefits disallowance
5 of 33 enrolled are allowable			12.12%	Total Disallowed			511,953	
Disallowance			87.88%					
Amount disallowed via Accum. Cost Basis			29.23%					
Amount disallowed via Meals Basis			22.66%					
Total Salaries to SNF per template			21,501,172					
Total Benefits to SNF per template			5,443,374					

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

Name of Facility				License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield County				923-C	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 2,017,563	2,017,563		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 646,099	646,099		
28.	20	5d	Ambulance/Limousine	\$ 141,462	141,462		
29.	20	5f	X-rays, etc	\$ 38,898	38,898		
30.	50	5h	Laboratory	\$ 60,924	60,924		
31.	20	5c	Medical Supplies	\$ 98,850	98,850		
32.	20	5 e 2	Oxygen (non emergency)	\$ 27,765	27,765		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 85,760	85,760		
<b>Page 22 - Maintenance and Property</b>							
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	\$ 30,774	30,774		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14B	Property Insurance	\$ 12,575	12,575		
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.	30	IV8	Vending Machine Revenue	\$ 398	398		
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 149,231	149,231		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ (382,928)	(382,928)		
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 2,927,371	2,927,371		

\*\*\* 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.

Jewish Home for the Elderly of Fairfield County  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5d	Dental supplies	\$ 11,447		
20	5j	Satellite TV	\$ 49,745		
20	5j	Patient Lost Articles	\$ 3,929		
20	5j	Inpatient Therapy Supplies	\$ 6,028		
20	5j	Outpatient Therapy Supplies	\$ 915		
20	5j	SNF Therapy Supplies	\$ 581		
20	5J	Childcare supplies - see pg. 29e attachment	\$ 5,457		
20	5i	Childcare recreation supplies - see pg. 29e attachment	\$ 6,421		
20	5c	Childcare medical supplies - see pg. 29e attachment	\$ 1,237		
<b>Total Other Ancillary Costs</b>			\$ 85,760	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8b	Amortization expense	\$ 30,774		
<b>Total Other Property Adjustments</b>			\$ 30,774	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Child care tuition - see pg. 29e attachment	\$ 45,331		
27	14c3	Child care insurance - see pg. 29e attachment	\$ 9,573		
30	IV8	Miscellaneous revenue	\$ 94,327		
<b>Total Other Adjustments</b>			\$ 149,231	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7b	Depreciation - adjust assets to 30 year life - see attachment page 29c	\$ (382,928)		
<b>Total Unallowable Building Interest</b>			\$ (382,928)	\$ -	\$ -



**Jewish Home for the Elderly of Fairfield County Inc., d/b/a Jewish Senior Services**  
**2017 Medicaid Cost Report**  
**Attachment page 29c**

Below calculation is to determine the depreciation adjustment to convert all 40 year assets to 30 year assets for cost report purposes.  
 Depreciation began 8/1/2016 in accordance with the capitalization policy of the Home.

Date in Service	Description	Amount	Life	2016			2017			
				Adjusted Life	Depreciation Taken	Positive Disallowance	Depreciation Taken	Adjusted Depreciation	Positive Disallowance	
7/1/2016	Civil Engineer Monitoring & reporting	583,211	40	30	2,430	3,240	810	14,580	19,440	4,860
7/1/2016	Architect Fees for Park Avenue Site	3,785,536	40	30	15,773	21,031	5,258	94,638	126,185	31,546
7/1/2016	Legal services for Park Avenue site	160,495	40	30	669	892	223	4,012	5,350	1,337
7/1/2016	Legal-Zoning & Acquisition JCC	70,939	40	30	296	394	98	1,773	2,365	591
7/1/2016	Management Consulting for new site	1,082,141	40	30	4,509	6,012	1,503	27,054	36,071	9,018
7/1/2016	Certificate of Need-Advisory Services	20,164	40	30	84	112	28	504	672	168
7/1/2016	Preconstruction design for Park Ave site	151,976	40	30	633	844	211	3,799	5,066	1,266
7/1/2016	Title search-JCC Park Avenue	682	40	30	3	4	1	17	23	6
7/1/2016	Certificate of need filing	42,636	40	30	178	237	59	1,066	1,421	355
7/1/2016	Video inspection of storm drains-Park Ave	2,400	40	30	10	13	3	60	80	20
7/1/2016	Appraisal and market study-Park Ave	15,750	40	30	66	88	22	394	525	131
7/1/2016	Legal costs for new campus	45,520	40	30	190	253	63	1,138	1,517	379
7/1/2016	Asbestos survey, lead and pcp analyses	98,570	40	30	411	548	137	2,464	3,286	821
7/1/2016	Geotechnical consulting service	46,123	40	30	192	256	64	1,153	1,537	384
7/1/2016	Legal for design & construction agreements	16,312	40	30	68	91	23	408	544	136
7/1/2016	Peer review of construction	23,897	40	30	100	133	33	597	797	199
7/1/2016	Purchase property at 4200 Park Avenue, B	53,927	40	30	225	300	75	1,348	1,798	449
7/1/2016	DEEP permit for Park Ave	625	40	30	3	3	0	16	21	5
7/1/2016	Legal services for Park Ave	972	40	30	4	5	1	24	32	8
7/1/2016	Pre construction document review	28,321	40	30	118	157	39	708	944	236
7/1/2016	Builders risk insurance	82,954	40	30	346	461	115	2,074	2,765	691
7/1/2016	Title insurance-additional fees	1,888	40	30	8	10	2	47	63	16
7/1/2016	Construction Costs	48,854,470	40	30	203,560	271,414	67,854	1,221,362	1,628,482	407,121
7/1/2016	Construction Agreement-Uri-Electricity	14,280	40	30	60	79	19	357	476	119
7/1/2016	Soil and construction material testing	148,342	40	30	618	824	206	3,709	4,945	1,236
7/1/2016	Building permit fee-Park Avenue	1,591,875	40	30	6,633	8,844	2,211	39,797	53,063	13,266
7/1/2016	Sewer Use	2,410	40	30	-	13	13	60	80	20
7/1/2016	Capitalized Interest	932,498	40	30	3,885	5,181	1,296	23,312	31,083	7,771
7/1/2016	Southern Conn Gas	92,488	40	30	385	514	129	2,312	3,083	771
7/1/2016	Thermal Consulting and inspecting	25,800	40	30	108	143	35	645	860	215
7/1/2016	Soil sample, PH sample	441	40	30	2	2	0	11	15	4
7/1/2016	Electricity	88,035	40	30	367	489	122	2,201	2,934	734
7/1/2016	Structural Engineer	7,000	40	30	29	39	10	175	233	58
7/1/2016	Courtyard Renderings	3,030	40	30	13	17	4	76	101	25
7/1/2016	Bridgeport Dept. of Health-Inspections	3,135	40	30	13	17	4	78	105	26
7/1/2016	Demolition and Abatement	881,042	40	30	3,671	4,895	1,224	22,026	29,368	7,342
7/1/2016	Fire Protection-Sprinkler	961,651	40	30	4,007	5,343	1,336	24,041	32,055	8,014
11/18/2016	General construction	1,732,330	40	30				36,090	48,120	12,030
12/31/2016	General construction	1,902,847	40	30				34,631	47,571	12,940
10/1/2016	Civil engineering monitoring and reporting	922	40	30				23	31	8
10/1/2016	Architect fees	13,159	40	30				329	439	110
10/1/2016	Management consulting for site	5,040	40	30				126	168	42
10/1/2016	Construction document review	1,313	40	30				33	44	11

<u>83,231</u>	<u>524,487</u>
Allocation % included on Cost Report	73.01%
<b>Adjusted Disallowance</b>	<b><u>382,928</u></b>

**Jewish Home for the Elderly d/b/a Jewish Senior Services**  
**9/30/17 Medicaid Cost Report**  
**Fair Rental Calculation - Includes all assets capitalized**  
**Attachment 29d**

**Allowable Costs up to \$65 million, exclusive of capitalized financing**

	Allowable Allocation	Actual Spent	Actual Spent less Capitalized Costs	Actual Spent less Capitalized Costs and Disallowed Moveable	Calculated Max Allowable
Land	4,000,000	5,000,000	5,000,000	5,000,000	4,000,000
Moveable Buildings, improvements, and nonmovable equipment	in total remaining	2,087,163 92,364,645	2,087,163 91,300,982	1,747,466 91,300,982	1,747,466 59,252,534
<b>Total</b>	<b>65,000,000</b>	<b>99,451,808</b>	<b>98,388,145</b>	<b>98,048,448</b>	<b>65,000,000</b>

Capitalized financing included building, actual spent column, as well as disallowed cost:

Interest	932,498	
Financing	62,665	
Bond financing	60,000	
Property appraisal old campus	8,500	disallowed
<b>Total</b>	<b>1,063,663</b>	

Moveable costs not allowed 339,697

**FAIR RENT ALLOCATION - Actual Spend times Square Footage Allocation**

(A) (B)

	Reimbursable Costs - % applied to actual amount spent less disallowed costs	Nonreimbursable Costs
Land	3,650,446	1,349,554
Moveable	1,275,806	471,660
Building	66,657,868	24,643,114
	71,584,120	26,464,328

	Square Footage	% of Total
Skilled Nursing	133,349	65.12% (A)
Physical Therapy	935	0.46%
Child Care	7,047	3.44%
Rehab	6,853	3.35%
Occupational Therapy	1,312	0.64%
Assisted Living	29,063	14.19% (B)
Foundation	413	0.20%
Institute on Aging / Physician Practice / Elder Abuse	1,067	0.52%
Medical Homecare / Compassionate Care / Hospice	2,958	1.44%
Fitness Center	14,746	7.20%
Beauty Salon	1,051	0.51%
Gift Shop	199	0.10%
Senior Choice at Home	1,676	0.82%
Home Together	133	0.06%
Clinic	1,342	0.66%
Work Activity Center	984	0.48%
Outpatient Therapy	1,636	0.80%
	204,764	100.00%
Finance	2,113	0.40%
Common Areas	106,740	20.46%
Employee Relations	3,383	0.65%
<b>TOTAL</b>	<b>317,000</b>	

73.01% Percent reimburseable of costs in or out  
26.99% Percent non reimburseable

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Jewish Home for the Elderly of Fairfield (923-C)		9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 37,578,262	37,578,262				
b. Medicaid Room and Board Contractual Allowance **	\$ (16,311,547)	(16,311,547)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 7,388,788	7,388,788				
b. Medicare Room and Board Contractual Allowance **	\$ (1,071,222)	(1,071,222)				
4. a. Private-Pay Residents and Other	\$ 13,078,201	13,078,201				
b. Private-Pay Room and Board Contractual Allowance **	\$ (834,262)	(834,262)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 586,974	586,974				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (586,974)	(586,974)				
c. Prescription Drugs - Non-Medicare	\$ 99,948	99,948				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (99,948)	(99,948)				
2. a. Medical Supplies - Medicare	\$ 9,301	9,301				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (9,301)	(9,301)				
c. Medical Supplies - Non-Medicare	\$ 740	740				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (78)	(78)				
3. a. Physical Therapy - Medicare	\$ 1,082,263	1,082,263				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (997,873)	(997,873)				
c. Physical Therapy - Non-Medicare	\$ 375,850	375,850				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (160,911)	(160,911)				
4. a. Speech Therapy - Medicare	\$ 113,151	113,151				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (70,867)	(70,867)				
c. Speech Therapy - Non-Medicare	\$ 56,132	56,132				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (25,035)	(25,035)				
5. a. Occupational Therapy - Medicare	\$ 956,290	956,290				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (883,764)	(883,764)				
c. Occupational Therapy - Non-Medicare	\$ 410,181	410,181				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (295,970)	(295,970)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 5,124	5,124				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 30,375	30,375				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 40,423,828	40,423,828				
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$ 51,408	51,408				
5. Interest Income ( <i>Specify</i> )	\$ 3,182	3,182				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 2,254,863	2,254,863				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 2,309,453	2,309,453				
<b>VI. Total All Revenue</b> (III +V)	\$ 42,733,281	42,733,281				

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Medicare A - X-Ray and Lab	\$ 116,589		
	Medicare A - X-Ray and Lab Contractual	\$ (111,465)		
	<b>Total Other Resident Revenue - Medicare</b>	\$ 5,124	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
	Other X Ray and Lab	\$ 40,444		
	Other X Ray and Lab Contractual	\$ (10,069)		
	<b>Total Other Resident Revenue</b>	\$ 30,375	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
	INTEREST INCOME OPERATIONS		\$ 3,182		
	<b>Total Interest Income</b>		\$ 3,182	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
	Vending Machine - Disallowed	\$ 398		
	Child Care Tuition Fees	\$ 59,914		
	Community events	\$ 13,995		
	Investment income	\$ 328,473		
	Realized gains on investments, net	\$ 10,409		
	Unrealized gains on investments, net	\$ 453,502		
	Contributions, net	\$ 689,823		
	Child care center fundraising revenue	\$ 604		
	Miscellaneous revenue - Disallowed	\$ 94,327		
	Other comprehensive income - change in pension liability	\$ 545,982		
	Evercare quality savings	\$ 28,395		
	Long term care late fee revenue	\$ 9,114		
	Unrealized gain on swap agreement	\$ 19,927		
	<b>Total Other Revenue</b>	\$ 2,254,863	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield	923-C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	583,278
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	4,960,813
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	2,327
4. Inventories			\$	130,393
5. Prepaid Expenses			\$	47,404
a. Prepaid Software Cost	9,855			
b. Prepaid Dues	14,757			
c. Elevator Maintenance	22,792			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	1,871,603
Residents' Trust Funds	144,645			
Contributions receivable	1,214,727			
Due from GPG & Men's Club	4,015			
Assets held by Trustee	508,216			
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	7,595,818
B. Fixed Assets				
1. Land			\$	5,000,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>91,359,578</u>		\$	87,552,524
	Accum. Depreciation <u>3,807,054</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>199,194</u>		\$	35,054
	Accum. Depreciation <u>164,140</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>1,245,462</u>		\$	928,649
	Accum. Depreciation <u>316,813</u>	Net		
6. Movable Equipment	*Historical Cost <u>3,787,975</u>		\$	2,484,606
	Accum. Depreciation <u>1,303,369</u>	Net		
7. Motor Vehicles	*Historical Cost <u>341,317</u>		\$	
	Accum. Depreciation <u>341,317</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	23,286
Construction in Progress	23,286			
<b>B-10. Total Fixed Assets</b> (Lines B1 thru 9)			\$	96,024,119

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

(Carry Total forward to next page)

### G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield	923-C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	103,619,937
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
7. Other Assets ( <i>itemize</i> )			\$	12,909,737
Investments		11,985,797		
Contributions receivable		655,850		
Charitable remainder trust		268,090		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	12,909,737
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	116,529,674

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

**G. Balance Sheet (cont'd)**

Name of Facility		License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield Count		923-C	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,592,486
2. Notes Payable ( <i>itemize</i> )				\$	405,471
Term loan payable					405,471
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	559,919
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	37,574
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	1,883,333
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	4,530,679
Deferred Revenue		222,477	Employee Giving Fund	38,818	
Resident Funds		144,645	Deferred Compensation E	84,309	
Nursing home user fee		370,264	Deposits - Assisted Living	244,950	
Accrued Vacation		975,278	Additional (Attached)	2,449,938	
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	9,009,462

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield County	923C	9/30/2017	33a	37

*Other Current Liabilities - additional*

Other accrued expenses	738,529
Accrued construction costs	900,000
Accrued lease settlement	301,867
Pharmacy expenses	142,733
Patient Refund Clearing	(706)
Interest Life Insurance	4,217
Straight-line rent adjustment	52,632
Employee insurance withholdings and accruals	103,618
Employee pension liability	21,815
Hospice pass through	185,233
	<b><u>\$ 2,449,938</u></b>



### G. Balance Sheet (cont'd)

Name of Facility Jewish Home for the Elderly of Fairfield Cou	License No. 923-C	Report for Year Ended 9/30/2017	Page 34	of 37
Account			Amount	
Total Brought Forward:			9,009,462	
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$ 56,808,580
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		\$
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$ 5,580,791
		Accrued Pension Cost	1,988,209	
		Deferred Compensation Obligation	71,982	
		Deferred Revenue	2,517,661	
		Additional (Attached)	1,002,939	
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 62,389,371
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 71,398,833

**G. Balance Sheet (cont'd)**

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield County	923C	9/30/2017	34a	37

*Other Long-Term Liabilities - additional*

Gift Annuity Liability	202,683
Term Loan Note Payable - L/T	712,054
Swap Liability	88,202
	<u><b>\$ 1,002,939</b></u>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield	923-C	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	46,043,441
6. Gain or Loss for Period			\$	(912,600)
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	45,130,841
<b>C. Total Reserves and Net Worth</b>			\$	45,130,841
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	116,529,674

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Jewish Home for the Elderly of Fairfield	923-C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	46,043,441
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	42,733,281
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	41,064,609
D. Net Income or Deficit			\$	1,668,672
E. Balance			\$	47,712,113
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i> Loss on nonreimbursable programs <span style="float: right; color: red;">(2,581,272)</span>				
F-3. Total Additions			\$	(2,581,272)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	45,130,841

### I. Preparer's/Reviewer's Certification

Name of Facility Jewish Home for the Elderly of Fairfield		License No. 923-C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
<b>Preparer/Reviewer Certification</b>					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro &amp; Company, P.C.</i>		Title		Date Signed <i>2/14/16</i>	
Printed Name of Preparer  Blum Shapiro & Company, P.C.					
Address  2 Enterprise Dr, Shelton, CT 06484				Phone Number  860-561-4000	