JUNIPER

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PA Insurance Department-1

April 28, 2026

Pennsylvania Insurance Department
CCRC Financial Analysis Division
1345 Strawberry Square
Harrisburg, PA 17120
(717) 787-3952

*Via overnight mail*

**Re: Juniper Village at Bucks County CCRC Annual Disclosure Statement**

Dear Sir/Madam,

We are enclosing our annual Disclosure Statement for the Continuing Care Retirement Community known as Juniper Village at Bucks County. If you need anything further on this matter, please contact either me (973-495-2132) or Anne Campbell (814-883-0935). Thank you for your consideration.

Sincerely,

Charles W. Hastings Jr.

Charles W. Hastings Jr.
President, Juniper Partners LLC, Managing Member

JUNIPER VILLAGE AT BUCKS COUNTY
3200 BENSALEM BOULEVARD
BENSALEM, PA 19020
TELEPHONE • 215-752-2370
WWW.JUNIPERCOMMUNITIES.COM

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# Juniper Village at Bucks County

Continuing Care Retirement Community of

## JUNIPER VILLAGE AT BENSALEM OPERATIONS, LLC

3200 Bensalem Boulevard
Bensalem, PA 19020

Effective Date of Disclosure Statement: December 2025

This Disclosure Statement is not a contract and the Provider reserves all rights to amend, revise, update and otherwise change the Disclosure Statement at any time, in accordance with applicable laws.

**The issuance of a Certificate of Authority does not constitute approval, recommendation or endorsement of the community by the Pennsylvania Department of Insurance, nor is it evidence of, nor does it attest to, the accuracy or completeness of the information set out in this Disclosure Statement**

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## *Important Information to Prospective Residents*

Pursuant to the Pennsylvania Continuing Care Provider Registration and Disclosure Act, 40 P.S. Section 3207 et. sec., (the "Act") this Disclosure Statement is being delivered to you at the time of or prior to your execution of a "Residence and Care Agreement," or at the time of or prior to your payment of any money to, Juniper Village at Bensalem Operations, LLC, d/b/a Juniper Village at Bucks County. A copy of the Residence and Care Agreement is attached. Your receipt of this Disclosure Statement creates no obligation on your part to execute and deliver the Residence and Care Agreement to Juniper Village at Bensalem Operations, LLC, d/b/a Juniper Village at Bucks County, nor does it create any obligation on the part of Juniper Village at Bensalem Operations, LLC, d/b/a Juniper Village at Bucks County. This Disclosure Statement contains a fair summary of the material enclosed and other terms of the documents purported to be summarized. This Disclosure Statement is furnished to prospective residents and their representatives, and may not be relied upon by any other person.

# SUMMARY OF DISCLOSURE STATEMENT

1. **NAME AND ADDRESS OF THE FACILITY:** Juniper Village at Bucks County, located at 3200 Bensalem Boulevard, Bensalem, PA 19020, is a Continuing Care Retirement Community (the "Community") comprised of a nursing center, personal care center, and residential living (hereinafter known as "Independent Living"). Phone: 215-752-2370.

2. **NAME AND ADDRESS OF PROVIDER:** The licensed provider, Juniper Village at Bensalem Operations, LLC, is a Delaware, for-profit limited liability company whose principal office is located at 400 Broadacres Drive, Bloomfield, NJ 07003.

3. **PERSON TO CONTACT TO DISCUSS ADMISSION:** Pam McDonnell, Director of Community Development, Juniper Village at Bucks County, 3200 Bensalem Boulevard, Bensalem, Pennsylvania 19020. (215) 752-2370.

4. **DESCRIPTION OF JUNIPER VILLAGE AT BUCKS COUNTY**: Juniper Village at Bucks County is an existing Community including 279 Independent Living apartments, a licensed 60-bed personal care center and a licensed Medicare certified 17-bed skilled nursing center, in thirteen two-story garden-type buildings, all of which are inter-connected with a central building. Located on 20.4 acres of land in suburban Bucks County, the Community is designed to provide Independent Living with support services for the elderly.

5. **AGE REQUIREMENTS:**The minimum age for admission is 62 years of age, or at least one spouse must be 62 years of age.

6. **AFFILIATIONS WITH RELIGIOUS, FRATERNAL, CHARITABLE AND NON-PROFIT ORGANIZATION:** Juniper Village at Bensalem Operations, LLC is not affiliated with any religious, fraternal, charitable or non-profit organizations.

7. **CURRENT RESIDENT POPULATION:**

As of April 15, 2025, the current resident population is as follows:

| | | |
|---|---|---|
| Independent Living: | 183 | Residents |
| Nursing: | 13 | Residents |
| Personal Care: | 43 | Residents |
| TOTAL | 239 | Residents |

8. **ENTRANCE FEES & MONTHLY CHARGE:** Juniper Village at Bucks County offers prospective residents a choice of a Life Care Plan or Fee for Service.

Juniper Village at Bucks County also offers rental apartments which are not regulated by the Pennsylvania Insurance Department. Currently, approximately 200 of the 279 Independent Living apartments are rental apartments. The entrance fee and monthly charge varies based upon the type of Plan selected, the type of living accommodation selected and the number of residents (single or double occupancy) in a living accommodation. Sample entrance fees and monthly charges for the standard one (1) bedroom apartment and studio apartment for each of the Contracts are provided in the Exhibits at the back of this Disclosure Statement.

9. **TAXABLE STATUS:** Juniper Village at Bensalem Operating, LLC is a Delaware for-profit limited liability company not exempt from payment of Federal Income Tax.

# DISCLOSURE STATEMENT

This Disclosure Statement contains a fair summary of the documents enclosed and of the terms of the documents purported to be summarized.

**1. NAME & BUSINESS ADDRESS:** Juniper Village at Bensalem Operations, LLC, d/b/a Juniper Village at Bucks County, located at 3200 Bensalem Boulevard, Bensalem, PA 19020, is a Continuing Care Retirement Community ("Community") comprised of a nursing center, personal care center, and residential living (hereinafter known as "Independent Living").

## 2. HISTORY & ORGANIZATION

Juniper Village at Bensalem Operations, LLC is a for-profit limited liability company organized under the laws of the State of Delaware and registered to do business in the Commonwealth of Pennsylvania to operate Juniper Village at Bucks County as a Continuing Care Retirement Community in Pennsylvania. Juniper Village at Bensalem Operations, LLC is 99.99% owned by Juniper Communities, LLC and .01% owned by Juniper Partners, LLC.

Juniper Partners, LLC was formed in 1988 by its current President, Lynne Katzmann. Juniper Partners, LLC and Juniper Communities, LLC own and operate a portfolio of senior housing and care facilities in several regions of the country, including a continuing care retirement community in Pennsylvania known as Juniper Village at Brookline.

Headquartered in Bloomfield, New Jersey, it is dedicated to providing the finest quality personal service and exceptional care to foster healthy and independent lives for elders. Its mission is to nurture the spirit of life so that each individual can live life fully throughout all seasons of their life. This is done by encouraging active bodies, engaged minds and fulfilled spirits.

An organizational chart of affiliated entities is attached as **Exhibit "A"**.

The Community will lease the real property from a related entity, Juniper Bensalem RE Holdings, LLC.

## 3. CONTROLLING PARTIES & DESCRIPTION OF INTEREST IN OR OCCUPATION WITH JUNIPER VILLAGE AT BENSALEM OPERATIONS, LLC

Juniper Village at Bensalem Operations, LLC has no Officers of the limited liability company. Its members, Juniper Communities, LLC and Juniper Partners, LLC have oversight authority over the business affairs of Juniper Village at Brookline. Juniper Partners, LLC is also named the Manager of Juniper Village at Bensalem Operations, LLC in its Operating Agreement.

See an organizational chart attached as **Exhibit "B"**. Note that individuals holding ownership in the Provider are not reflected on the chart because no individual holds in excess of 10% ownership.

A related entity, Juniper Management, L.L.C. will manage the daily operations of the Community. Juniper Partners Inc., a Member of Juniper Village at Bensalem Operations, LLC, holds 92.473% membership interest in Juniper Management, L.L.C. and Lynne S. Katzmann, President of Juniper Partners, Inc. holds 7.527% membership interest in Juniper Management, L.L.C.

A copy of the Management Agreement is attached as **Exhibit "C".**

The following management personnel will have oversight over Juniper Village at Bensalem Operations, LLC, d/b/a Juniper Village at Bucks County:

**Lynne S. Katzmann, Founder and Chief Executive Officer**

Since 1988, Dr. Katzmann has been the founder, President and majority shareholder of Juniper Partners, Inc. Active within the health care industry for nearly 3 decades, Dr. Katzmann is responsible for the strategic direction and overall management of the company.

Prior to founding Juniper Partners, Dr. Katzmann served as Director of Health Care Operations at Metrocare, Inc., an American Stock Exchange company controlled by JMK Associates. Dr. Katzmann identified nursing community properties for acquisition, coordinated due diligence efforts, arranged appropriate financing and had responsibility for the operation of over 1,000 beds. She was also

responsible for the development, operations and divestiture of Health Initiatives, an HMO management and development company. During her tenure at Metrocare, the company's stock price increased from $14.00 to $28.75 per share, the price at which the company was sold.

Prior to joining JMK Associates, Dr. Katzmann was the Director of Marketing and one of the founders of HealthChoice, Inc., a not-for-profit corporation based in Portland, Oregon which provided marketing and enrollment services to developing HMO's and information and referral services to Medicare beneficiaries. Prior to HealthChoice, Dr. Katzmann was employed in a variety of public sector roles where she was responsible for the creation of Oregon's statewide universal health plan as well as the expansion of the Oregon Medicaid program for children and pregnant women.

Dr. Katzmann received her B.A. degree from Tufts University with high honors in 1977. She received her doctorate from The London School of Economics in 1992 where she specialized in the study of health policy and international health system models. She currently serves as the Chair of the Board of Greyston Health Services and on the Boards of The Social Venture Network (Chair 1995 to 1997), ArtsConnection (Treasurer), Naropa University (Secretary), and the Greyston Foundation. She is a member of the New Jersey Hospital Association Assisted Living Task Force and the Committee of 200.

**Donald F. Breneman, Chief Operating Officer**

Mr. Breneman joined Juniper in 2003 and is responsible for operational analysis, national purchasing, insurance administration and management reporting. In addition, he provides operational oversight in our Pennsylvania region. He previously served as part of the senior-management team with Sharon Regional Health System Behavioral Health Services and was responsible for administrative and clinical program management, consultation, and program development and training.

Before joining Juniper, Mr. Breneman served as a private consultant to numerous agencies providing risk analysis, specialized training, strategic program evaluation, and quality / performance improvement design and implementation.

Mr. Breneman received his BA in Psychology and a Gerontology Certificate from West Virginia University and his Master's in Counseling Psychology from Slippery Rock University.

**Amy Purcell**, National Director of Sales. Ms. Purcell joined Juniper in January 2021 as Regional Director of Sales and was quickly promoted to National Director of Sales after driving census gains well above industry norms during the pandemic. Prior to joining Juniper, Amy served as Regional Director of Sales for Milestone Retirement Communities for four years. And prior to Milestone, Amy served as Regional Director of Sales for Keystone Villa for seven years. In her long career in senior living, Ms. Purcell has also served as an Executive Director and a Director of Community Relations at Sunrise and other well-known industry players. Amy is also a licensed Perdsonal Care Home Administrator in the state of Pennsylvania. Ms. Purcell has both a Bachelor's Degree and a Master of Business Management from three-time NCAA national basketball champion Villanova University.

**Charles W. Hastings, Jr., President and CFO**

Mr. Hastings joined Juniper in 1996 and is primarily responsible for all finance-related activities of the firm including development and operational budgeting and cash management, tax and audit preparation, proforma development, acquisitions

analysis, construction and permanent financing, and investor reporting. An experienced finance professional, Mr. Hastings worked previously for The Winslow Corporation, a real estate syndicator specializing in structuring and placing tax credit limited partnership interests with corporate investors. While at the Winslow Corporation, Mr. Hastings responsibilities included proforma development, financial projections, and deal structure and tax credit placement. Mr. Hastings was also employed in a financial capacity for the Mediplex Group, a national operator of skilled nursing homes, and Marakon Associates, a strategic management consulting firm specializing in helping publicly traded companies manage to enhance shareholder value.

Mr. Hastings received his Bachelor of Arts in History from Princeton University in 1988 and his MBA from the Wharton School of the University of Pennsylvania in 1994, graduating with a dual major in Health Care Management and Entrepreneurial Management.

**Anne Campbell, Regional Director of Operations**

Regional Director of Operations. Anne joined Juniper in 2014 as part of the acquisition of the Brookline campus in State College, PA. Anne had served as executive director of the campus, beginning under the previous owners in 2006. Anne continued in that role through 2018. In late 2018, Anne joined the Juniper home office leadership team as National Director of Special Projects.

In that role, Anne has overseen the development, trade marking, and expansion of Juniper's Connect4Life program. The program is now being implemented in multiple senior living communities outside Juniper. In addition, Anne manages other special projects, including most recently the customization and implementation of a resident and family portal.

In addition, Anne serves as the Regional Director of Operations for the Juniper Village at Brookline campus. In this role, Anne provides operational support and oversight of the independent living, personal care, memory care, and skilled nursing buildings on the campus.

Anne holds a Bachelors Degree in Social Work (BSW) from Bloomsburg University. Anne is involved with organizations that advocate for quality of life for older adults both locally and nationally. Anne has served as a senior quality award examiner for the American Healthcare Association and serves on the board for the Assisted Living/Personal Care division of the Pennsylvania Health Care Association and the Centre County Geriatric Network.

**Stephanie A. Pressler, CPA.**

Ms. Pressler is responsible for all financial services and accounting at Juniper Village at Bucks County. Prior to joining the predecessor entity to Juniper Village at Bucks County in 1992, she was a Senior Auditor with Ernst & Young for five years. Ms. Pressler holds a Bachelor's Degree in Business Administration specializing in accounting from Bloomsburg University and has been a Certified Public Accountant in the senior living industry for over 20 years.

4. **DISCLOSURE OF RELATED PARTY CONTRACTS:** No owner or key management personnel of the Community holds an equity interest in professional service organizations providing services of greater than $500 per year to Juniper Village at Bucks County.

5. **AFFILIATIONS WITH RELIGIOUS, FRATERNAL, CHARITABLE AND NON-PROFIT ORGANIZATIONS:** Juniper Village at Bensalem Operations, LLC is not affiliated with any religious, fraternal charitable, or nonprofit organization

6. **DISCLOSURE OF FELONY CONVICTIONS, FELONY CHARGES, CIVIL ACTIONS, COURT ORDERS, LICENSE SUSPENSIONS, ETC.**

Neither, Juniper Village at Bensalem Operations, LLC, nor its owners/officers (a) have been convicted of a felony or pleaded nolo contendere to a felony charge or been held liable or enjoined in a civil action by final judgment if the felony or civil action involved fraud, embezzlement, fraudulent conversion or misappropriation of property; and neither are they (b) subject to a currently effective injunctive or restrictive order of a court of record, or within the past five years had any State or Federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department, arising out of or relating to business activity or health care, including, without limitation, actions affecting a license to operate a foster care facility, nursing home, retirement home, home for the aged or facility registered under the Pennsylvania Continuing Care Provider Registration and Disclosure Act or a similar act in another state.

7. **DESCRIPTION OF PHYSICAL PROPERTY**: The Community is a fully constructed facility located on 20.4 acres of land in Bensalem Township in the southern portion of Bucks County, Pennsylvania. The facility consists of 279 Independent Living apartments in thirteen, two-story garden-type buildings interconnected with a central building. Designed to combine Independent Living with support services and facilities for the elderly, the Community is located within the Philadelphia Metropolitan area. The Community has a licensed 60-bed personal care center and a licensed, Medicare certified 17-bed skilled nursing center. Memory care services are provided in the personal care center.

8. **RESIDENT FEES**.

***Application Fee***

The application fee is a one-time fee of $200 and is due at the time of submission of the application for residence. The application fee covers processing costs associated with the application and is non-refundable in any event. The fee will be applied to the entrance fee.

***Payment of a One-Time Entrance Fee***

Continuing care services are provided to residents who occupy an Independent Living apartment in return for payment of an entrance fee and monthly charge. An entrance fee is a one-time fee charged to residents seeking admission to an Independent Living apartment. Upon approval of an application for residency, the

prospective resident is required to sign the Residence and Care Agreement. Payment of the entrance fee is due upon execution of the Residence and Care Agreement.

The following entrance fee options are available:

**a. Life Care Plan:**

Payment of the entrance fee and monthly charge entitles residents to occupy and use the Independent Living apartment, common areas, amenities and programs, and have priority access to the personal care and nursing care centers during the term of the Residence and Care Agreement.

Residents must satisfy all admission criteria as a condition for eligibility to participate in the priority access policy. Upon admission to the personal care center or nursing care center, the monthly charge will continue to be due and payable, subject to any annual or uniform

increases in the monthly charge. The monthly charge shall cover the charge for services and supplies included in the daily rate for non-life care residents. It does not cover or include ancillary or miscellaneous services and charges.

The entrance fees and monthly charges for the Life Care Plan are listed at **Exhibit "E"**.

The Community is not responsible for the cost of care for pre-existing medical conditions unless the Community has agreed to the contrary in writing. Reference should be made to the Residence and Care Agreement at **Exhibit "K-1"** for further information.

**b. <u>Fee for Service Plan</u>:**

Payment of the entrance fee and monthly charge entitles residents to occupy and use the Independent Living apartment, common areas, amenities and programs, and priority access to the personal care and nursing care centers during the term of the Residence and Care Agreement.

Residents must satisfy all admission criteria as a condition for eligibility to participate in the priority access policy. The cost for personal care or nursing care services is not included in the entrance fee or monthly charge. If a resident requires personal care or nursing care services, an admission agreement is signed for that level of care and the resident will be responsible to pay the current rate for nursing and personal care services. The resident must also continue to pay the Independent Living apartments if it is their desire to maintain and return to the apartment. The resident will also be required to pay for ancillary or miscellaneous services and charges that are not included in the daily rate.

Reference should be made to the Residence and Care Agreement at **Exhibit "K-2"** for further information.

The entrance fees and monthly charges for the Fee for Service Plan are listed at **Exhibit "E"**.

The fees associated with the personal care and nursing centers are attached as **Exhibit "D"**.

The Community also offers a rental agreement which is not regulated by the Pennsylvania Department of Insurance. Approximately 11 of the 279 Independent Living apartments are currently rental units.

***Refund of Entrance Fee***

If a resident terminates the Residence and Care Agreement by election or death within the first ninety (90) days of occupancy, the resident is entitled to a full refund of the entrance fee within thirty (30) days after the date of termination.

All refunds are subject to any additional charges outstanding and owing to Juniper Village at Bucks County through the effective date of termination.

Reference should be made to the Residence and Care Agreement for further information related to refunds.

***Payment of a Monthly Charge***

The monthly charge is based on the size of the Independent Living apartment selected and the number of occupants who will be residing regularly in the Independent Living apartment. The monthly charge schedule is attached as **Exhibit**

**"E"**. It is expected that the monthly charge will be increased periodically to cover increases in the cost of providing services to the residents. Increases in monthly charge historically have occurred in January. The amount of the increase is generally determined based on current and anticipated increases associated with the maintenance and upkeep of the campus. Residents are given 30-day notice prior to increases in the monthly charges.

Reference should be made to the Residence and Care Agreement at **Exhibit "K-1 and K-2"** for further information.

In the event that the resident fails to maintain the minimum level of medical insurance required to be maintained under Section6.04 of the Residence and Care Agreement, the monthly charge may be increased to cover the cost of providing medical care and service which would have been covered by insurance had the resident complied with the requirements of Section 6.04.

***Services Included in the Monthly Charge***

Services included in the monthly charge are provided in accordance with the terms of the Residence and Care Agreement. The services included in the monthly charge include:

1. Electric
2. Air Conditioning/heat
3. Sewer, water, and refuse collection
4. Access for telephone, Cable TV & Internet Connections
5. Basic Cable Television
6. Maintenance of grounds/snow removal
7. Real Estate Taxes
8. Local transportation to scheduled events
9. Social and Recreational Activities
10. Maintenance of appliances and other property of the Community
11. Annual heavier housekeeping, including window washing and refrigerator and oven cleaning.
12. Three (3) meals a day are available. All residents are encouraged to participate in a one (1) meal per day plan which is included in the monthly charge for individuals residing in an Independent Living apartment.

13. Open parking is available for residents and guests at no additional charge. Residents will be assigned a parking sticker and one (1) parking space per apartment. For couples with two (2) vehicles, an additional space will be provided at an additional monthly charge, if available.

Reference should be made to the Residence and Care Agreement at **Exhibit "K-1 and K-2"** for further information.

***Additional Services Available for an Extra Charge***

A list of additional services available for an extra charge is attached as **Exhibit "F"**.

***Additional Information for Personal Care and Nursing Care Services for Life Care Plan:***

Residents have the right to occupy the Independent Living apartment for so long as they satisfy the health and other conditions of occupancy as set forth in the Residence and Care Agreement. The residents will have priority access to the

Community's nursing center and personal care center on a space-available basis, over anyone living outside of the Community who is applying for admission to nursing care services at the Community.

Upon admission to the personal care center or nursing center, your contracted monthly charge will continue to be due and payable, subject to any annual or uniform increases in the monthly charge.

If a resident is permanently transferred to the personal care center or nursing center, the separate admission agreement will supplement the terms of the Residence and Care Agreement for Independent Living.

If space is not immediately available for personal care services or nursing care services, the Community will identify and assist resident in making arrangements to transfer to an acceptable personal care center or nursing center. In such event, the resident will be entitled to return as soon as a personal care room or nursing care bed becomes available.

Reference should be made to the Residence and Care Agreement provided at **Exhibit "K-1"** for further information.

***Additional Fees for Personal Care and Nursing Care Services for Fee for Service Plan:***

Residents have the right to occupy the Independent Living apartment for so long as they satisfy the health and other conditions of occupancy as set forth in the Residence and Care Agreement. The residents will have priority access to the Community's nursing center and personal care center on a space-available basis, over anyone living outside of the Community who is applying for admission to nursing care services at the Community. Admission is contingent upon the resident meeting the financial and all other admission criteria.

The cost for personal care or nursing care services is not included in the entrance fee or monthly charge. Residence and Care Agreements signed by residents are fee-for-service contracts. If a resident requires personal care or nursing care services, an admission agreement is signed for that level of care which establishes the basis for charges for personal care and nursing care services. The fees associated with the provision of personal care and nursing care services depend upon the type of room and/or services required.

If space is not immediately available for personal care services or nursing care services, the Community will identify and assist resident in making arrangements to transfer to an acceptable personal care or nursing center. In such event, the resident will be entitled to return as soon as a personal care room or nursing care bed becomes available.

In situations of double occupancy where one co-resident is temporarily transferred to the personal care center or nursing center, the monthly charge will remain the same, and the transferred co-resident will be charged for care and services in the personal care center or nursing center. Both co-residents will collectively be liable for payment of the charges. The foregoing provision will not be construed as a third party guarantee or to impair such co-resident's eligibility for Medical Assistance benefits.

## 9. FREQUENCY AND AVERAGE DOLLAR AMOUNT OF EACH INCREASE IN PERIODIC RATES FOR THE PREVIOUS FIVE YEARS

The average dollar amount of each increase in the monthly charge for the previous five years is provided at **Exhibit "G"**.

## 10. AVERAGE ANNUAL COST OF PROVIDING SERVICES

The average annual cost per resident of providing Independent Living services is estimated to be $58,461 annually per resident.

## 11. ESCROW AND RESERVE FUNDS

***Reserve Funds***

The Pennsylvania Department of Insurance requires that the Community maintain sufficient reserve funds related to its Residence and Care agreements. The Community is required to maintain a reserve equal to or the greater of the total of all projected principal and interest payments on any mortgage or long-term debt of the facility over a twelve-month period or 10% of total operating expenses excluding depreciation, whatever amount is greater. The amount of the reserve will be computed only on the portion of the financing or expenses that are applicable to residents under a Residence and Care Agreement as of the most recent year-end. Funds sufficient to meet such requirements will be retained, and such amounts will be classified as operating reserves during each fiscal period.

The Community funds the statutory liquid reserve requirement on a proportional basis which will be reflected in its audited financial statements.

***Escrow Account***

The Community has established an Entrance Fee Escrow Account consistent with the requirements of the Continuing Care Provider and Registration Act. Any entrance fee amount received from a resident prior to occupying the Independent Living unit will be deposited into the Escrow Account as required under the Act. Entrance fees deposited into the escrow account will be released to Juniper Village at Bucks County in accordance with the terms of the Act. A copy of the Escrow Agreement is attached as **EXHIBIT "H"**.

## 12. FINANCIAL STATEMENTS

Attached as **Exhibit "I"** are the most recent consolidated audited financial statements for Juniper Communities, LLC and its subsidiaries, for the years ending December 31, 2024 and 2025, prepared by RKL CPAs LLP of Mechanicsburg, PA. Juniper Communities, LLC is a Member of Juniper Village at Bensalem Operations, LLC and as such these audited statements include audited statements of Juniper Village at Bensalem Operations, LLC.

A Projected Financial Analysis prepared by Charles Hastings, a Certified Management Accountant, and reviewed by Robert Toskovich, a licensed CPA in the state of New Jersey, is attached as **Exhibit "J"**.

## 13. STATEMENT OF SOURCE & APPLICATION OF FUNDS

Per the terms of the Sales Agreement, the purchase price for the Community when it was purchased on December 1, 2016 was $13,650,000. The owner of the community has also invested over $12,000,000 in capital improvements on the property since purchase.

The current loan on the property is an $8,586,830 loan that was put in place on January 25, 2024 with Peapack Gladstone Bank. The loan has a four-year term with a floating interest rate of SOFR plus a spread, but with an interest rate "cap" at 7% so that the interest rate on the loan never exceeds 7%.

## 14. RESIDENCE AND CARE AGREEMENT

The Residence and Care Agreement governs the relationship and explains the mutual obligations between the resident and the Community. All terms of the agreement are reflected in the Residence and Care Agreement and its attached exhibits. Residents should review the Residence and Care Agreement for further explanation. See **EXHIBIT "K-1 and K-2"**.

## 15. RIGHT TO RESCIND

Resident may rescind and terminate the Residence and Care Agreement without penalty or forfeiture within seven (7) days of signing the Residence and Care Agreement. Residents are not required to move into the Independent Living residence before the expiration of this seven (7) day period. To rescind their Residence and Care Agreement, resident must mail or deliver a signed and dated copy of a Rescission Notice or any other dated written notice, letter or telegram, stating their desire to rescind to the Community. A Notice of Right to Rescind is included in the Residence and Care Agreement.

## 16. RESIDENT RIGHT TO ORGANIZE

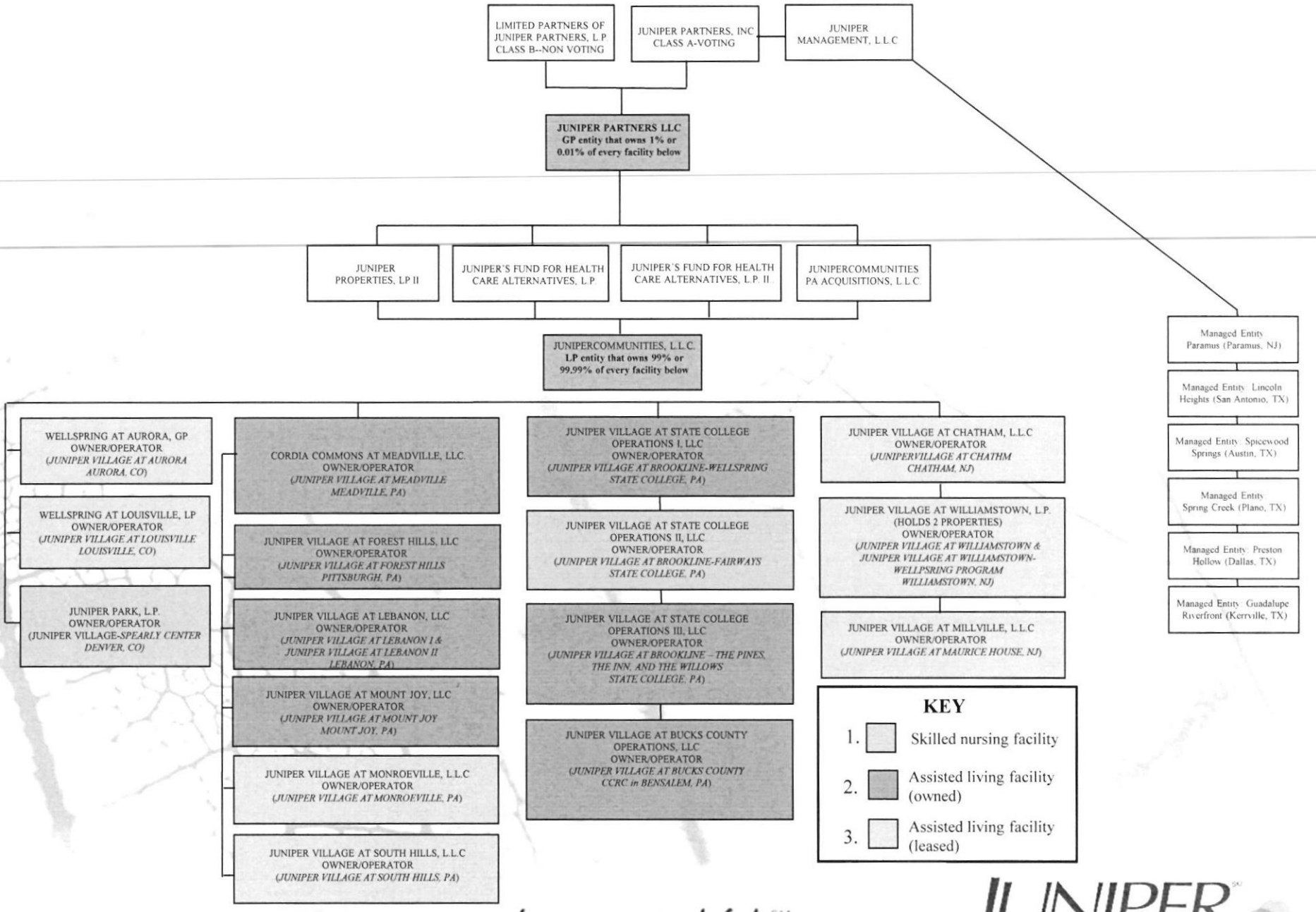
Residents have the right to participate in a Residents' Association. A representative of the Community designated by the Executive Director will hold quarterly meetings during the calendar year with residents for purposes of free discussion of topics related to living at the Community. Residents will be given at least seven (7) day notice of all such meetings.

# JUNIPER VILLAGE AT BUCKS COUNTY
# EXHIBIT "A"

## Affiliated Entities Organizational Chart

# ORGANIZATIONAL CHART – Dec 2024

***CONFIDENTIAL – Not for Distribution***




*Nurturing the spirit of life*℠

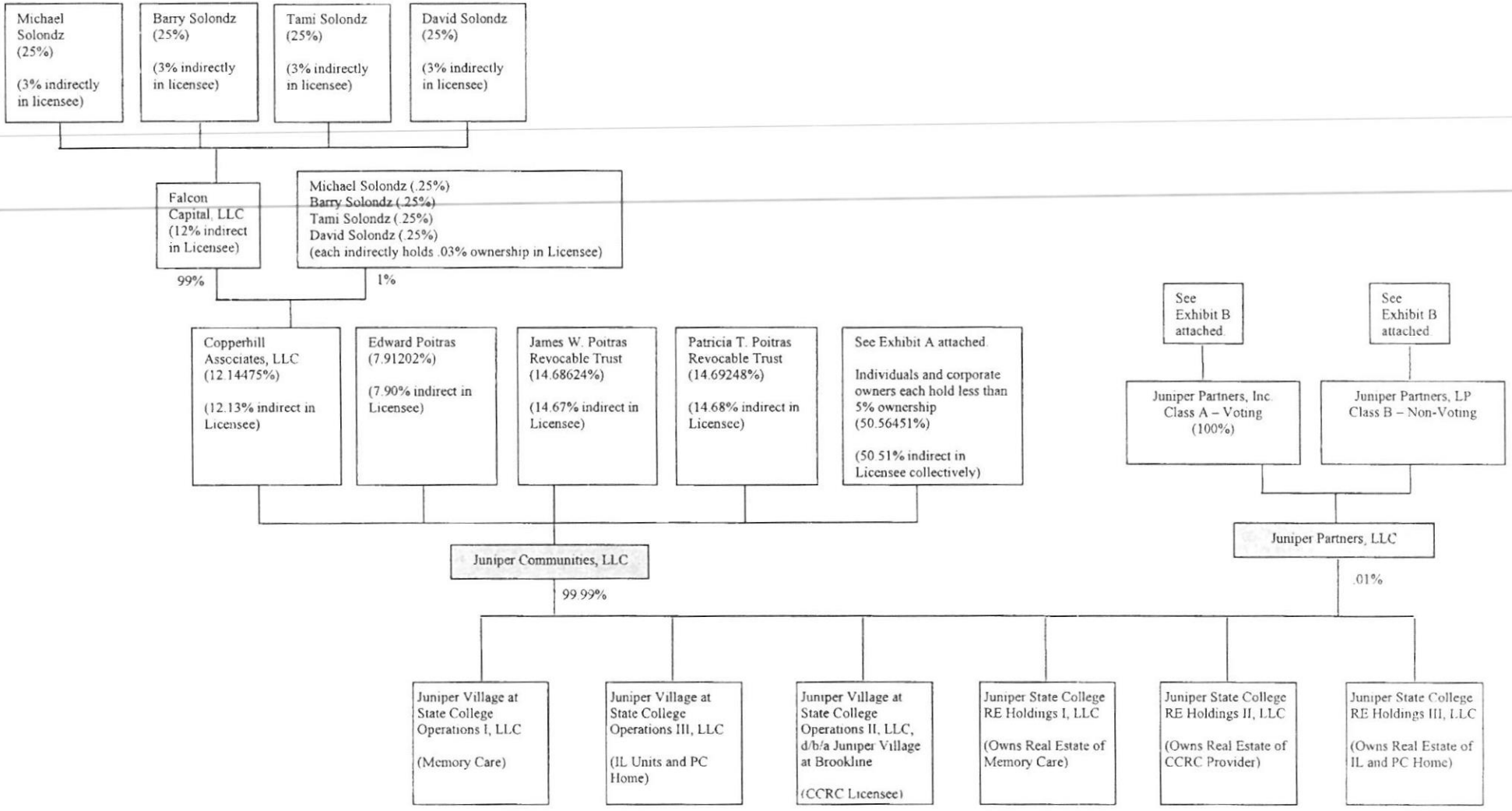
JUNIPER℠

# JUNIPER VILLAGE AT BUCKS COUNTY

## EXHIBIT "B"

## Organizational Chart that Reflects Owners Holding in Excess of 10% ownership in the Provider

## OWNERSHIP / ORGANIZATIONAL STRUCTURE OF PROVIDER



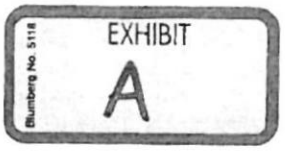
## LIST OF INVESTORS IN JUNIPER COMMUNITIES

99.99% owner of Juniper Village at Brookline

| Investor Name | Ownership Percentage |
|---|---|
| 1996 Wasmer Estate Reduction Trust (formerly Tai | 2.73003% |
| 3/1/82 Trust f/b/o Alicia J. Fonseca (formerly JM Ka | 0.32417% |
| 3/1/82 Trust f/b/o Caio G. Fonseca (formerly JM Ka | 0.32417% |
| Cecilia M. Perry (formerly Henry A. Perry) | 1.94504% |
| Charles R. Baletti | 0.47778% |
| Chemtex Inc. d/b/a EHR Investments | 0.95555% |
| Chuck Hastings | 0.35087% |
| Copperhill Associates, L.L.C. | 12.14475% |
| D. Wayne Silby | 0.64835% |
| Dana C. Daley | 0.23889% |
| Daryl M. Carter | 0.23889% |
| Dr. Hans Albrecht | 1.43333% |
| Edward Poitras | 7.91202% |
| Frank Van Beuningen | 0.95555% |
| George F. Wasmer Trust | 4.41630% |
| H. Carl Sturke | 0.32417% |
| Io Investors, LP | 0.28667% |
| J.M. Kaplan Fund, Inc. | 0.64835% |
| J.M. Semmelink Orthodontist | 0.47754% |
| James W. Poitras Revocable Trust | 14.68624% |
| Joanie Bronfman | 2.25225% |
| Joshua Mailman | 3.24174% |
| Joshua Mailman Foundation | 1.19444% |
| Juniper Partners Inc - Packard | 1.29670% |
| Juniper Partners Inc. - KDM Liq Trust | 3.30275% |
| Juniper Partners Inc. - Link/M&H | 0.95555% |
| Juniper Partners Inc. - Oosterwck | 0.95555% |
| Juniper Partners, L.L.C. | 1.35142% |
| Jyll Johnston | 0.64835% |
| KDM Liquidation Trust | 2.08502% |
| Louis Laucirica | 1.12613% |
| Lynne Katzmann | 0.81333% |
| Lynne Katzmann, R-IRA | 0.11030% |
| Lynne S. Katzmann | 0.12967% |
| Lynne S. Katzmann, IRA | 0.09556% |
| Maury Carter | 2.75611% |
| Mitchel Sayare | 0.47778% |
| Murat and Nina Koprulu | 0.32417% |
| Norman Eisner | 0.97244% |
| Norman Eisner, IRA | 1.91111% |
| Patricia T. Poitras Revocable Trust | 14.69248% |
| Rena M. Shulsky | 1.10165% |
| Robert C. K. Crary | 0.64835% |
| Robert Chender | 0.93555% |
| Tetsuo Yoshida Irrevocable Family Trust | 1.50357% |
| The Mailman Foundation | 1.19444% |
| The Marital Trust U/L/W/T of John L. Kidde | 1.10825% |
| U.K. Life Insurance Company | 1.29670% |
| | 100.00000% |

No Biographical Affidavits were provided for the listed indirect owners because none of the listed individuals hold in excess of 10% indirect ownership in the licensee.

Notes:
- Interests purchased in 2014 treated as treasury stock
- Interests above include all direct & indirect ownership in Brookline
- Copperhill entity includes multiple entities, leaving none with more than 5% interest



T OF INVESTORS and their OWNERSHIP for 2013 Tax Returns

k indicates Inc bought stake for potential Incentive Pool stake

| Investment Partnership | Investor | 1/1/2014 Ownership of Partnership |
|---|---|---|
| **Ownership of Juniper Partners, LP** | | |
| JP LLC | Bernard Berkowitz | 2.56410% |
| JP LLC | Albert Besser | 2.56410% |
| JP LLC | Joseph Canderozzi | 2.56410% |
| JP LLC | Maury L. Carter | 2.56410% |
| JP LLC | Michael Cerracchio (now Vincenzo) | 2.56410% |
| JP LLC | Diagnostic and Clinical Cardiology PA Pens | 2.56410% |
| JP LLC | Hilltop Trust | 2.56410% |
| JP LLC | Barnaby Howard (now an estate) | 5.12821% |
| JP LLC | Artemis Joukowsky | 1.41024% |
| JP LLC | Margaret Joukowsky | 1.15311% |
| JP LLC | Juniper Partners, Inc. | 12.82140% |
| JP LLC | Estate of Stewart Kean | 2.56410% |
| JP LLC | KDM Liquidation Trust | 2.56410% |
| JP LLC | Joshua Mailman | 25.64103% |
| JP LLC | Estate of June Meier | 2.56410% |
| JP LLC | Steven Meltzer | 2.56410% |
| JP LLC | Dr. Philip Palmedo, L.P. | 2.56410% |
| JP LLC | James W. Poitras Revocable Trust | 6.41019% |
| JP LLC | Patricia T. Poitras Revocable Trust | 6.41019% |
| JP LLC | Fred Rohn | 2.56410% |
| JP LLC | Sefton Stallard Trust | 2.56410% |
| JP LLC | Lucien Wulsin | 2.56410% |
| JP LLC | Tetsuo Yoshida Irrevocable Family Trust | 2.56410% |
| **Ownership of Juniper Partners, Inc.** | | |
| JP Inc | Lynne Katzmann | 63.58382% |
| JP Inc | James W. Poitras Revocable Trust | 10.40462% |
| JP Inc | Patricia T. Poitras Revocable Trust | 10.40462% |
| JP Inc | Fred Rohn | 5.20231% |
| JP Inc | Daniel Solondz | 10.40462% |

No biographical Affidavits were provided for the above indirect owners because none of the listed individuals hold in excess of 10% indirect ownership in the licensee.

EXHIBIT B

Blumberg No. 5116

**Exhibit B addendum**

The ownership interests of Chuck Hastings and Josh Mailman (all affiliated entities) were bought out in 2015 and 2016 respectively. The Chuck Hastings interest was purchased by the Company and treated as Treasury stock, while the Mailman interests were purchased by the James W. Poitras Revocable Trust and the Patricia T. Poitras Revocable Trust. As a result, these two individuals are no longer investors in Juniper affiliates and their ownership interests in the previous pages should be zeroed out accordingly.

# JUNIPER VILLAGE AT BUCKS COUNTY

# EXHIBIT "C"

## Management Agreement

Executed
September 2016

# Juniper Management L.L.C. and Juniper Village at Bensalem Operations, LLC Management Agreement

This Management Agreement (this "Agreement") is made and entered into as of the 22nd day of September, 2016 by and between Juniper Village at Bensalem Operations, LLC, a Delaware limited liability company (the "Company"), and Juniper Management, L.L.C., a Delaware limited liability company (the "Manager").

## RECITALS

A. The Company has entered into that certain Agreement of Purchase and Sale, dated as of January 29, 2016 among Wood River Property, LLC and Juniper Village at Bensalem Operations LLC and the Company (the "Purchase Agreement") whereby the Company has agreed to purchase the assets necessary for the operations of a Continuing Care Retirement Community (the "Assets").

B. As described under the Purchase Agreement, the Company is the owner the Assets, which shall be used for the operation of a continuing care retirement facility owned by the Company, d/b/a Juniper Village at Bucks County (the "Facility") at Bensalem, Pennsylvania.

C. The Company desires to retain the Manager and the Manager desires to manage the Company's business with regard to the Facility, as provided for in this Agreement.

D. The Company has applied for the requisite licenses from the State of Pennsylvania to operate the Facility (the "License") and has either received the Licenses or been approved for the Licenses.

E. This Agreement is effective and commenced on the date written above (the "Effective Date").

## COVENANTS

In consideration of the promises and mutual covenants herein contained and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Company and the Manager hereby agree commencing on the Effective Date as follows:

### ARTICLE 1 - MANAGEMENT

1.1 Manager's Status. The Company hereby retains the Manager and the Manager hereby accepts the position of manager of the Company's business with regard to the Facility. Manager expressly recognizes and agrees that the members of the Company and its manager, and not the Manager, shall be responsible for the overall internal operations of the Company, the capitalization of the Company and the utilization of the Facility.

1.2 The Administrator of the Facility will be an employee of the Manager and the Facility will cover all expenses of such employee including salary, bonuses, taxes, and benefits.

1.3 Manager's Duties. The Manager shall be responsible for the management, operation, and maintenance of the business at the Facility on behalf of the Company but only to the following extent:

a. Employees and Contracts. The Manager shall hire, retain, employ in the name and on behalf of the Company such persons or entities or contract with and direct and supervise all employees or independent contractors of the Company with regard to the Facility including, without limitation, subsidiaries and affiliates of the Manager, as are deemed by the Manager to be reasonably necessary to manage, operate, renovate, improve, lease, maintain, or repair the Facility. Manager shall have the right to engage, for and on behalf of the Company, attorneys, accountants and any other professionals for performance of such duties hereunder as Manager deems necessary.

b. Supplies and Services. The Manager shall purchase in the name and on behalf of the Company all materials and supplies, contract with independent contractors to supply services, and expend in the name and on behalf of the Company, to the extent permitted by this Agreement, such sums as are deemed by the Manager reasonably necessary to perform its duties and obligations hereunder with regard to the Facility.

c. Rents and Other Income. The Manager shall bill and collect in the name and on behalf of the Company all rents and other charges or income due or to become due from the Facility. Other income from the Facility shall include, but not be limited to, any rebates or discounts for services or materials used in connection with the Facility. The Manager shall deposit all receipts in one or more accounts maintained in the Company's name at an institution acceptable to the Company (collectively, the "Account"). The Manager shall maintain the Company's funds separately from its own funds at all times and shall not commingle the Company's funds with its own funds or with the funds of any other person or entity.

d. Operating Reserve. Company agrees to maintain an operating reserve in the amount set forth in the Budget (as hereinafter defined) from time to time (the "Operating Reserve Amount") to enable Manager to pay the obligations of Company under this Agreement as they income due (the "Operating Reserve"). Company and Manager shall review the amount of the Operating Reserve Amount from time to time and shall agree on a new Operating Reserve Amount if such is required. Company expressly authorizes the Manager to request advances from any line of credit or working capital facility available to the Company and to transfer such funds, or to transfer funds in the Account, to the Operating Reserve as and when needed to maintain the applicable Operating Reserve Amount.

e. Expense Disbursement. The Manager shall on a timely basis cause checks to be drawn on the Operating Reserve for disbursement for expenses as described herein. To the extent that collectively the Account and the Operating Reserve do not have amounts which are adequate to pay all expenses and no advances are available from any of Company's lines of credit or working capital facilities, if any, the Manager shall notify the Company of such shortfall and the amount thereof, and the company shall make deposits into the Account equal to the shortfall within 24 hours of such notice; provided, however, this provision shall not require the members of the Company to make additional capital contributions if not otherwise required by the Company's operating agreement.

f. Quarterly Accounting. The Manager shall on or before the 60th day after each calendar quarter submit to the Company a balance sheet and profit and loss statement setting forth in reasonable detail all items of income and expenses from the preceding quarter including, but not limited to: (i) employees, salaries; (ii) utility expenses; (iii) taxes and insurance, including special assessments, property taxes and employee taxes; and (iv) costs of services, materials and labor rendered for or in connection with the Facility. The profit and loss statement shall show the income and expense for the Facility for the subject quarter, year to date and annual budget.

g. Books and Records. The Manager shall maintain accurate books and records of the receipts and expenditures of the Facility (i) within the Manager's knowledge or control; and (ii) from information supplied to the Manager by the Company. The Company may inspect such books and records, at its sole cost and expense, at any time during the Manager' s normal business hours upon forty-eight (48) hours prior notice. Such books and records need not be maintained at the Facility. Copies of the records of all expenditures and receipts, including but not limited to canceled checks, vouchers, and duplicate invoices shall be maintained by the Manager for a period of at least four (4) years from the date of origination.

h. Operating Budget. The Manager shall prepare and submit to the Company at the commencement of the term of this Agreement and thereafter by the first day of each calendar year during the term of this Agreement a proposed operating budget setting forth, in reasonable detail, a statement of the anticipated expenses and income for the Facility for the forthcoming calendar year (a "Budget Year") on a quarterly basis (the "Budget"). In preparing the Budget or a revised Budget, the Manager shall establish the amount of each item in the Budget or revised Budget and the estimated timing of the receipt of each item of income and expenditure of expense. The Company shall have the sole and exclusive right to approve any Budget submitted by the Manager. The Manager shall be authorized to expend funds in the manner provided in this Agreement which are contained in any Budget or revised Budget approved by the Company.

i. Emergencies. In the event of an emergency which the Manager reasonably believes requires prompt action for the protection or safety of the Facility or its

residents, the Manager shall be empowered to take necessary action without the prior approval of the Company following which a written report of the occasion for such action and the action taken and the expenses incurred shall promptly made to the Company.

j. Manager's Insurance. At all times during the term of this Agreement, Manager shall maintain public liability insurance coverages in full force and effect, with responsible insurance companies, and shall furnish Company with a certificate of insurance as may be requested by Company from time to time. Manager shall attempt to secure errors and omissions insurance coverage within six months of the date Manager signs this Agreement, and in the event Manager is unable to do so because the cost of such coverages is unreasonably expensive, manager shall not be required to obtain such insurance and shall so notify the Company.

k. Adequacy of Funds. The Manager shall have no responsibility to provide any service or perform any functions or duty for which adequate funds are not authorized and provided.

1. Related Activities. Manager shall have the right, but not the obligation, to undertake (i) any other action, activity or responsibility reasonably related to any matter expressly set forth in this paragraph 1.3 (including, without limitation, therapy, hospice, home health and other similar services), (ii) any start up or organizational action, activity or responsibility that Manager reasonably determines to be beneficial to the Company or (iii) any action, activity or responsibility consistent with the Budget.

m. Other Duties. Manager shall have and exercise such other duties and obligations on behalf of the Company as may from time to time be mutually agreed to in writing.

ARTICLE 2 - LEASING

2.1 Manager as Leasing Agent. The Manager shall be the leasing agent for the Facility and shall have the right and duty, subject to the provisions set forth in this Agreement, to endeavor to obtain residents for the Facility on behalf of the Company.

2.2 Manager's Marketing and Leasing Duties. The Manager shall on behalf of the Company:

a. Prepare for the Facility an identity package (including logo, signage, stationery and other similar items), prepare preopening marketing budget, develop premarketing plans, conduct and continue public relations campaigns, develop marketing strategy, and design and purchase sale materials including preliminary brochure, facility overview and similar items.

b. Advertise openings for residents of the Facility.

c. Prepare and secure special signs, plans, circular material and/or other forms of advertising which shall be included as a line item expense in the Budget.

d. Terminate any resident's agreement and sign and serve in the name of the Company such notices as are necessary and appropriate.

e. Institute and prosecute action relating to resident agreements.

f. Recover rents and other sums due from a resident.

g. Endeavor to ensure the provisions of care as stated within the resident agreements.

ARTICLE 3 - INSURANCE CLAIMS

3.1 Insurance. The Company covenants and agrees as follows:

a. The Company agrees to carry and obtain public liability, contractual liability, workmen' s compensation insurance, and such other liability insurance coverage as is recommended by the Manager for the Facility for the protection of interests of the Company and the Manager. In each such policy of insurance, the manager and its subsidiaries and affiliates, who are performing services under this Agreement, shall be designated as parties insured with the Company. A copy of the certificate of each policy issued by the carrier shall be delivered to the Manager by the Company.

b. The Company shall carry all-risk, fire or extended coverage insurance, rental insurance (including extra expense coverage) and other forms of property damage insurance including, but not limited to, coverage such as water damage insurance, property damage insurance, boiler and machinery insurance, explosion insurance, sprinkler leakage insurance as recommended by the Manager covering the Facility, and personal property, fixtures or equipment located thereon.

c. It is understood and agreed that with respect to any insurance provided hereunder (except for the Manager's insurance described in paragraph 1.3 j.) and covering the Manager's interest, the Company shall be responsible for the payment of all premiums thereon. All dividends or return premiums in connection with such insurance shall be deposited in the Account.

d. The Company authorizes the Manager to place on behalf of the Company and at the Company's expense any and all insurance required by this paragraph 3.1.

3.2 Defense of Claims. The Manager and the Company agree to fully cooperate with each other with respect to the defense of any claims brought against the Manager and/or the Company regarding the operation or management of the Facility.

ARTICLE 4 - COMPENSATION AND EXPENSE

4.1 Manager's Compensation. As compensation for the Manager's services provided pursuant to this Agreement, Company shall pay Manager five and eight tenths percent (5.8%) of the monthly gross revenues of the Company payable monthly in advance. If Manager is also a member of the Company, then such compensation shall constitute a guaranteed payment to the Manager within the meaning of Section 707 (c) of the Internal Revenue Code of 1986, as amended.

4.2 Manager's Expenses; Payment of Fees and Expenses. All payment obligations and expenses incurred by Manager in accordance with its obligations, duties and rights under this Agreement and consistent with the Company's Budget or approved in advance by the Company, or incurred in the event of an emergency, except those due to Manager's material breaches of this Agreement or gross negligence or willful misconduct, shall be for the account of and on behalf of the Company. Notwithstanding the clause in the foregoing sentence concerning expenses "consistent with the Company's Budget", such expenditures that are consistent with the Budget but are not expressly included in the Budget shall require the prior written consent of the Company if they aggregate in excess of five percent (5%) of the applicable Budget. All of the items described in this Section 4.2 are called "Approved Expenses". The Manager has the right and authority to debit the Operating Reserve Amount to pay itself for such Approved Expenses, or reimburse itself for such Approved Expenses, as and when incurred.

4.3 No Duplication of Payment. The Manager represents and warrants that it shall not seek a fee or reimbursement of an Approved Expense for any item that the Company has paid an Affiliate of the Manager for the same service or reimbursement for the same Approved Expense.

ARTICLE 5 - PROPRIETARY INFORMATION

5.1 Confidentiality. Each of the parties hereto agrees at all times to hold in strict confidence, and to use their respective best efforts to cause their agents, employees, attorneys, accountants, consultants, independent contractors and others to whom data and information is disclosed, as permitted herein, to hold in strict confidence, all data and information obtained in connection with this Agreement which relates to the business of any of the parties hereto; provided, however, subject to paragraph 5.2 hereof, parties may disclose such information to their counsel, accountants and consultants or as required by law.

5.2 Proprietary Materials and Systems. Company acknowledges that Manager possesses (and will develop and acquire) certain confidential information ("Confidential Information") relating to the management of long-term care facilities, which include, but is not limited to: methods, techniques, forms, formats, manuals, specifications, standards, systems, procedures and training materials. Company agrees that its relationship with the Manager does not vest in the Company any interest in the Confidential Information other than the right to utilize such materials while the Manager is under contract to manage the Company and that the use or duplication of the Confidential Information by the Company in any other business or by any other subsequent Manager for the Company would constitute an unfair method of competition.

The Company acknowledges and agrees that the Confidential Information belongs to Manager, may contain trade secrets belonging to Manager, and is disclosed to Company and Company employee/agents at the Facility for use solely on the condition that the Company agrees and Company does therefore agree, that the Company (1) will not use the Confidential Information in any other business or capacity or for the use of any other Manager or management company, (2) will maintain the absolute confidentiality of the Confidential Information during and after the terms of this Agreement; and (3) will not make unauthorized copies of any portion of the Confidential Information disclosed in written form. The Manager will adopt and implement reasonable procedures at the Facility from time to time to prevent unauthorized use.

ARTICLE 6 - TERM

6.1 Commencement Date. This Agreement shall commence on the date hereof and continue for the period of three years, and shall then automatically extend from year to year until terminated as elsewhere provided in this Agreement.

6.2 Automatic Termination. This Agreement shall be terminated automatically and immediately upon the dissolution and winding up of the Company. This contract shall automatically renew for a period of three years upon the sale or merger of the controlling interest of the Company.

6.3 Notice and Default Termination. In addition to any other remedy provided herein, this Agreement shall terminate as follows:

a. This Agreement may be terminated by Manager with or without cause at any time upon giving 120 days' prior written notice.

b. If Company provides written notice to the Manager that the Manager has repeatedly failed to perform or observe its material obligations hereunder, substantially in accordance with the terms, covenants and conditions hereof, and the Manager (I) requests a determination pursuant to paragraph 8.8 within thirty (30) days of its receipt of such notice as to whether it has in fact so failed, and shall have failed to cure such default within thirty (30) days after an adverse arbitration determination pursuant to paragraph 8.8 or (II) does not request a determination pursuant to paragraph 8.8 within thirty (30) days of its receipt of such notice and shall have failed to cure such default within ninety (90) days of the date of notice from, then this Agreement may be immediately terminated by the Company.

6.4 Insolvency Termination. Notwithstanding the other provisions of this Article 6, this Agreement shall terminate as follows:

(a) Upon the filing of a voluntary petition of bankruptcy or insolvency or a petition for reorganization under any bankruptcy law by either Company or

Manager, this Agreement may be immediately terminated by the party that is not the subject of such petition.

(b) In the event of a consent to an involuntary petition in bankruptcy or the failure by either Company or Manager to vacate within ninety (90) days from the date of entry thereof any order approving an involuntary petition to which it is subject, this Agreement may be immediately terminated by the party that is not the subject of such petition.

(c) In the event of the entering of an order, judgment or decree by any court of competent jurisdiction, on the application of a creditor, adjudicating either Company or Manager a bankrupt or insolvent or approving a petition seeking reorganization or appointing a receiver, trustee or liquidator of all or a substantial part of such party's assets, and such order, judgment or decree shall continue unstayed and in effect for a period of one hundred twenty (120) consecutive days, then this Agreement may be terminated by the party not the subject of such order, judgment or decree.

ARTICLE 7 - INDEMNIFICATION

7.1 Manager's Indemnification. To the extent permitted by law, Manager agrees to defend, indemnify and save harmless Company from all claims, investigations, suits, costs and damages with respect to Manager' s material breach of this Agreement or Manager's gross negligence or willful misconduct.

7.2 Company's Indemnification. To the extent permitted by law, Company agrees to defend, indemnify and save harmless Manager from all claims, investigations, suits, costs and damages with respect to Company' s material breach of this Agreement or Company's gross negligence or willful misconduct or Manager's provision of services and performance of duties in accordance with this Agreement (except for claims or suits arising out of Manager's material breach of this Agreement, its gross negligence or willful misconduct).

7.3 Limitation. Any claim made pursuant to paragraph 7.1or 7.2 of this Article 7 must be conducted in accordance with paragraph 8.8 with demand for mediation being made no later than three (3) years after the termination of this Agreement.

ARTICLE 8 - MISCELLANEOUS

8.1 Notices. All notices and demands, given or required to be given by either party to this Agreement, shall be in writing and shall be deemed to have been properly given when delivered in person, or three (3) days after having been deposited in any post office, branch post office, or mail depository maintained by the U.S. Postal Service, and sent by registered or certified mail, return receipt requested, postage prepaid, addressed as set forth below (or sent to such other address as either party shall specify to the other party pursuant to the provisions of this Section 8. 1)

ADDRESS OF COMPANY:

Juniper Village at Bensalem Operations, LLC
c\o Juniper Partners LLC
400 Broadacres Drive, 4th Floor
Bloomfield, NJ 07003

ADDRESS OF MANAGER:

Juniper Management, L.L.C.
400 Broadacres Drive, 4th Floor
Bloomfield, NJ 07003
Attn: Lynne S. Katzmann, President

8.2 Successors and Assigns. This Agreement may not be assigned by the Manager without the prior written consent of Company (which consent may not be unreasonably withheld) except that this Agreement may be assigned by Manager to any entity controlled by, controlling or under common control with the Manager or any member of the Manager. This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective permitted successors and assigns.

8.3 Severability. If any provision of this Agreement is determined to be invalid, illegal or unenforceable such provision shall be severed from the rest of this Agreement, and the validity, legality, and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

8.4 Governing Law. This Agreement shall be governed and construed according to the laws of the State of New Jersey.

8.5 Headings. Headings of the sections of this Agreement are inserted for convenience only and shall not be deemed to constitute a part hereof.

8.6 Modifications. No amendments to or modifications of this Agreement shall be made or be deemed to have been made unless such are made in writing and executed by the party to be bound thereby.

8.7 Entire Agreement; Counterparts. This Agreement shall constitute the entire agreement between the parties relative to the subject matter hereof, notwithstanding any oral statements to the contrary, and all prior agreements relative to the subject matter hereof are hereby terminated and of no further force and effect. This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

8.8 Enforceability. Any claim or controversy arising out of or relating to this Agreement, or the breach hereof, that cannot be settled by prompt negotiation between the parties hereto shall be submitted to JAMS/ENDISPUTE located in New York City, New York, for non-binding

mediation or, in the event JAMS/ENDISPUTE is no longer in existence, such other mediator upon which the parties hereto shall mutually agree. If complete agreement cannot be reached within seventy-five (75) days of submission to mediation, or if the parties hereto do not agree to a mediator in the event JAMS/ENDISPUTE is no longer in existence, then the parties hereto shall submit any such controversy or claim arising out of or relating to this Agreement to an arbitrator to be settled by arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association, and the judgement upon the award rendered by the arbitrator may be entered in any court within the State of New Jersey having jurisdiction. The American Arbitration Association shall appoint a single arbitrator ("Arbitrator") to hear and decide the dispute and the locale for any hearing will be at the American Arbitration Association' s Essex County, New Jersey office or at such other location as the parties may mutually agree upon. The Arbitrator shall issue an opinion and award which shall be final and binding upon the parties hereto. All such controversies or claims arising out of or relating to this Agreement shall be filed with the American Arbitration Association within eighteen (18) months after the alleged incident, event or circumstance which gave rise to such controversies or claims. All costs and expenses of arbitration, including attorneys, fees, will be allocated among the parties according to the Arbitrator's discretion. The parties hereto expressly agree that proceeding to mediation and arbitration and obtaining an award thereunder will be condition precedent to bringing or maintaining any action in any court with respect to any dispute arising under this Agreement, except for the institution of a civil action to maintain the status quo during the pendency of any mediation or arbitration proceeding and except for an action to enforce the right to payment of a sum certain.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day and year first above written.

COMPANY:
Juniper Village at Bensalem Operations, LLC
By: Juniper Partners, LLC, its manager

By: _____
Charles W. Hastings Jr.
Title: Vice President

MANAGER:
Juniper Management, L.L.C.
By: Juniper Partners Inc., its Managing Member

By: _____
Charles W. Hastings Jr.
Title: Vice President

# JUNIPER VILLAGE AT BUCKS COUNTY

## EXHIBIT "D"

See attached pages.

JUNIPER VILLAGE AT BUCKS COUNTY

# Services and Pricing

## INDEPENDENT LIVING

Juniper offers personalized options to support wellbeing through active bodies, engaged minds, and fulfilled spirits. Leases are month-to-month with a one-time community fee.

| Independent Living Apartments | Monthly Rates |
|---|---|
| Studio | $3,400 |
| One-Bedroom | $3,970 |
| One-Bedroom Deluxe | $4,420 |
| Two-Bedroom | $4,420 |
| Second-Person Fee, monthly | $1,500 |
| Community Fee, one-time | $10,000 |



**Juniper Village at Bucks County**
3200 Bensalem Boulevard, Bensalem, PA 19020
Bucks.Sales@JuniperCommunities.com
**215.752.2370**

JUNIPER

Docusign Envelope ID: 1727699D-DA11-4613-9338-A31E56597676



## Suite Pricing

| | |
|---|---|
| Studio | $7,080 |
| Studio Deluxe | $7,310 |
| Semi-Private | $5,975 to $6,315 |
| Studio (Wellspring) | $7,950 |
| Studio Semi-Private | $6,705 to $7,210 |
| **Community Fee** | $3,500 one-time fee |
| **Respite Care** | Additional $20.00 per day |
| **Second Person Fee** | $1200 per month |

## Personalized Programs for Service and Care

**Village Living Program – 0 to 10 points** **Included in Suite Pricing**
Our Village Living Program is for primarily independent individuals who may desire some additional care or personal services.

**Village Living Plus – 11 to 70 points** **$525 additional per month**
Our Village Living Plus Program is for individuals who may need some additional care or personal services above the Village Living Program.

**Helping Hands – 71 to 130 points** **$1080 additional per month**
Our Helping Hands Program is for residents who may require more direct, often physical assistance with tasks of daily living rather than supervision of tasks.

**Extended Care – 131 to 190 points** **$1300 additional per month**
If resident needs a higher level of assistance.

**Extended Care Plus – 191 to 250 points** **$1830 additional per month**
If resident needs a more extensive care level of physical and/or cognitive assistance.

**Comprehensive Care – 251 to 310 points** **$2330 additional per month**
If resident needs a more comprehensive care level of physical and/or cognitive assistance in multiple areas of activities of daily living.

**Comprehensive Care Plus – 311+ points** **$2810 additional per month**
If resident needs our most comprehensive care level of physical assistance and/or cognitive assistance in multiple areas of activities of daily living.

JUNIPER VILLAGE AT BUCKS COUNTY

# Services and Pricing

## REHABILITATION AND SKILLED CARE

Juniper offers personalized options to support wellbeing through active bodies, engaged minds, and fulfilled spirits. Rates include dining, housekeeping, engagement programs, 24-hour monitoring and support of a clinical team.

| Skilled Care | Daily Rates |
|---|---|
| Private Room | $499 |
| Private Suite | $567 |
| Semi-Private Room | $431 |
| Isolation Room | $520 |
| Skilled Stay—Request for Private Room | $263 |
| Skilled Stay—Request for Private Suite | $289 |




**Juniper Village at Bucks County**

3200 Bensalem Boulevard, Bensalem, PA 19020

Bucks.Sales@JuniperCommunities.com

**215.752.2370**


JUNIPER

# JUNIPER VILLAGE AT BUCKS COUNTY
## EXHIBIT "E"

Entrance Fee and Monthly Charge Schedule

See attached page.

Effective Date: 1/1/2022
Revision Date: 12/20/2021

## APPENDIX A

### Entrance Fee and Monthly Charge Schedule

| Description | Sq. Footage | Entrance Fee | Monthly Charge |
|---|---|---|---|
| Studio | 400 | $71,100 | $1,875 |
| One Bedroom | 636 | $88,500 | $2,405 |
| Two Bedroom | 800 | $122,500 | $2,605 |
| One Bedroom Deluxe | 840 | $133,900 | $2,795 |
| Two Bedroom Suite | 1275 | $176,700 | $3,605 |
| 2nd Person | | $18,750 | $1,000 |
| | | | |
| Studio Suite | 470 | $74,120 | $1,995 |
| Studio Deluxe | 490 | $74,120 | $1,995 |
| One Bedroom – Demi | 538 | $74,455 | $2,170 |
| One Bedroom DLX Demi | 780 | $118,090 | $2,570 |
| One Bedroom w/Den | 792 | $118,090 | $2,600 |
| One Bedroom Suite | 800 | $122,500 | $2,700 |
| Two Bedroom Deluxe | 999 | $143,400 | $3,165 |
| One Bedroom Suite w/Den | 1036 | $149,050 | $3,190 |
| Two Bedroom Suite/Deluxe | 1436 | $186,275 | $3,605 |
| 2nd Person | | $18,750 | $1,000 |

Entrance fee includes $10,000 non-refundable community fee.

# JUNIPER VILLAGE AT BUCKS COUNTY

## EXHIBIT "F"

## Services Available at an Extra Charge

See attached pages.

# Appendix B: Ancillary Charges

| | |
|---|---|
| **Administrative Services and Late Fees** | |
| Replacement/Additional Keys - Room Key/Fob | $55 per set |
| Replacement/Additional Keys - Mailbox Lock/Key | $100 per set |
| Form completion fee | $30 per hour |
| Late payment fee (after the 5th of the month) | $300 per instance |
| Returned ACH payment or Check fee | $75 per instance |
| Package Delivery Fee | $10 per delivery |
| Monthly Storage Unit Rental | $35 per month |
| **Around the House Services** | |
| Personal or Specialty Maintenance requests (30 min. minimum) | $55 per hour |
| Heavy Duty Carpet Cleaning (Based on suite size) | $Varies |
| Apartment Deep Clean | $75 per hour |
| Linen service, upon request (Wash and change sheets/towels) | $30 per instance |
| House Keeping service, upon request | $55 per hour |
| Personal Laundry service, upon request | $30 per load |
| Monthly Laundry Service - Level 1 (up to 4 loads) | $125 per month |
| Monthly Laundry Service - Level 2 (more than 4 loads) | $200 per month |
| Resident Initiated Room Transfer, upon request | $1,275 per instance |
| **Personal Transportation and Wellness Services** | |
| Van Service | $35 per hour |
| Aide escort (2 hour minimum) | $55 per hour |
| Personal Aide (1 hour minimum) | $35 per hour |
| Personal 1:1 Monitoring - Hourly (6 hour minimum) | $75 per hour |
| Monthly Wheelchair Assist services (one round-trip per day) | $110 per month |
| Connect4Life full-service care coordination | $60 per hour |
| Licensed Wellness Support (1 hour minimum, 30 min increments thereafter) | $60 per hour |
| Medication Reminders | $10 per reminder |
| **Dining Services** | |
| Meal Delivery to room (waived due to illness as directed by Wellness team) | $12 per delivery |
| Meal Takeout Charge | $3 per instance |
| **Pet Care** | |
| Non-refundable Pet Deposit | $800 per pet |
| Monthly Pet Fee | $50 per pet |
| Pet Care (15 min. minimum) | $35 per hour |
| **Technology Services** | |
| Technology Support, as available (30 min. minimum) | $50 per hour |
| Replacement of Alexa device | $200 per device |

**Removal of Property and Excessive Room Damage Fees** $1,500 minimum

Upon moving out, the community will charge for any property that is not removed when you vacate your suite, disposal of large items (i.e. mattress, large furniture, TVs, etc.) as well as for any excessive damage that has occurred to the room.

***Please review the Resident Handbook for additional information regarding Salon Services, Guest Meals and Services, and Village Store pricing for your community.***

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# Appendix B: Ancillary Charges

| | |
|---|---|
| **Administrative Services and Late Fees** | |
| Replacement/Additional Keys – Room Key/Fob or Mailbox Lock/Key | $55 per set |
| Form completion fee | $30 per hour |
| Late payment fee (after the 5th of the month) | $300 per instance |
| Returned ACH payment or Check fee | $75 per instance |
| **Around the House Services** | |
| Personal or Specialty Maintenance requests (30 min. minimum) | $55 per hour |
| Heavy Duty Carpet Cleaning (Based on suite size) | $Varies |
| Apartment Deep Clean | $75 per hour |
| Additional Linen service, upon request (Wash and change sheets/towels) | $30 per instance |
| Additional House Keeping service, upon request | $55 per hour |
| Personal Laundry service, upon request | $30 per load |
| Monthly Laundry Service - Level 1 (up to 4 loads) | $125 per month |
| Monthly Laundry Service - Level 2 (more than 4 loads) | $250 per month |
| Resident Initiated Room Transfer, upon request | $1,275 per instance |
| **Personal Transportation and Wellness Services** | |
| Van Service | $35 per hour |
| Aide escort (2 hour minimum) | $55 per hour |
| Medical Transportation | $75 per hour |
| Medical Transportation with Aide (2 hour minimum) | $100 per hour |
| Personal 1:1 Monitoring – Hourly (6 hour minimum) | $75 per hour |
| Replacement of Emergency Response Pendant | $250 per pendant |
| **Dining Services** | |
| Meal Delivery to room (waived due to illness as directed by Wellness team) | $12 per delivery |
| Meal Takeout Charge | $3 per instance |
| **Pet Care** | |
| Non-refundable Pet Deposit | $800 per pet |
| Monthly Pet Fee | $50 per pet |
| Pet Care (15 min. minimum) | $35 per hour |
| **Technology Services** | |
| Technology Support, as available (30 min. minimum) | $50 per hour |
| Replacement of Alexa device | $200 per device |
| **Community Products and Supplies** | |
| Monthly Incontinence Supplies Level 1 | $190 per month |
| Monthly Incontinence Supplies Level 2 | $375 per month |
| Non-preferred Pharmacy Packaging | $250 per month |

**Removal of Property and Excessive Room Damage Fees** $1,500 minimum

Upon moving out, the community will charge for any property that is not removed when you vacate your suite, disposal of large items (i.e. mattress, large furniture, TVs, etc.) as well as for any excessive damage that has occurred to the room.

***Please review the Resident Handbook for additional information regarding Salon Services, Guest Meals and Services, and Village Store pricing for your community.***

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**Salon Services**

Please visit your Salon for pricing

**Guest Services**

| | |
|---|---|
| Guest Fitness Gym Pass | $10 per day |
| Guest Fitness Class | $10 per class |

**Community Events**

| | |
|---|---|
| Special events | $Varies |

**Community Store**

| | |
|---|---|
| Various Gift Packages | $75 per package |
| A la carte items | $Varies |

# Appendix B: Ancillary Charges

## Administrative Services and Late Fees

| | |
|---|---|
| Replacement/Additional Keys - Room Key/Fob or Mailbox Lock/Key | $55 per set |
| Form completion fee | $30 per hour |
| Late payment fee (after the 5th of the month) | $300 per instance |
| Returned ACH payment or Check fee | $75 per instance |

## Around the House Services

| | |
|---|---|
| Personal or Specialty Maintenance requests (30 min. minimum) | $55 per hour |
| Heavy Duty Carpet Cleaning (Based on suite size) | $Varies |
| Apartment Deep Clean | $75 per hour |
| Additional Linen service (1 complimentary load per week) | $30 per instance |
| Additional House Keeping service (1 complimentary cleaning per week) | $55 per hour |
| Additional Personal Laundry service (1 complimentary load per week) | $30 per load |
| Resident Initiated Room Transfer, upon request | $1,275 per instance |

## Personal Transportation and Wellness Services

| | |
|---|---|
| Non-medical Van Service | $35 per hour |
| Aide escort (2 hour minimum) | $55 per hour |
| Medical Transportation | $75 per hour |
| Medical Transportation with Aide (2 hour minimum) | $100 per hour |
| Personal 1:1 Monitoring - Hourly (6 hour minimum) | $75 per hour |

## Dining Services

| | |
|---|---|
| Meal Delivery to room (waived due to illness as directed by Wellness team) | $12 per delivery |
| Meal Takeout Charge | $3 per instance |

## Technology Services

| | |
|---|---|
| Technology Support, as available (30 min. minimum) | $50 per hour |
| Replacement of Alexa device | $200 per device |

## Medications

Medicare or Other Third-Party Payer: Our pharmacy will bill Medicare or other third-party payers (such as Medicare Advantage Plans) for those medications covered by this program. For those medications not covered by Medicare or other third-party payers, our pharmacy will bill the resident or responsible party for all medications filled.

**Removal of Property and Excessive Room Damage Fees** $1,500 minimum

Upon moving out, the community will charge for any property that is not removed when you vacate your suite, disposal of large items (i.e. mattress, large furniture, TVs, etc.) as well as for any excessive damage that has occurred to the room.

***Please review the Resident Handbook for additional information regarding Salon Services, Guest Meals and Services, and Community Store pricing for your community.***

# JUNIPER VILLAGE AT BUCKS COUNTY
## EXHIBIT "G"

## Average Dollar Amount of Each Increase in Monthly Charge for the Previous 5 Years

See attached page.

# Juniper Village at Bucks County

## Average Dollar Amount of Each Increase in Monthly Charge for the Previous 5 Years

| | | |
|---|---|---|
| 1/1/2022 | 8.0% | $271 |
| 1/1/2023 | 7.0% | $250 |
| 1/1/2024 | 5.75% | $220 |
| 1/1/2025 | 5.5% | $210 |
| 1/1/2026 | 5.0% | $200 |

# JUNIPER VILLAGE AT BUCKS COUNTY

## EXHIBIT "H"

## Escrow Agreement

# ENTRANCE FEE ESCROW AGREEMENT

THIS ESCROW AGREEMENT is made this 14th day of March, 2014, by and between Juniper Village at State College Operations II, LLC ("Provider") and Metro Bancorp of Harrisburg, Penn ("Bank").

## BACKGROUND

Pursuant to the Pennsylvania Continuing Care Provider Registration and Disclosure Act, Act No. 1984-82, June 18, 1994, and the regulations promulgated thereunder (the "Act") Provider desires to establish an Entrance Fee Escrow Account with a bank, trust company or other escrow agent approved by the Pennsylvania Insurance Commissioner. Provider wishes to have Bank service as escrow agent of its Entrance Fee Escrow Account and Bank is willing to serve as escrow agent.

## TERMS

The parties, each intending to be legally bound, agree as follows:

1. Bank will receive and hold in a separate account (the "Entrance Fee Escrow Account"), all entrance fees ("Entrance Fees") deposited to such account by Provider.

2. Bank will invest the funds in the Entrance Fee Escrow Account in accordance with the instructions of the Provider. Upon request by the Bank, Provider's counsel will confirm to the Bank that the investment instructions of Provider are in accordance with the limitations on investments imposed by the Act. Bank may rely on such instructions without hesitancy. Bank shall keep records of the investments of the deposits and of the amounts earned.

3. Bank and Provider acknowledge that, when the acquisition of the business currently known as Brookline Village closes, Bank will receive a to-be-determined sum in the Entrance Fee Escrow Account.

4. Bank will release funds constituting principal which are held in the Entrance Fee Escrow Account to Provider upon Provider's certification, in writing, that such funds may be released in accordance with the Act and has the prior written approval of the Insurance Commissioner for the release of such funds. Bank may require that such certification be accompanied by an opinion of Provider's counsel that such release is in accordance with the Act.

5. Interest or other income earned on the Entrance Fee Escrow Account shall be the exclusive property of the Provider and shall be paid to Provider upon its request, subject to the requirements of the Act, as expressed in Section 12(3), which provides for

the return of principal and interest payments to the persons who made the payments to the Provider if such funds are not released to the Provider within 36 months of payment, or such longer period of time as may be approved by the Insurance Commissioner.

6. Bank will release an Entrance Fee to the person or persons who paid the Entrance Fee upon receipt of written notice from Provider that such person is entitled to a refund of the Entrance Fee. Bank may rely on a statement from Provider that such person or persons is that or those persons who paid the entrance fee or fees.

7. Any one of the following individuals may be considered authorized agents of Provider for the purpose of making any and all statements to Bank under the terms of this Agreement:

Charles W. Hastings Jr., Vice President, Managing Member
Linda C. Donato, Vice President, Managing Member
Lynne S. Katzmann, President, Managing Member

8. Bank shall have the right to resign as escrow agent by giving not more than sixty (60) days and not less than thirty (30) days written notice to Provider and to the Insurance Commissioner. Prior to the effective date of the resignation, Provider shall appoint a successor escrow agent.

9. Provider may require Bank to resign as agent by giving not more than sixty (60) days and not less than thirty (30) days notice to Bank and to the Insurance Commissioner. Prior to the effective date of the registration, Provider shall appoint a successor escrow agent acceptable to the Insurance Commissioner.

10. The Entrance Fee Escrow Account and this Agreement shall automatically terminate when Provider is no longer required to maintain an Entrance Fee Escrow Account under the Act. At that time, upon written notice from Provider, Bank shall release all remaining funds to Provider with the prior written approval of the Insurance Commissioner.

11. Anything to the contrary herein notwithstanding, if at the expiration of the applicable period set forth in Section 12(3) of the Act, the funds in the Entrance Fee Escrow Account have not been released, upon written notice from Provider or the Insurance Commissioner, Bank shall return such funds to the individuals who made the payments to the Provider, or may, at Bank's election, either petition the Insurance Commissioner for written direction respecting the proper disposition of the funds in the Entrance Fee Escrow Account or commence an action in interpleader in an appropriate forum, deposit the funds in the court in which such action is commenced and upon such deposit have no further obligation or liability under this Escrow Agreement. Bank

may rely on such written direction or notice received from the Insurance Commissioner as being true and correct in all respects.

12. Provider shall indemnify and hold Bank harmless from and against any and all claims, liabilities, suits or actions, for all damages, expenses, liabilities, penalties or losses, including reasonable attorneys fees and costs, which Bank may incur, arising in the course of Bank's service or actions as escrow agent for Provider under this Agreement except to the extent attributable to the negligence or willful misconduct of the Bank, its employees or agents.

13. The Bank shall be under no duty to make any investigation or inquiry as to any statements made to it orally or in writing by Provider, but may accept and rely upon same as conclusive evidence as to the truth and accuracy thereof. Distributions made in accordance with the provisions hereof, so far as concerns the Bank, shall be determined to be legal, proper, and the Bank shall be relieved of all responsibility with respect thereto, and shall be liable only to provide proof of the distribution. The Bank may consult with Provider's counsel, or its own counsel, and shall be fully protected in relying upon the opinion of counsel.

14. Bank, for any charges for its services hereunder, will be paid in accordance with customary arrangements.

15. This Agreement may be amended by written agreement signed by the parties provided that ten (10) days written advance notice of any proposed amendment shall have been given to the Insurance Commissioner by Provider and proof of such notice is given to Bank.

IN WITNESS WHEREOF, the parties hereto have duly executed this Entrance Fee Escrow Agreement this day and year first above written.

WITNESS:

Juniper Village at State College Operations II, LLC

By:_____
Charles W. Hastings Jr., V.P., Managing Member

Metro Bancorp

By:_____
Michael E. Jaeger, Cash Management Department Manager

# JUNIPER VILLAGE AT BUCKS COUNTY

# EXHIBIT "I"

## Audited Financial Statements

rkl ADVISORS for WHAT'S NEXT

# Juniper Communities, LLC and Subsidiaries

## Consolidated Financial Statements and Supplementary Information

December 31, 2025 and 2024

**Juniper Communities, LLC and Subsidiaries**

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December 31, 2025 and 2024


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rkl ADVISORS for WHAT'S NEXT

# Independent Auditor's Report

To the Members
Juniper Communities, LLC and Subsidiaries
Bloomfield, New Jersey

## Opinion

We have audited the consolidated financial statements of Juniper Communities, LLC and Subsidiaries (the Company), which comprise the consolidated balance sheet as of December 31, 2025 and 2024, the related consolidated statements of operations and comprehensive income (loss), changes in members' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, the financial statements).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2025 and 2024, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of Juniper Park, LP, a majority-owned subsidiary, as of and for the years ended December 31, 2025 and 2024, whose statements reflect total assets constituting 2% and 3% of consolidated total assets at December 31, 2025 and 2024, respectively, and total revenues constituting 10% and 11% of consolidated total revenues for the years ended December 31, 2025 and 2024, respectively. We also did not audit the financial statements of Juniper Village at Forest Hills, LLC, majority-owned subsidiary, as of and for the year ended December 31, 2024, whose statements reflect total assets constituting 4% of consolidated total assets at December 31, 2024 and total revenues constituting 5% of consolidated total revenues for the year ended December 31, 2024. Those statements were audited by other auditors whose reports have been furnished to us, and our opinion, insofar as it relates to the amounts included for Juniper Park, LP, as of and for the years ended December 31, 2025 and 2024 and to the amounts included for Juniper Village at Forest Hills, LLC, as of and for the year ended December 31, 2024, is based solely on the reports of the other auditors.

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



5108 E. Trindle Road, Suite 100, Mechanicsburg, PA 17050 717.790.9333 717.790.9171 rklcpa.com

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the financial statements are issued or available to be issued.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance, and; therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

**Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

RKL LLP

April 29, 2026
Mechanicsburg, Pennsylvania

## Juniper Communities, LLC and Subsidiaries

Consolidated Balance Sheet

| | December 31, 2025 | 2024 |
|---|---|---|
| ***Assets*** | | |
| **Current Assets** | | |
| Cash and cash equivalents | **$ 18,822,788** | $ 16,128,213 |
| Accounts receivable, net | **4,297,079** | 3,719,322 |
| Prepaid expenses and other current assets | **1,258,508** | 959,450 |
| **Total Current Assets** | **24,378,375** | 20,806,985 |
| **Restricted Deposits and Reserves** | **6,914,884** | 6,247,533 |
| **Statutory Liquid Reserve** | **341,000** | 424,000 |
| **Property and Equipment, Net** | **84,150,732** | 78,781,331 |
| **Other Assets** | | |
| Right-of-use assets, operating leases | **68,485,900** | 21,011,558 |
| Right-of-use assets, finance leases, net | **1,561,623** | 730,820 |
| Due from affiliates, net | **1,839,129** | 2,348,772 |
| Goodwill, net | **421,271** | 215,553 |
| Interest rate swap asset | **820,615** | 1,838,210 |
| **Total Other Assets** | **73,128,538** | 26,144,913 |
| **Total Assets** | **$ 188,913,529** | $ 132,404,762 |

See accompanying notes.

## Juniper Communities, LLC and Subsidiaries

Consolidated Balance Sheet (continued)

| | December 31, 2025 | 2024 |
|---|---|---|
| ***Liabilities and Members' Equity*** | | |
| **Current Liabilities** | | |
| Accounts payable and accrued expenses | **$ 17,174,037** | $ 15,728,349 |
| Deferred revenues | **2,678,205** | 2,557,308 |
| Resident security deposits | **59,486** | 83,041 |
| Long-term debt, current portion | **2,528,443** | 14,145,484 |
| Operating lease liabilities, current portion | **8,409,529** | 6,865,084 |
| Finance lease liabilities, current portion | **379,138** | 220,959 |
| **Total Current Liabilities** | **31,228,838** | 39,600,225 |
| **Long-Term Liabilities** | | |
| Long-term debt, net of current portion | **70,331,385** | 50,142,718 |
| Operating lease liabilities, net of current portion | **61,180,607** | 14,879,996 |
| Finance lease liabilities, net of current portion | **1,203,881** | 559,776 |
| Deferred gain from REIT transaction | **7,955,142** | 11,993,209 |
| Interest rate swap liability | **111,178** | - |
| Due to affiliates, net | **1,146,472** | 1,119,925 |
| **Total Long-Term Liabilities** | **141,928,665** | 78,695,624 |
| **Total Liabilities** | **173,157,503** | 118,295,849 |
| **Members' Equity** | | |
| Members' equity | **13,212,947** | 10,882,437 |
| Accumulated other comprehensive income | **709,437** | 1,838,210 |
| **Juniper Communities, LLC's Members' Equity** | **13,922,384** | 12,720,647 |
| **Noncontrolling Interest** | **1,833,642** | 1,388,266 |
| **Total Members' Equity** | **15,756,026** | 14,108,913 |
| **Total Liabilities and Members' Equity** | **$ 188,913,529** | $ 132,404,762 |

See accompanying notes.

## Juniper Communities, LLC and Subsidiaries

Consolidated Statement of Operations and Comprehensive Income (Loss)

| | Years Ended December 31, 2025 | 2024 |
|---|---|---|
| **Revenues** | | |
| Net resident and patient service revenue | **$ 121,885,141** | $ 107,194,707 |
| Investment income | **516,439** | 328,296 |
| Deferred gain recognition | **4,038,067** | 4,038,067 |
| Other income | **298,845** | 3,265,701 |
| **Total Revenues** | **126,738,492** | 114,826,771 |
| **Operating Expenses** | | |
| Nursing and medical | **28,288,206** | 25,750,624 |
| Administrative | **20,140,669** | 17,572,854 |
| Dietary | **12,550,774** | 11,174,577 |
| General services | **16,620,912** | 14,195,976 |
| Grounds and maintenance | **13,548,875** | 12,017,811 |
| Facility lease | **10,742,058** | 7,328,569 |
| Other expenses | **2,510,037** | 3,871,987 |
| Management fees | **7,215,653** | 6,348,871 |
| Interest and mortgage insurance premiums | **4,828,783** | 4,109,473 |
| Credit loss | **910,919** | 1,898,026 |
| Depreciation | **6,280,607** | 5,742,862 |
| Amortization | **25,113** | 475,417 |
| **Total Operating Expenses** | **123,662,606** | 110,487,047 |
| **Net Income** | **3,075,886** | 4,339,724 |
| **Income Attributable to Noncontrolling Interest** | **(445,376)** | (326,198) |
| **Income Attributable to Juniper Communities, LLC** | **2,630,510** | 4,013,526 |
| **Other Comprehensive Income (Loss)** | | |
| Unrealized gain (loss) on interest rate swap agreements | **(1,128,773)** | 136,285 |
| **Comprehensive Income** | **$ 1,501,737** | $ 4,149,811 |

See accompanying notes.

## Juniper Communities, LLC and Subsidiaries

Consolidated Statement of Changes in Members' Equity

| | Members' Equity | Noncontrolling Interest | Accumulated Other Comprehensive Income (Loss) | Total |
|---|---|---|---|---|
| **Balance at December 31, 2023** | $ 7,168,911 | $ 1,062,068 | $ 1,701,925 | $ 9,932,904 |
| Net Income | 4,013,526 | 326,198 | - | 4,339,724 |
| Distributions | (300,000) | - | - | (300,000) |
| Unrealized gain on interest rate swap | - | - | 136,285 | 136,285 |
| **Balance at December 31, 2024** | 10,882,437 | 1,388,266 | 1,838,210 | 14,108,913 |
| Net Income | 2,630,510 | 445,376 | - | 3,075,886 |
| Distributions | (300,000) | - | - | (300,000) |
| Unrealized loss on interest rate swap | - | - | (1,128,773) | (1,128,773) |
| **Balance at December 31, 2025** | **$ 13,212,947** | **$ 1,833,642** | **$ 709,437** | **$ 15,756,026** |

See accompanying notes.

## Juniper Communities, LLC and Subsidiaries

Consolidated Statement of Cash Flows

| | Years Ended December 31, 2025 | 2024 |
|---|---|---|
| **Cash Flows from Operating Activities** | | |
| Net income | **$ 3,075,886** | $ 4,339,724 |
| Adjustments to reconcile net income to net cash provided by operating activities | | |
| Depreciation | **6,280,607** | 5,742,862 |
| Amortization | **25,113** | 475,417 |
| Amortization of debt issuance costs | **551,753** | 274,006 |
| Credit loss | **910,919** | 1,898,026 |
| Deferred gain recognition | **(4,038,067)** | (4,038,067) |
| Amortization of right-of-use assets, operating leases | **8,253,481** | 5,962,883 |
| (Increase) decrease in assets | | |
| Accounts receivable, net | **(1,488,676)** | (1,641,385) |
| Prepaid expenses and other current assets | **(299,058)** | (15,971) |
| Increase (decrease) in liabilities | | |
| Accounts payable and accrued expenses | **1,382,833** | 2,467,112 |
| Operating lease liabilities | **(7,882,767)** | (6,499,475) |
| Other liabilities | **97,342** | (787,116) |
| **Net Cash Provided by Operating Activities** | **6,869,366** | 8,178,016 |
| **Cash Flows from Investing Activities** | | |
| Acquisition of businesses | **(7,750,000)** | - |
| Purchases of property and equipment | **(3,766,189)** | (2,535,053) |
| **Net Cash Used in Investing Activities** | **(11,516,189)** | (2,535,053) |
| **Cash Flows from Financing Activities** | | |
| Proceeds from long-term debt | **27,250,000** | 18,586,830 |
| Principal payments on long-term debt | **(18,229,699)** | (14,086,569) |
| Distributions | **(300,000)** | (300,000) |
| Finance lease principal payments | **(330,314)** | (195,929) |
| Due to/from affiliates, net | **536,190** | (298,530) |
| Payment of deferred financing costs | **(1,000,428)** | (1,048,335) |
| **Net Cash Provided by Financing Activities** | **7,925,749** | 2,657,467 |
| **Net Increase in Cash, Cash Equivalents, and Restricted Cash** | **3,278,926** | 8,300,430 |
| **Cash, Cash Equivalents, and Restricted Cash at Beginning of Year** | **22,799,746** | 14,499,316 |
| **Cash, Cash Equivalents, and Restricted Cash at End of Year** | **$ 26,078,672** | $ 22,799,746 |

See accompanying notes.

## Juniper Communities, LLC and Subsidiaries

Consolidated Statement of Cash Flows (continued)

| | Years Ended December 31, 2025 | 2024 |
|---|---|---|
| **Supplementary Disclosures of Cash Flows Information** | | |
| Cash paid during the year for interest | **$ 4,191,967** | $ 4,450,833 |
| Unrealized gain (loss) on interest rate swap agreements recorded through accumulated other comprehensive income | **$ (1,128,773)** | $ 136,285 |
| **Supplementary Schedules of Noncash Investing and Financing Activities** | | |
| Property and equipment purchases in accounts payable | **$ 62,855** | $ - |
| New finance leases entered into by the Company for equipment and vehicles | **$ 1,132,598** | $ 869,368 |
| New operating leases entered into by the Company for new facility | **$ 55,727,823** | $ - |
| **Cash, Cash Equivalents, and Restricted Cash is Comprised of the Following on the Consolidated Balance Sheet** | | |
| Cash and Cash Equivalents | **$ 18,822,788** | $ 16,128,213 |
| Restricted Cash | | |
| Statutory liquid reserve | **341,000** | 424,000 |
| Restricted deposits and reserves | **6,914,884** | 6,247,533 |
| Total Restricted Cash | **7,255,884** | 6,671,533 |
| **Total Cash, Cash Equivalents, and Restricted Cash Shown in the Consolidated Statement of Cash Flows** | **$ 26,078,672** | $ 22,799,746 |

See accompanying notes.

## Note 1 - Nature of Operations

Juniper Communities, LLC (the Company), a Delaware limited liability company, was formed in 1999. The Company holds interests in entities that own and operate assisted-living facilities (ALF), skilled nursing facilities (SNF), continuing care retirement communities (CCRC), and independent living facilities (ILF) (the facilities).

The members of the Company are as follows:

- Juniper's Properties, LP II (a Delaware limited partnership) (29.36% ownership).
- Juniper's Fund for Health Care Alternatives I, LP (a Delaware limited partnership) (30.85% ownership).
- Juniper's Fund for Health Care Alternatives II, LP (a Delaware limited partnership) (25.28% ownership).
- Juniper's Communities PA Acquisitions, LP (a Delaware limited partnership) (14.51% ownership).

Profits and losses are allocated in accordance with each member's respective percentage interest.

The Company holds interests and exercises control in the entities listed below (the Subsidiaries):

- Juniper Park, LP (dba Juniper Village at The Spearly Center), a Delaware limited partnership, which owns a 125-bed skilled nursing facility in Denver, Colorado. The Company holds a 99% interest in this entity.
- Wellspring at Aurora Juniper, LP and Wellspring at Aurora Rose, LP, Delaware limited partnerships; collectively own Wellspring at Aurora G.P., which owned a 48-unit Alzheimer's assisted living facility in Aurora, Colorado. The Company holds a 99% interest in this entity. In December 2012, substantially all of the property, plant, and equipment was sold to a real estate investment trust and leased back through a sub-lease agreement with Juniper Communities-LTC, LLC.
- Wellspring at Louisville, LP, a Delaware limited partnership, which owned a 52-unit Alzheimer's assisted living facility in Louisville, Colorado. The Company holds a 37.27% interest in this entity. In December 2012, substantially all of the property, plant, and equipment was sold to a real estate investment trust and leased back through a sub-lease agreement with Juniper Communities-LTC, LLC.
- Cordia Commons at Meadville, LLC, a Delaware limited liability company, which owns a 70-unit assisted living facility in Meadville, Pennsylvania. The Company holds a 99.99% interest in this entity.

**Note 1 - Nature of Operations (continued)**

- Cordia Commons at Williamstown, LP, is owned 99% by the Company as a limited partner and 1% by Juniper Partners Aurora Corp., as the general partner. The campus, which is located in Williamstown, New Jersey, consists of a 36-unit Alzheimer's assisted living facility and a 38-unit assisted living facility. In December 2012, substantially all of the property, plant, and equipment of both facilities was sold to an unrelated real estate investment trust. The facilities were leased back from the real estate investment trust by Juniper Village at Williamstown, LLC.

- Juniper Village at Forest Hills, LLC, which owns a 71-unit assisted living facility in Pittsburgh, Pennsylvania. The Company holds a 99.99% interest in this entity.

- Juniper Communities-LTC, LLC, a limited liability company, which holds a master lease agreement with a real estate investment trust and sub-lease agreements with Juniper Village at Chatham, LLC, Juniper Village at Williamstown, LLC, Wellspring at Aurora, GP, and Wellspring at Louisville, LP. The Company holds a 99.99% interest in this entity.

- Juniper Village at Chatham, LLC, a limited liability company, which operates and leases a 95-unit assisted living facility under a sub-lease agreement with Juniper Communities-LTC, LLC. The Company holds a 99.99% interest in this entity.

- Juniper Village at Williamstown, LLC, a limited liability company, which operates and leases 38-unit and 36-unit assisted living facilities under a sub-lease agreement with Juniper Communities-LTC, LLC. The Company holds a 99% interest in this entity.

- Juniper Village at Lebanon, LLC, a limited liability company, which operates an 81-unit assisted living facility and a 40-unit independent living facility in Lebanon, Pennsylvania. The entity is 100% owned by Cordia Commons at Williamstown, LP.

- Juniper Village at Mount Joy, LLC, a limited liability company, which operates a 63-unit assisted living facility in Mount Joy, Pennsylvania. The entity is 100% owned by Cordia Commons at Williamstown, LP.

- Juniper Village at State College Operations I, LLC, (dba Juniper Village at Brookline Wellspring) a limited liability company, which operates a 35-unit memory care assisted living facility in State College, Pennsylvania. The entity is owned 99.99% by Juniper Communities, LLC. The entity leases property from Juniper State College RE Holdings I, LLC.

- Juniper State College RE Holdings I, LLC, a limited liability company, which owns the real estate of a 35-unit memory care assisted living facility in State College, Pennsylvania. The entity is owned 99.99% by Juniper Communities, LLC. The entity leases property to Juniper Village at State College Operations I, LLC.

**Note 1 - Nature of Operations (continued)**

- Juniper Village at State College Operations II, LLC, (dba Juniper Village at Brookline Skilled Nursing) a limited liability company, which operates a 116-bed skilled nursing facility in State College, Pennsylvania (Brookline CCRC). The entity is owned 99.99% by Juniper Communities, LLC. The entity leases property from Juniper State College RE Holdings II, LLC.

- Juniper State College RE Holdings II, LLC, a limited liability company, which owns the real estate of a 116-bed skilled nursing facility in State College, Pennsylvania. The entity is owned 99.99% by Juniper Communities, LLC. The entity leases property to Juniper Village at State College Operations II, LLC.

- Juniper Village at State College Operations III, LLC, (dba Juniper Village at Brookline Senior Living) a limited liability company, which operates a 33-unit independent living facility and an 87-unit assisted living facility in State College, Pennsylvania. The entity is owned 99.99% by Juniper Communities, LLC. The entity leases property from Juniper State College RE Holdings III, LLC.

- Juniper State College RE Holdings III, LLC, a limited liability company, which owns the real estate of a 33-unit independent living facility and an 87-unit assisted living facility in State College, Pennsylvania. The entity is owned 99.99% by Juniper Communities, LLC. The entity leases property to Juniper Village at State College Operations III, LLC.

- Juniper Village at Bensalem Operations, LLC, (dba Juniper Village at Bucks County) a limited liability company, which operates a licensed CCRC in Bensalem, Pennsylvania that includes 279 independent living units, 60 assisted living beds, and 17 skilled nursing beds (Bucks County CCRC). The entity is owned 99.99% by Juniper Communities, LLC. The entity leases property from Juniper Bensalem RE Holdings, LLC.

- Juniper Bensalem RE Holdings, LLC, a limited liability company, owns and leases property to Juniper Village at Bensalem Operations, LLC in Bensalem, Pennsylvania. The entity is owned 99.99% by Juniper Communities, LLC.

- Juniper Village at Monroeville, LLC, a limited liability company, which operates a 66-unit assisted living facility in Monroeville, Pennsylvania. The entity is 99.99% owned by Juniper Communities, LLC.

- Juniper Village at South Hills, LLC, a limited liability company, which operates a 63-unit assisted living facility in Pittsburgh, Pennsylvania. The entity is 99.99% owned by Juniper Communities, LLC.

- Juniper Village at Preston Hollow, LLC, a limited liability company, which operates a 102-unit assisted living facility in Dallas, Texas. The entity is 99.99% owned by Juniper Communities, LLC.

**Note 1 - Nature of Operations (continued)**

The following two entities were acquired by the Company during the year ended December 31, 2025. (See Note 15)

- Juniper Village at Devon, LLC, a limited liability company, which operates a 79-unit assisted living facility in Devon, Pennsylvania. The entity is 99.99% owned by Juniper Communities, LLC.

- Juniper Village at Paramus, LLC, a limited liability company, which operates a 120-unit assisted living facility in Paramus, New Jersey. The entity is 99.99% owned by Juniper Communities, LLC.

**Note 2 - Summary of Significant Accounting Policies**

A summary of the significant accounting policies consistently applied in the preparation of the accompanying consolidated financial statements follows.

**Basis of Accounting**

The consolidated financial statements have been prepared using the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

**Use of Estimates**

The preparation of consolidated financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures of contingent assets and liabilities, at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

**Principles of Consolidation**

The Company consolidates the entities in which it exercises control and may or may not own a majority interest. All intercompany accounts and transactions have been eliminated in consolidation. The Company and these entities are referred to collectively as the Companies.

**Presentation of Cash Flows**

For purposes of reporting cash flows, the Company includes all cash accounts, which are not subject to withdrawal restrictions or penalties, and all highly-liquid debt instruments purchased with an original maturity of three months or less as cash and cash equivalents on the accompanying consolidated balance sheet.

**Note 2 - Summary of Significant Accounting Policies (continued)**

**Accounts Receivable and Expected Credit Losses**

Accounts receivable are carried at the invoiced amounts, less an estimate made for expected credit losses, based on a review of all outstanding amounts. Management regularly evaluates individual receivables and considers financial condition, credit history, current economic conditions, and reasonable and supportable forecasts. Historical credit loss experience provides the basis for the estimation of expected credit losses. Unpaid balances remaining after the stated payment terms are considered past due. Recoveries of accounts receivable previously written off are recorded when received.

Accounts receivable consists of skilled nursing facility patient receivables, assisted living facility resident receivables, and independent living facility resident receivables.

Patient revenues and receivables from skilled nursing facilities are stated at the estimated net realizable amounts from patients and third party payors. Accounts receivable, net consists of the following at December 31:

| | 2025 | 2024 |
|---|---|---|
| Medicaid | **$ 847,853** | $ 1,441,815 |
| Medicare | **528,242** | 897,676 |
| Managed care | **567,715** | 521,288 |
| Veterans assistance | **608,586** | 617,415 |
| Private pay and other | **4,079,342** | 3,884,891 |
| | **6,631,738** | 7,363,085 |
| Allowance for expected credit losses | **(2,334,659)** | (3,643,763) |
| **Accounts Receivable, Net** | **$ 4,297,079** | $ 3,719,322 |

**Property and Equipment**

Property and equipment are carried at cost, less accumulated depreciation. Depreciation is provided for based upon straight-line and accelerated methods over the assets estimated useful lives. Construction-in-progress is stated at cost and represents costs incurred on projects that were not completed as of the consolidated balance sheet date. Maintenance and repairs of property and equipment are charged to operations and major improvements are capitalized. Upon retirement, sale, or other disposition of property and equipment, the cost and accumulated depreciation or amortization are eliminated from the accounts and gain or loss is included in operations.

**Note 2 - Summary of Significant Accounting Policies (continued)**

**Long-Lived Assets**

The Company accounts for long-lived assets, to be held and used, in accordance with the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 360, *Property, Plant, and Equipment*. This statement requires that long-lived assets, to be held and used, be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of an asset, to be held and used, is measured by a comparison of the carrying amount of an asset to future cash flows expected to be generated by the asset. If such an asset is considered to be impaired, the impairment to be recognized is measured by the amount in which the carrying amount of the asset exceeds the fair value of the asset. Management has concluded that no impairment reserves were required as of December 31, 2025 or 2024.

**Right-of-Use Assets and Liabilities**

The Company follows FASB ASC Topic 842, *Leases*, and determines if an arrangement is or contains a lease at inception, which is the date on which the terms of the contract are agreed to, and the agreement creates enforceable rights and obligations. A contract is or contains a lease when (i) explicitly or implicitly identified assets have been deployed in the contract and (ii) the Company obtains substantially all of the economic benefits from the use of that underlying asset, and directs how and for what purpose the asset is used during the term of the contract. The Company also considers whether its service arrangements include the right to control the use of an asset.

The Company made an accounting policy election available under Topic 842 not to recognize Right-of-Use (ROU) assets and lease liabilities for leases with a term of 12 months or less. For all other leases, ROU assets and lease liabilities are measured based on the present value of future lease payments over the lease term at the commencement date of the lease. The ROU assets also include any initial direct costs incurred and lease payments made at or before the commencement date and are reduced by any lease incentives. To determine the present value of lease payments, the Company made an accounting policy election available to nonpublic companies to utilize a risk-free borrowing rate (unless the rate is implicit in the lease), which is aligned with the lease term at the lease commencement date.

Future lease payments may include fixed rent escalation clauses or payments that depend on an index (such as the Consumer Price Index), which is initially measured using the index or rate at lease commencement. Subsequent changes of an index and other periodic market-rate adjustments to base rent are recorded in variable lease expense in the period incurred. Residual value guarantees or payments for terminating the lease are included in the lease payments only when it is probable they will be incurred.

**Note 2 - Summary of Significant Accounting Policies (continued)**

**Goodwill**

The Company has elected an accounting alternative as provided for in Accounting Standards Update (ASU) 2014-02, *Intangibles - Goodwill and Other* (Topic 350): *Accounting for Goodwill*, issued by FASB. Under this accounting alternative, goodwill is amortized on a straight-line basis over a period of 10 years. Pursuant to this election, the Company has amortized $25,113 and $475,417 of goodwill for the years ended December 31, 2025 and 2024, respectively. Also pursuant to the accounting alternative, the Company tests for goodwill impairment upon the occurrence of an event or circumstance that may indicate the fair value of the Company is less than its carrying amount and has elected to perform this test at the Company level. If events or circumstances are present that may indicate the fair value of the Company is less than its carrying value, the estimated fair value of the Company is compared to its carrying amount and an impairment loss is recognized for the excess of the carrying amount over fair value (if any), not to exceed the carrying amount of goodwill. No indicators of impairment were identified during the years ended December 31, 2025 and 2024.

**Derivatives**

The Company follows the FASB ASU 2014-03, *Derivatives and Hedging* (Topic 815) - *Accounting for Certain Receive-Variable, Pay-Fixed Interest Rate Swaps - Simplified Hedge Accounting Approach*, which provides for a simplified hedge accounting approach for private companies related to cash flow hedges meeting certain conditions. ASU 2014-03 requires that all derivatives be recognized in the consolidated balance sheet at their settlement value. Derivatives that are not hedges must be recorded at settlement value through earnings. If a derivative is a hedge, depending on whether the derivative is being used to hedge changes in settlement value or cash flows, changes in the settlement value of the derivative are either offset against the change in settlement value of the underlying assets or liabilities through earnings or recognized in other comprehensive earnings until the underlying hedged item is recognized in earnings. The ineffective portions of a derivative's change in settlement value are immediately recognized in earnings. The Company's interest rate swap agreements are discussed in Note 3.

**Resident and Patient Revenue**

Revenues are reported at the amount the Companies expect to receive in exchange for services provided. These amounts are due from residents, patients, or third-party payors, and include variable consideration for retroactive adjustments, if any, under reimbursed programs. Performance obligations are determined based on the nature of the service provided.

Under the Companies' senior living residency agreements, which are generally for a contract term of 30 days to one year, the Companies provide senior living services to residents for a stated daily or monthly fee. The Companies offer two different residency contract options (Type A and Type C). The Companies recognize revenue for housing services under independent living, assisted living, and memory care residency in accordance with the provisions of ASC 840, *Leases*. The Companies recognize revenue for skilled nursing residency, assistance with activities of daily living, memory care services, in-patient therapy, healthcare and personalized health services in accordance with ASC 606, *Revenue from Contracts with Customers*. The Companies have determined that the senior living services included under a daily or monthly fee have the same timing and pattern of transfer and are a series of distinct senior living services that are considered one performance obligation which is satisfied over time.

**Note 2 - Summary of Significant Accounting Policies (continued)**

**Resident and Patient Revenue (continued)**

*Skilled Nursing Facilities* - Skilled nursing care revenue represents fees charged to residents of a skilled nursing care facility. Reimbursements from Medicare for skilled nursing care are based upon prospectively determined patient classification rates. Amounts received under the Medicaid program for skilled care are based on established per diem rates that are generally less than established rates.

*Assisted Living, Memory Care, and Independent Living Facilities* - Resident service revenue is recognized when earned. Residents are invoiced in advance each month. Revenues received in advance of the current period are recorded as deferred revenues.

The Companies' CCRC residency agreements require the resident to pay an upfront entrance fee prior to moving into the community, which is partially refundable in certain circumstances. The non-refundable portion of the entrance fee is recorded as deferred revenue and is amortized into income using the straight-line method over the annually adjusted estimated remaining life expectancies of the residents. The refundable portion of the entrance fee is generally refundable within a certain number of months or days following contract termination and is not amortized. The Companies had no refundable entrance fees in 2025 and 2024.

*Statutory Liquid Reserves on Brookline CCRC* - By regulation of the state of Pennsylvania's Department of Insurance, the Company's Brookline SNF affiliate must maintain Statutory Liquid Reserves in an amount equal to the greater of (a) the total of all principal and interest payments due during the next 12 months or (b) 10% of projected annual operating expenses (noting that the Statutory Liquid Reserves can be computed only on the proportional share that is applicable to residents under continuing care agreements at the end of the provider's most recent fiscal year). Using method (a) above, management has calculated these Statutory Liquid Reserves to be approximately $43,000 and $50,000 at December 31, 2025 and 2024, respectively.

*Statutory Liquid Reserves on Bucks County CCRC* - Using method (b) above, management has calculated these Statutory Liquid Reserves to be approximately $298,000 and $374,000 at December 31, 2025 and 2024, respectively.

*Revenues at Brookline CCRC* - By regulation of the state of Pennsylvania's Department of Insurance, the Company's Brookline SNF affiliate must disclose the non-refundable portion of entrance fees received by its residents who have signed continuing care agreements (Deferred Revenues). Management has determined that Deferred Revenues for its residents who have signed continuing care agreements was $165,798 and $284,662 as of December 31, 2025 and 2024, respectively.

*Deferred Revenues at Bucks County CCRC* - By regulation of the state of Pennsylvania's Department of Insurance, the Company's Bucks County affiliate must disclose the non-refundable portion of entrance fees received by its residents who have signed continuing care agreements (Deferred Revenues). Management has determined that the Deferred Revenues for its residents who have signed continuing care agreements was $619,969 and $804,201 as of December 31, 2025 and 2024, respectively.

## Note 2 - Summary of Significant Accounting Policies (continued)

### Insurance

The Company and subsidiaries purchase professional and general liability insurance. Provisions for estimated settlements, including incurred but not reported claims, are provided on an undiscounted basis in the period of related coverage. These provisions are based on the Company and subsidiaries' evaluations of the merits of the individual claims, an analysis of claim history, and the estimated reserves assigned by the Company and subsidiaries' insurer. Any adjustments resulting from the Company and subsidiaries' review are reflected in current earnings.

The Company and subsidiaries' workers' compensation program consists of a traditional premium-based workers' compensation policy through the applicable state-sponsored program.

### Debt Issuance Costs

Debt issuance costs are capitalized and amortized to interest expense on a straight-line basis over the lives of the related debt agreements. Gross debt issuance costs totaling approximately $2,930,000 and $2,618,000 and are reported net of accumulated amortization of approximately $1,056,000 and $1,192,000 at December 31, 2025 and 2024, respectively. Total amortization recognized in interest expense totaled approximately $551,800 and $274,000 for the years ended December 31, 2025 and 2024, respectively. In 2025 and 2024, costs of approximately $688,000 and $782,000, respectively, and the related accumulated amortization of $507,000 and $481,000, respectively, were written off due to refinanced and closed loans.

### Advertising and Marketing

Advertising and marketing costs are included in general services expense on the accompanying consolidated statement of operations and comprehensive income (loss) and are expensed when incurred. Advertising and marketing expenses in 2025 and 2024 totaled $5,226,682 and $4,325,833, respectively.

### Income Taxes

The Company and its subsidiaries are partnerships or limited liability companies. They file all of their required federal, state, and local income tax returns and have taken the tax position that they are pass-through entities for all applicable jurisdictions. As pass-through entities, any income taxes are attributable to the owners. Accounting principles generally accepted in the United States of America (U.S. GAAP) require management to evaluate tax positions taken by the Companies, including whether the entity is exempt from income taxes. Management evaluated the tax positions taken and concluded that the Companies had taken no uncertain tax positions that require recognition or disclosure in the consolidated financial statements. Therefore, no provision or liability for income taxes has been included in the consolidated financial statements. With few exceptions, the Companies are no longer subject to income tax examinations by the U.S. Federal, state, or local tax authorities for the years before 2022.

**Note 3 - Derivative Contracts**

On January 12, 2024, the Company entered into an interest rate swap agreement designed to hedge interest rate risk by converting variable rate debt to a fixed rate on a $7,000,000 mortgage loan received by Juniper Village at Monroeville, LLC and Juniper Village at South Hills, LLC. At December 31, 2025 and 2024, the notional amount of this agreement's receive-variable/pay-fixed interest rate swap was $7,000,000.

On April 14, 2022, the Company entered into an interest rate swap agreement on a $27,325,000 mortgage loan received by Juniper Village at State College Operations I, LLC, Juniper Village at State College Operations II, LLC, Juniper Village at State College Operations III, LLC, Juniper State College RE Holdings I, LLC, Juniper State College RE Holdings II, LLC, and Juniper State College RE Holdings III, LLC with a notional amount of $23,063,766 and $23,640,457 at December 31, 2025 and 2024, respectively.

On April 3, 2020, the Company entered into an interest rate swap agreement designed to hedge interest rate risk by converting variable rate debt to a fixed rate on a $12,225,000 mortgage loan received by Juniper Village at Lebanon, LLC and Juniper Village at Mount Joy, LLC. The mortgage loan was refinanced in April 2025 and the swap was terminated.

On December 9, 2016, the Company entered into an interest rate swap agreement designed to hedge interest rate risk by converting variable rate debt to a fixed rate on a $10,238,000 mortgage loan received by Juniper Bensalem RE Holdings, LLC and Juniper Village at Bensalem Operations, LLC. The mortgage loan was refinanced in January 2024 and the swap was terminated.

In accordance with ASC Topic 815, the Company recorded a derivative asset of $820,615 and $1,838,210 as of December 31, 2025 and 2024, respectively, which is recorded as interest rate swap asset in the consolidated balance sheet. The asset represents the present value of the increase in interest over the remaining terms of the long-term debt. The Company recorded a derivative liability of $111,178 and $-0- as of December 31, 2025 and 2024, respectively, which is recorded as interest rate swap liability in the consolidated balance sheet. The liability represents the present value of the decrease in interest over the remaining terms of the long-term debt. The Company recognized a corresponding charge to accumulated other comprehensive income, a component of equity. Derivative financial instruments are subject to various risks similar to nonderivative financial instruments, including market, credit, and liquidity. Risks may arise from unanticipated movements in interest rates or the ability of the counterparty to meet its obligations under the swap contract due to the occurrence of a credit event.

**Note 4 - Net Resident and Patient Service Revenue and Accounts Receivable**

Under ASC 606, the Company recognizes revenue in the consolidated statement of operations and comprehensive income (loss) and accounts receivable on the consolidated balance sheet only when services have been provided. Since the Company has performed its obligation under the contract, it has unconditional rights to the consideration recorded as accounts receivable.

**Note 4 - Net Resident and Patient Service Revenue and Accounts Receivable (continued)**

Under ASC 606, payments that the Company receives from residents in advance of providing services represent contract liabilities. Such payments primarily relate to private pay patients, which are billed monthly in advance, as well as unamortized entrance fees. Contract liabilities were approximately $2,678,000 and $2,557,000 at December 31, 2025 and 2024, respectively.

The Company generates revenues, primarily by providing housing and healthcare services to its residents. Revenues are recognized when control of the promised goods or services are transferred to the residents, in an amount that reflects the consideration the Company expects to be entitled to from residents, patients, third-party payors (including government programs and insurers) and others, in exchange for those goods and services. Revenues are recognized as performance obligations are satisfied, which is over time as rendered throughout the length of service. Performance obligations are determined based on the nature of the services provided. The majority of the Company's healthcare services represent a bundle of services that are not capable of being distinct and as such, are treated as a single performance obligation satisfied over time as services are rendered.

The Company determines the transaction price based on contractually agreed-upon amounts or rates, adjusted for estimates of variable consideration, such as implicit price concessions. The Company utilizes the expected value method to determine the amount of variable consideration that should be included to arrive at the transaction price, using contractual agreements and historical reimbursement experience within each payor type. Net revenues are recorded only to the extent that it is probable that a significant reversal in the amount of the cumulative revenue recognized will not occur in the future.

The Company disaggregates revenue from contracts with residents by payor type. The Company notes that disaggregation of revenue into these categories achieves the disclosure objectives to depict how the nature, amount, timing, and uncertainty of revenue and cash flows are affected by economic factors. The payment terms and conditions within the Company's revenue-generating contracts vary by contract type and payor source.

Net nursing care service revenue and accounts receivable are reported at estimated net realizable amounts. A significant portion of the Company's services revenues are derived from servicing patients under the Medicare and Medicaid programs.

Amounts received under the Medicare program are subject to review and final determination by program intermediaries or their agents. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and amounts are adjusted to revenue in future periods as adjustments become known or as years are no longer subject to audits, reviews, and investigations. Reasonable provision has been made in the accompanying financial statements for anticipated adjustments. The reduction in realizable receivables from contracts with residents is generally related to private pay patients.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management of the facilities believes that they are in compliance with all applicable laws and regulations and are not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and/or Medicaid programs.

### Note 4 - Net Resident and Patient Service Revenue and Accounts Receivable (continued)

Net resident and patient service revenue disaggregated by payor type at December 31 are as follows:

| | 2025 Net Service Revenue (Net of Contractual (Allowance) | 2024 Net Service Revenue (Net of Contractual (Allowance) |
|---|---|---|
| Medicaid | **$ 10,163,744** | $ 10,068,809 |
| Medicare | **2,378,174** | 2,269,775 |
| Managed care | **2,646,973** | 1,739,974 |
| Veterans assistance | **2,331,229** | 2,533,279 |
| Private pay and other | **104,365,021** | 90,582,870 |
| | **$ 121,885,141** | $ 107,194,707 |

### Note 5 - Related Party Transactions

#### Management Fees

The Company and subsidiaries are managed by two affiliates, Juniper Partners, LLC, which is also the general partner of most of the subsidiaries and members of the Company, and Juniper Management, LLC. Management fees in the amount of $511,483 and $496,595 were incurred and payable to Juniper Partners, LLC in 2025 and 2024, respectively.

Management fees in the amount of $6,704,170 and $5,852,276 were incurred and payable to Juniper Management, LLC in 2025 and 2024, respectively. Amounts unpaid at December 31, 2025 and 2024 for these management fees were $6,714,200 and $5,380,100, respectively, and are included in accounts payable and accrued expenses in the consolidated financial statements.

Additionally, the operating entities reimbursed Juniper Partners, Inc., affiliated through common ownership, for certain reimbursable expenses which totaled approximately $1,119,000 and $1,050,000 in 2025 and 2024, respectively. Amounts unpaid at December 31, 2025 and 2024 for these reimbursements were approximately $5,174,000 and $3,469,000, respectively, and are included in accounts payable and accrued expenses in the consolidated financial statements.

## Note 5 - Related Party Transactions (continued)

### Advances

The Company and various affiliates advance non-interest bearing funds to each other in the normal course of business. The following table presents amounts due from/(to) affiliates at December 31:

| | 2025 | 2024 |
|---|---|---|
| Juniper Partners, Inc. | **$ 1,021,333** | $ 1,740,386 |
| Juniper Partners, LLC | **(12,075)** | 28,797 |
| Juniper's Properties, LP I | **1,350** | 1,350 |
| Juniper's Properties, LP II | **(495,520)** | (495,520) |
| Juniper's Fund for Health Care Alternatives II, LP | **8,400** | 8,400 |
| Juniper's Fund for Health Care Alternatives I, LP | **12,638** | 12,638 |
| Juniper Management, LLC | **(301,870)** | (336,730) |
| Juniper's Communities PA Acquisitions, LP | **4,050** | 4,050 |
| Juniper Redwood | **435,912** | 403,137 |
| Other | **18,439** | (137,661) |
| | **$ 692,657** | $ 1,228,847 |
| Due from affiliates, net | **$ 1,839,129** | $ 2,348,772 |
| Due to affiliates, net | **(1,146,472)** | (1,119,925) |
| | **$ 692,657** | $ 1,228,847 |

## Note 6 - Property and Equipment

Property and equipment consist of the following as of December 31:

| | 2025 | 2024 |
|---|---|---|
| Land and improvements | **$ 8,237,657** | $ 8,222,560 |
| Buildings and improvements | **97,314,308** | 88,161,352 |
| Furniture, fixtures, and equipment | **24,976,213** | 22,885,588 |
| Vehicles | **724,172** | 185,842 |
| | **131,252,350** | 119,455,342 |
| Construction in progress* | **-** | 147,000 |
| Accumulated depreciation | **(47,101,618)** | (40,821,011) |
| | **$ 84,150,732** | $ 78,781,331 |

*Not depreciated

### Note 7 - Goodwill

Goodwill consists of the following as of December 31:

| | 2025 | 2024 |
|---|---|---|
| Goodwill | **$ 9,131,967** | $ 8,901,136 |
| Accumulated amortization | **(8,710,696)** | (8,685,583) |
| | **$ 421,271** | $ 215,553 |

Annual amortization expense for the next five years is estimated to be $48,196.

### Note 8 - Long-Term Debt

Certain long-term debt consists of notes insured by the Federal Department of Housing and Urban Development (HUD), and uninsured notes. Under agreements insured by HUD, the Company is required to make monthly escrow deposits for property taxes, insurance, and replacement of certain property assets and is subject to restrictions as to certain operating policies and distributions to partners.

Long-term debt consists of the following as of December 31:

| | 2025 | 2024 |
|---|---|---|
| **Mortgage Notes - Insured by HUD** | | |
| Insured mortgage note payable, bearing interest at 5.30% per annum, collateralized by a first deed of trust on real and personal property of Juniper Park, LP. In December 2016, the Company entered into an Interest Reduction Modification Agreement. There were no changes to the outstanding principal of the mortgage, however, the interest rate on the mortgage was reduced from 5.30% to 3.90%. Interest and principal are payable in monthly installments of $18,946 through maturity in July 2040 | **$ 2,514,821** | $ 2,651,727 |
| Insured mortgage note payable of $6,975,000, bearing interest at 3.75% per annum, collateralized by a first deed of trust on the real and personal property of Juniper Village at Forest Hills, LLC. In July 2020, the Company entered into an Interest Reduction Mortgage Modification Agreement. There were no changes to the outstanding principal of the mortgage, however, the interest rate on the mortgage was reduced from 3.75% to 2.61%. The modified mortgage loan was payable in monthly installments of $24,223 for principal and interest through maturity in June 2051. This loan was refinanced in 2025 and is no longer insured by HUD | - | 5,543,860 |

**Note 8 - Long-Term Debt (continued)**

| | 2025 | 2024 |
|---|---|---|
| **Notes - Not Insured by HUD** | | |
| A $12,225,000 mortgage note with an interest rate swap agreement, bearing interest at a fixed rate of 2.81% per annum, collateralized by a first deed of trust on the property and operations of Juniper Village at Mount Joy, LLC and Juniper Village at Lebanon, LLC. Payments of interest only were payable in monthly installments from May 1, 2020 through March 1, 2022. Effective April 1, 2022, monthly principal payments of $18,693 plus interest were payable through April 2025 with a final balloon payment. This loan was refinanced in 2025 | **$ -** | $ 11,626,806 |
| A $8,586,830 mortgage note payable, bearing interest at a variable rate of one-month Term SOFR plus 2.80% per annum (6.66% and 7.38% at December 31, 2025 and 2024, respectively), collateralized by a first deed of trust on the property and operations of Juniper Village at Bensalem Operations, LLC and Juniper Bensalem RE Holdings, LLC. Payments of interest and principal are payable in equal monthly installments of $73,992 through February 1, 2028 with a final balloon payment. Additionally, the loan agreement requires that the entity satisfy certain measures of financial performance. For the year ended December 31, 2025, financial covenants were met | **8,027,539** | 8,319,343 |
| Juniper Communities, LLC issued three promissory notes totaling $2,100,000 to three different investors. Payments of interest and principal are payable in equal quarterly payments totaling $60,206 at 8.00% interest, commencing December 31, 2019 and continuing through October 1, 2024. The remaining outstanding principal balance of the notes, together with accrued and unpaid interest is due on October 1, 2026, the extended maturity date | **1,732,817** | 1,732,817 |

**Note 8 - Long-Term Debt (continued)**

| | 2025 | 2024 |
|---|---|---|
| **Notes - Not Insured by HUD (continued)** | | |
| A $27,325,000 mortgage note payable with an interest rate swap agreement to Orrstown Bank, dated April 14, 2022 bearing interest at a fixed interest rate of 5.09% per annum, collateralized by a first deed of trust on property and operations of Juniper Village at State College Operations I, LLC, Juniper State College RE Holdings, I, LLC, Juniper Village at State College Operations II, LLC, Juniper State College RE Holdings II, LLC, Juniper Village at State College Operations III, LLC, and Juniper State College RE Holdings III, LLC. Effective June 1, 2022, monthly principal payments of $45,996 plus varying interest are payable through April 14, 2032 | **$ 25,208,697** | $ 25,839,019 |
| A $3,000,000 mortgage note bearing interest at a variable rate of one- month Term SOFR plus 3.25% per annum with a floor of 7.00% (7.12% and 7.80% at December 31, 2025 and 2024, respectively), collateralized by a first deed of trust on the property and operations of Juniper Village at Meadville, LLC. Payments of interest only are payable in monthly installments from August 1, 2024 through July 1, 2025. Effective August 1, 2025, monthly installments of $22,764 of principal and interest are payable through June 20, 2028 with a final balloon payment. The monthly installments are deposited in a deposit account by the bank and will accrue interest. At maturity, the full principal balance will be deducted from the sinking fund and the Company will receive the earned interest. Additionally, the loan agreement requires that the entity satisfy certain measures of financial performance. For the year ended December 31, 2025, the financial covenants were met | **3,000,000** | 3,000,000 |

**Note 8 - Long-Term Debt (continued)**

| | 2025 | 2024 |
|---|---|---|
| **Notes - Not Insured by HUD (continued)** | | |
| A $7,000,000 mortgage note with an interest rate swap agreement, bearing interest at a fixed rate of 6.75% per annum, collateralized by a first deed of trust on the property and operations of Juniper Village at Monroeville, LLC and Juniper Village at South Hills, LLC. Payments of interest only are payable in monthly installments from March 1, 2024 through February 1, 2026. Effective March 1, 2026, monthly installments of $45,849 of principal and interest are payable through February 1, 2029 with a final balloon payment. Additionally, the loan agreement requires that the entity satisfy certain measures of financial performance. For the year ended December 31, 2025, the financial covenants were met | **$ 7,000,000** | $ 7,000,000 |
| A $6,500,000 mortgage note bearing interest at a fixed rate of 6.11% per annum, collateralized by a first deed of trust on the property and operations of Juniper Village at Forest Hills, LLC. Payments of interest only are payable in monthly installments from June 1, 2025 through May 1, 2030. Effective June 1, 2030, monthly installments of $39,432 of principal and interest are payable through May 2035 with a final balloon payment. Additionally, the loan agreement requires that the entity satisfy certain measures of financial performance. For the year ended December 31, 2025, the financial covenants were met | **6,500,000** | - |
| A $8,800,000 mortgage note bearing interest at a fixed rate of 6.11% per annum, collateralized by a first deed of trust on the property and operations of Juniper Village at Mount Joy, LLC. Payments of interest only are payable in monthly installments from June 1, 2025 through May 1, 2030. Effective June 1, 2030, monthly installments of $53,384 of principal and interest are payable through May 2035 with a final balloon payment. Additionally, the loan agreement requires that the entity satisfy certain measures of financial performance. For the year ended December 31, 2025, the financial covenants were met | **8,800,000** | - |

**Note 8 - Long-Term Debt (continued)**

| | 2025 | 2024 |
|---|---|---|
| **Notes - Not Insured by HUD (continued)** | | |
| A $11,950,000 mortgage note bearing interest at a fixed rate of 2.81% per annum, collateralized by a first deed of trust on the property and operations of Juniper Village at Lebanon, LLC. Payments of interest only are payable in monthly installments from June 1, 2025 through May 1, 2030. Effective June 1, 2030, monthly installments of $72,494 of principal and interest are payable through May 2035 with a final balloon payment. Additionally, the loan agreement requires that the entity satisfy certain measures of financial performance. For the year ended December 31, 2025, the financial covenants were met | **$ 11,950,000** | $ - |
| | **74,733,874** | 65,713,572 |
| Current portion of long-term debt | **(2,908,298)** | (14,526,554) |
| Current portion of debt issuance costs | **379,855** | 381,070 |
| Unamortized debt issuance costs | **(1,874,046)** | (1,425,370) |
| | **$ 70,331,385** | $ 50,142,718 |

The scheduled principal payments on long-term debt, assuming no change in current terms, during the next five years are as follows:

| | Principal | Debt Issuance Costs Amortization | Net |
|---|---|---|---|
| 2026 | **$ 2,908,298** | **$ (379,855)** | **$ 2,528,443** |
| 2027 | **1,283,456** | **(386,299)** | **897,157** |
| 2028 | **11,294,312** | **(301,787)** | **10,992,525** |
| 2029 | **7,699,161** | **(160,189)** | **7,538,972** |
| 2030 | **1,134,115** | **(137,575)** | **996,540** |

**Note 9 - Leases**

The Company has various facility leases expiring through 2045, which are considered to be operating leases and various equipment leases expiring in 2028, which are considered to be finance leases. Operating lease cost is recognized on a straight-line basis over the lease term.

**Note 9 - Leases (continued)**

The components of lease expense are as follows for the years ended December 31:

| | 2025 | 2024 |
|---|---|---|
| Operating lease costs | **$ 10,742,058** | $ 7,328,569 |
| Finance lease costs, amortization of ROU assets | **301,795** | 152,041 |
| Finance lease costs, interest on lease liability | **125,252** | 52,042 |
| | **$ 11,169,105** | $ 7,532,652 |
| **Weighted-Average Remaining Lease Term** | | |
| Operating leases | **12.36 Years** | 4.70 Years |
| Finance leases | **3.96 Years** | 3.96 Years |
| **Weighted-Average Discount Rate** | | |
| Operating leases | **4.05%** | 3.00% |
| Finance leases | **10.34%** | 7.24% |

Future undiscounted cash flows for each of the next five years and thereafter and a reconciliation to the lease liabilities recognized on the consolidated balance sheet are as follows as of December 31:

| | Operating Leases | Finance Leases |
|---|---|---|
| 2026 | **$ 11,251,827** | **$ 523,270** |
| 2027 | **11,477,393** | **523,270** |
| 2028 | **3,809,904** | **496,886** |
| 2029 | **3,886,102** | **255,163** |
| 2030 | **3,963,824** | **171,133** |
| Thereafter | **65,898,226** | **2,904** |
| **Total Lease Payments** | **100,287,276** | **1,972,626** |
| Imputed interest | **(30,697,140)** | **(389,607)** |
| **Total Present Value of Lease Liabilities** | **$ 69,590,136** | **$ 1,583,019** |
| Operating or finance lease liabilities, current portion | **$ 8,409,529** | **$ 379,138** |
| Operating or finance lease liabilities, net of current portion | **61,180,607** | **1,203,881** |
| | **$ 69,590,136** | **$ 1,583,019** |

**Note 9 - Leases (continued)**

An analysis of leased property under finance leases consists of the following as of and for the years ended December 31:

| | 2025 | 2024 |
|---|---|---|
| Furniture and fixtures | **$ 2,117,900** | $ 985,302 |
| Accumulated amortization | **(556,277)** | (254,482) |
| | **$ 1,561,623** | $ 730,820 |
| Amortization expense | **$ 301,795** | $ 152,041 |

The Company and subsidiaries lease various equipment under short-term operating leases. Rental expense for the equipment in 2025 and 2024 was approximately $436,800 and $364,000, respectively.

**Note 10 - Defined Contribution Pension Plan**

The Company sponsors a defined contribution pension plan. Contributions to the plan for 2025 and 2024 were $204,459 and $195,647, respectively.

**Note 11 - Commitments and Contingencies**

**Letter of Credit**

As a condition of the sale-leaseback transaction in 2012 (see Note 14), the Company was required to deliver to the Lessor (the REIT) an unconditional, irrevocable, transferrable letter of credit, to secure the Company's obligations under the lease. The required amount of the letter of credit shall be equal to four times the monthly minimum rent under the lease, as adjusted annually. The letter of credit was approximately $2,468,000 and $2,440,000 at December 31, 2025 and 2024, respectively.

**Legal Actions**

The Company and subsidiaries are parties to various other legal matters arising in the ordinary course of business including patient care related claims and litigation. The Company and subsidiaries believe that the resolution of such matters will not result in liability materially in excess of accounting accruals established with respect to such matters.

**Self-Insured Health Insurance**

During 2025, the Company began sponsoring a self-funded employee benefit plan to provide healthcare benefits and services for its eligible employees and their dependents. The Company contracts with a third-party administrator to provide certain administrative and other services in connection with the plan. The contract also provides for a schedule of excess loss of $125,000 at December 31, 2025 per participant and approximately $2,000,000 in the aggregate at December 31, 2025. The Company believes all costs associated with the self-insured program have been properly recorded at December 31, 2025.

## Note 12 - Restricted Deposits and Reserves

Restricted deposits and reserves as of December 31 are as follows:

| | 2025 | 2024 |
|---|---|---|
| Security deposits | **$ 64,724** | $ 86,263 |
| Taxes and insurance escrows | **1,939,634** | 1,161,605 |
| Replacement reserves | **2,264,092** | 2,409,481 |
| Cash collateral on letter of credit | **2,468,081** | 2,439,868 |
| Debt service revenue | **178,353** | 150,316 |
| | **$ 6,914,884** | $ 6,247,533 |

The tax and insurance escrows are maintained to pay real estate taxes and property insurance. The replacement reserves represent funds that are required by the Department of Housing and Urban Development to be set aside for the repair and improvement of the Companies' facilities. Written approval is required from HUD for all disbursements.

## Note 13 - Concentration of Credit Risk

Financial instruments, which potentially subject the Company and its subsidiaries to concentrations of credit risk, consist of cash and cash equivalents on deposit with banks, and accounts receivable. Cash is on deposit with reputable banks that are covered by the FDIC. At times, such deposits may be in excess of the FDIC insurance limit. No losses have been experienced on such deposits. To reduce risk of bad debts, the Company and its subsidiaries perform ongoing credit evaluations of their residents' financial condition and generally do not require collateral.

The Company and its subsidiaries' operations are concentrated in the health care market. In addition, the Company and its subsidiaries operate in a heavily regulated environment. The operations of the Company and its subsidiaries are subject to the administrative directives, rules and regulations of federal, state, and local regulatory agencies, including, but not limited to, Medicare and Medicaid. Such administrative directives, rules and regulations are subject to change by an act of Congress. Such changes may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden to comply with a change.

## Note 14 - Sale-Leaseback Transaction

In December 2012, the Company entered into a sale-leaseback agreement with a Real Estate Investment Trust (REIT). The Company received approximately $82,000,000 in exchange for the land, buildings, improvements, furniture and equipment of four facilities and the stock of a fifth facility. The assets were simultaneously leased back from the REIT for a period of 15 years. The lease requires fixed minimum base rent and contains provisions for specified annual increases. It is a triple net lease which requires the lessee to pay all taxes, insurance, maintenance and repairs, capital and non-capital expenditures, and other costs necessary in the operations of the facilities. The lease has been accounted for as an operating lease and the gain of approximately $60,571,000 has been deferred and will be amortized over the term of the lease.

Amortization of the deferred gain amounted to approximately $4,038,000 for 2025 and 2024 and is estimated to be approximately $4,038,000 for each of the next two years.

### Note 15 - Acquisitions

During the year ended December 31, 2025, the Company made two entity acquisitions, for a combined purchase price of $7,750,000. The purchase price included property and equipment and intangibles. The purchase price allocation consisted of the following: $7,519,169 property and equipment and $230,831 goodwill.

### Note 16 - Reclassifications

Certain reclassifications were done to the 2024 information to conform to the 2025 presentation. These reclassifications did not have any effect on net income or comprehensive income.

### Note 17 - Subsequent Events

The Company has evaluated subsequent events through April 29, 2026. This date is the date the consolidated financial statements were available to be issued. No material events subsequent to December 31, 2025 were noted.

## Juniper Communities, LLC and Subsidiaries

Consolidating Balance Sheet
December 31, 2025

| | Juniper Communities, LLC and Subsidiaries | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Facility 1 | Facility 2 | Facility 3 | Facility 4 | Facility 5 | Facility 6 | Facility 7 | Facility 8 |
| | Juniper Communities, LLC | Juniper Communities - LTC, LLC | Cordia Commons at Williamstown, LP | Juniper Village at Chatham, LLC Lease of 95-Unit ALF Chatham, NJ | Juniper Village at Williamstown, LLC (Village Bldg) 38-Unit ALF Williamstown, NJ | Juniper Village at Williamstown, LLC (Wellspring Bldg) 36-Unit ALF Williamstown, NJ | Cordia Commons at Meadville, LLC 70-Unit ALF Meadville, PA | Wellspring at Louisville, LP 52-Unit ALF Louisville, CO | Wellspring at Aurora, GP 48-Unit ALF Aurora, CO | Juniper Village at Forest Hills, LLC 71-Unit ALF Forest Hills, PA | Juniper Village at Mount Joy, LLC 63-Unit ALF Mount Joy, PA |
| **Assets** | | | | | | | | | | | |
| Current Assets | | | | | | | | | | | |
| Cash and cash equivalents | $ 7,930,634 | $ - | $ - | $ 1,584,873 | $ 113,922 | $ 44,116 | $ 178,536 | $ 716,170 | $ 701,088 | $ 513,532 | $ 520,849 |
| Accounts receivable, net | 253,000 | - | - | 254,339 | 72,463 | 65,139 | 3,219 | 20,237 | 46,937 | 5,469 | 141,422 |
| Prepaid expenses and other current assets | - | - | - | 60,700 | 25,517 | 16,678 | 11,826 | 26,153 | 13,338 | 36,751 | 46,579 |
| Total Current Assets | 8,183,634 | - | - | 1,899,912 | 211,902 | 125,933 | 193,580 | 762,560 | 761,363 | 555,752 | 708,850 |
| Investments in Consolidated Subsidiaries | (21,212,560) | - | 10,093,003 | - | - | - | - | - | - | - | - |
| Restricted Deposits and Reserves | - | 2,468,081 | - | (3,385) | 197,621 | 227,795 | 121,001 | 244,410 | 303,428 | 297,174 | 314,794 |
| Statutory Liquid Reserve | - | - | - | - | - | - | - | - | - | - | - |
| Property and Equipment, Net | - | - | - | 769,718 | 374,754 | 357,663 | 1,497,561 | 655,607 | 830,528 | 4,048,747 | 5,301,736 |
| Other Assets | | | | | | | | | | | |
| Right-of-use assets, operating leases | - | 14,223,117 | - | 7,072,583 | 1,327,429 | 1,327,429 | - | 2,372,975 | 2,195,004 | - | - |
| Right-of-use assets, financing leases, net | - | - | - | 93,416 | - | - | - | 36,584 | - | - | - |
| Due from affiliates, net | 27,159,281 | - | - | 187 | - | - | 1,916 | - | - | 1,124,495 | 4,844,292 |
| Goodwill, net | - | - | - | - | - | - | - | - | - | - | - |
| Interest rate swap asset | - | - | - | - | - | - | - | - | - | - | - |
| Total Other Assets | 27,159,281 | 14,223,117 | - | 7,166,186 | 1,327,429 | 1,327,429 | 1,916 | 2,409,559 | 2,195,004 | 1,124,495 | 4,844,292 |
| Total Assets | $ 14,130,355 | $ 16,691,198 | $ 10,093,003 | $ 9,832,431 | $ 2,111,706 | $ 2,038,820 | $ 1,814,048 | $ 4,072,136 | $ 4,090,323 | $ 6,026,168 | $ 11,169,672 |
| ***Liabilities and Members' Equity (Deficit)*** | | | | | | | | | | | |
| Current Liabilities | | | | | | | | | | | |
| Accounts payable and accrued expenses | $ 125,701 | $ 128,451 | $ - | $ 444,120 | $ 629,061 | $ 618,880 | $ 924,754 | $ 272,320 | $ 363,130 | $ 282,912 | $ 211,736 |
| Deferred revenues | - | - | - | 434,512 | 62,015 | 33,169 | 8,276 | 4,915 | 47,892 | 5,080 | 11,482 |
| Resident security deposits | - | - | - | - | - | - | - | - | - | - | - |
| Long-term debt, current portion | 1,732,817 | - | - | - | - | - | (53,627) | - | - | (17,333) | (21,434) |
| Operating lease liabilities, current portion | - | 7,243,256 | - | 3,601,780 | 676,006 | 676,006 | - | 1,208,460 | 1,117,826 | - | - |
| Finance lease liabilities, current portion | - | - | - | 15,018 | - | - | - | 9,892 | - | - | - |
| Total Current Liabilities | 1,858,518 | 7,371,707 | - | 4,495,430 | 1,367,082 | 1,328,055 | 879,403 | 1,495,587 | 1,528,848 | 270,659 | 201,784 |
| Long-Term Liabilities | | | | | | | | | | | |
| Long-term debt, net of current portion | - | - | - | - | - | - | 2,819,968 | - | - | 6,355,561 | 8,621,382 |
| Operating lease liabilities, net of current portion | - | 7,636,740 | - | 3,797,444 | 712,730 | 712,730 | - | 1,274,109 | 1,178,550 | - | - |
| Finance lease liabilities, net of current portion | - | - | - | 78,398 | - | - | - | 26,692 | - | - | - |
| Deferred gain from REIT transaction | - | - | - | 3,284,477 | 1,125,428 | 1,128,583 | - | 1,229,429 | 1,187,225 | - | - |
| Interest rate swap liability | - | - | - | - | - | - | - | - | - | - | - |
| Due to affiliates, net | 504,356 | 2,587,081 | - | 5,853,601 | 4,188,663 | 3,638,266 | 818,689 | 1,218,800 | 2,046,978 | - | - |
| Total Long-Term Liabilities | 504,356 | 10,223,821 | - | 13,013,920 | 6,026,821 | 5,479,579 | 3,638,657 | 3,749,030 | 4,412,753 | 6,355,561 | 8,621,382 |
| Total Liabilities | 2,362,874 | 17,595,528 | - | 17,509,350 | 7,393,903 | 6,807,634 | 4,518,060 | 5,244,617 | 5,941,601 | 6,626,220 | 8,823,166 |
| Members' Equity (Deficit) | | | | | | | | | | | |
| Members' equity (deficit) | 11,767,481 | (904,330) | 10,093,003 | (7,676,919) | (5,282,197) | (4,768,814) | (2,704,012) | (1,172,481) | (1,851,278) | (600,052) | 2,346,506 |
| Accumulated other comprehensive income (loss) | - | - | - | - | - | - | - | - | - | - | - |
| Noncontrolling interest | - | - | - | - | - | - | - | - | - | - | - |
| Total Members' Equity (Deficit) | 11,767,481 | (904,330) | 10,093,003 | (7,676,919) | (5,282,197) | (4,768,814) | (2,704,012) | (1,172,481) | (1,851,278) | (600,052) | 2,346,506 |
| Total Liabilities and Members' Equity (Deficit) | $ 14,130,355 | $ 16,691,198 | $ 10,093,003 | $ 9,832,431 | $ 2,111,706 | $ 2,038,820 | $ 1,814,048 | $ 4,072,136 | $ 4,090,323 | $ 6,026,168 | $ 11,169,672 |

Juniper Communities, LLC and Subsidiaries
Consolidating Balance Sheet (continued)
December 31, 2025

| | Juniper Communities, LLC and Subsidiaries | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Facility 9 | Facility 10 | Facility 11 | Facility 12 | Facility 13 | Facility 14 | Facility 15 | Facility 16 | Facility 17 | Facility 18 | Facility 19 |
| | Juniper Village at Lebanon, LLC 81-Unit ALF Lebanon, PA | Juniper Village at Lebanon, LLC 40-Unit ILF Lebanon, PA | Juniper Park LP 125-Bed SNF Denver, CO | Juniper Village at Brookline SNF 116-Bed SNF State College, PA | Juniper Village at Brookline Inn Pines 87-Unit ALF State College, PA | Juniper Village at Brookline Willows 33-Unit ILF State College, PA | Juniper Village at Brookline Wellspring 35-Unit ALF State College, PA | Juniper Village at Bucks County ILF 279-Unit ILF Bensalem, PA | Juniper Village at Bucks County SL 60-Unit ALF Bensalem, PA | Juniper Village at Bucks County SNF 17-Unit SNF Bensalem, PA | Juniper Village at Preston Hollow, LLC 102-Unit ALF Dallas, TX |
| ***Assets*** | | | | | | | | | | | |
| Current Assets | | | | | | | | | | | |
| Cash and cash equivalents | $ 1,101,082 | $ 730,553 | $ 228,460 | $ 472,403 | $ 768,388 | $ 858,259 | $ 910,284 | $ 61,299 | $ 79,173 | $ 67,905 | $ (21,631) |
| Accounts receivable, net | 144,507 | 626 | 1,912,438 | 182,981 | 103,867 | 4,742 | 23,639 | 147,900 | 21,142 | 382,318 | 24,554 |
| Prepaid expenses and other current assets | 30,540 | 3,216 | 52,204 | 130,840 | 163,730 | 11,097 | 51,372 | 301,659 | 5,029 | 5,029 | 29,222 |
| Total Current Assets | 1,276,129 | 734,395 | 2,193,092 | 786,224 | 1,035,985 | 874,098 | 985,295 | 510,858 | 105,344 | 455,252 | 32,145 |
| Investments in Consolidated Subsidiaries | - | - | - | - | - | - | - | - | - | - | - |
| Restricted Deposits and Reserves | 529,286 | - | 1,116,391 | 387,508 | - | - | - | - | - | - | - |
| Statutory Liquid Reserve | - | - | - | 43,000 | - | - | - | 264,744 | - | - | - |
| Property and Equipment, Net | 3,535,008 | 4,696,311 | 601,513 | - | - | - | - | - | - | - | 4,714,189 |
| Other Assets | | | | | | | | | | | |
| Right-of-use assets, operating leases | - | - | - | 5,776,985 | 6,602,268 | - | 2,200,756 | 710,193 | 177,548 | 177,548 | - |
| Right-of-use assets, financing leases, net | 113,993 | - | 94,751 | 152,625 | - | - | - | 128,065 | - | - | 395,960 |
| Due from affiliates, net | 3,661,739 | - | - | - | 2,546,912 | 228,374 | 1,018,799 | - | 618,914 | 55 | - |
| Goodwill, net | - | - | - | - | - | - | - | - | - | - | - |
| Interest rate swap asset | - | - | - | - | - | - | - | - | - | - | - |
| Total Other Assets | 3,775,732 | - | 94,751 | 5,929,610 | 9,149,180 | 228,374 | 3,219,555 | 838,258 | 796,462 | 177,603 | 395,960 |
| Total Assets | $ 9,116,155 | $ 5,430,706 | $ 4,005,747 | $ 7,146,342 | $ 10,185,165 | $ 1,102,472 | $ 4,204,850 | $ 1,613,860 | $ 901,806 | $ 632,855 | $ 5,142,294 |
| ***Liabilities and Members' Equity (Deficit)*** | | | | | | | | | | | |
| Current Liabilities | | | | | | | | | | | |
| Accounts payable and accrued expenses | $ 348,749 | $ 86,174 | $ 1,998,576 | $ 364,559 | $ 226,876 | $ 56,192 | $ 129,946 | $ 5,088,666 | $ 1,624,138 | $ 1,027,296 | $ 1,232,222 |
| Deferred revenues | 128,345 | 31,221 | 169,451 | 318,355 | 146,744 | 31,246 | 65,847 | 771,081 | 36,545 | 46,587 | 19,185 |
| Resident security deposits | - | - | 46,886 | - | 12,600 | - | - | - | - | - | - |
| Long-term debt, current portion | (61,276) | - | 131,178 | - | - | - | - | - | - | - | - |
| Operating lease liabilities, current portion | - | - | - | 592,660 | 677,325 | - | 219,775 | 710,193 | 177,548 | 177,548 | - |
| Finance lease liabilities, current portion | 30,822 | - | 18,278 | 23,662 | - | - | - | 21,728 | - | - | 76,699 |
| Total Current Liabilities | 446,640 | 117,395 | 2,364,369 | 1,299,236 | 1,063,545 | 87,438 | 415,568 | 6,591,668 | 1,838,231 | 1,251,431 | 1,328,106 |
| Long-Term Liabilities | | | | | | | | | | | |
| Long-term debt, net of current portion | 11,465,345 | - | 2,296,030 | - | - | - | - | - | - | - | - |
| Operating lease liabilities, net of current portion | - | - | - | 5,184,326 | 5,924,943 | - | 1,980,981 | - | - | - | - |
| Finance lease liabilities, net of current portion | 83,171 | - | 76,473 | 128,963 | - | - | - | 106,337 | - | - | 319,261 |
| Deferred gain from REIT transaction | - | - | - | - | - | - | - | - | - | - | - |
| Interest rate swap liability | - | - | - | - | - | - | - | - | - | - | - |
| Due to affiliates, net | - | 318,157 | 407,846 | 69,875 | - | 3,247 | 3,247 | 7,102,554 | - | 864,470 | 1,270,358 |
| Total Long-Term Liabilities | 11,548,516 | 318,157 | 2,780,349 | 5,383,163 | 5,924,943 | 3,247 | 1,984,228 | 7,208,891 | - | 864,470 | 1,589,619 |
| Total Liabilities | 11,995,156 | 435,552 | 5,144,718 | 6,682,399 | 6,988,488 | 90,685 | 2,399,796 | 13,800,559 | 1,838,231 | 2,115,901 | 2,917,725 |
| Members' Equity (Deficit) | | | | | | | | | | | |
| Members' equity (deficit) | (2,879,001) | 4,995,154 | (1,138,971) | 463,943 | 3,196,677 | 1,011,787 | 1,805,054 | (12,186,699) | (936,425) | (1,483,046) | 2,224,569 |
| Accumulated other comprehensive income (loss) | - | - | - | - | - | - | - | - | - | - | - |
| Noncontrolling interest | - | - | - | - | - | - | - | - | - | - | - |
| Total Members' Equity (Deficit) | (2,879,001) | 4,995,154 | (1,138,971) | 463,943 | 3,196,677 | 1,011,787 | 1,805,054 | (12,186,699) | (936,425) | (1,483,046) | 2,224,569 |
| Total Liabilities and Members' Equity (Deficit) | $ 9,116,155 | $ 5,430,706 | $ 4,005,747 | $ 7,146,342 | $ 10,185,165 | $ 1,102,472 | $ 4,204,850 | $ 1,613,860 | $ 901,806 | $ 632,855 | $ 5,142,294 |

Juniper Communities, LLC and Subsidiaries
Consolidating Balance Sheet (continued)
December 31, 2025

| | Juniper Communities, LLC and Subsidiaries | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Facility 20 | Facility 21 | Facility 22 | Facility 23 | | | | | | | |
| | Juniper Village at South Hills, LLC 63-Unit ALF Pittsburgh, PA | Juniper Village at Monroeville, LLC 66-Unit ALF Monroeville, PA | Juniper Village at Devon, LLC 79-Unit ALF Devon, PA | Juniper Village at Paramus, LLC 120-Unit ALF Paramus, NJ | Juniper State College RE Holdings I, LLC | Juniper State College RE Holdings II, LLC | Juniper State College RE Holdings III, LLC | Juniper Bensalem RE Holdings LLC | Total Before Elimination / Reclassification | Elimination / Reclassification | Consolidated |
| ***Assets*** | | | | | | | | | | | |
| Current Assets | | | | | | | | | | | |
| Cash and cash equivalents | $ 174,962 | $ 516,239 | $ 71,588 | $ 308,551 | $ - | $ 191,564 | $ - | $ - | $ 18,822,788 | $ - | $ 18,822,788 |
| Accounts receivable, net | 23,571 | 12,178 | 32,833 | 417,568 | - | - | - | - | 4,297,079 | - | 4,297,079 |
| Prepaid expenses and other current assets | 63,717 | 53,898 | 73,564 | 45,849 | - | - | - | - | 1,258,508 | - | 1,258,508 |
| Total Current Assets | 262,250 | 582,315 | 177,985 | 771,968 | - | 191,564 | - | - | 24,378,375 | - | 24,378,375 |
| Investments in Consolidated Subsidiaries | - | - | - | - | - | - | - | - | (11,119,557) | 11,119,557 | - |
| Restricted Deposits and Reserves | - | - | - | 710,780 | - | - | - | - | 6,914,884 | - | 6,914,884 |
| Statutory Liquid Reserve | - | - | - | - | - | - | - | 33,256 | 341,000 | - | 341,000 |
| Property and Equipment, Net | 5,640,994 | 5,436,347 | 7,512,531 | 77,462 | 2,572,295 | 7,393,249 | 9,119,791 | 19,015,738 | 84,150,732 | - | 84,150,732 |
| Other Assets | | | | | | | | | | | |
| Right-of-use assets, operating leases | - | - | - | 54,262,782 | - | - | - | - | 98,426,617 | (29,940,717) | 68,485,900 |
| Right-of-use assets, financing leases, net | 315,398 | 230,831 | - | - | - | - | - | - | 1,561,623 | - | 1,561,623 |
| Due from affiliates, net | 896,623 | 5,650 | 11,532 | 227,504 | - | 12,493,856 | - | - | 54,840,129 | (53,001,000) | 1,839,129 |
| Goodwill, net | 7,348 | 183,092 | 230,831 | - | - | - | - | - | 421,271 | - | 421,271 |
| Interest rate swap asset | - | - | - | - | - | 820,615 | - | - | 820,615 | - | 820,615 |
| Total Other Assets | 1,219,369 | 419,573 | 242,363 | 54,490,286 | - | 13,314,471 | - | - | 156,070,255 | (82,941,717) | 73,128,538 |
| | $ 7,122,613 | $ 6,437,235 | $ 7,932,879 | $ 56,050,486 | $ 2,572,295 | $ 20,899,284 | $ 9,119,791 | $ 19,048,994 | $ 260,735,689 | $ (71,822,160) | $ 189,913,529 |
| ***Liabilities and Members' Equity (Deficit)*** | | | | | | | | | | | |
| Current Liabilities | | | | | | | | | | | |
| Accounts payable and accrued expenses | $ 1,257,143 | $ 361,519 | $ 306,658 | $ 465,449 | $ - | $ 120,057 | $ - | $ - | $ 18,695,285 | $ (1,521,248) | $ 17,174,037 |
| Deferred revenues | 76,497 | 23,480 | 49,235 | 157,045 | - | - | - | - | 2,678,205 | - | 2,678,205 |
| Resident security deposits | - | - | - | - | - | - | - | - | 59,486 | - | 59,486 |
| Long-term debt, current portion | 4,510 | 4,510 | - | - | - | 632,507 | - | 176,591 | 2,528,443 | - | 2,528,443 |
| Operating lease liabilities, current portion | - | - | - | 1,166,273 | - | - | - | - | 18,244,656 | (9,835,127) | 8,409,529 |
| Finance lease liabilities, current portion | 106,560 | 76,489 | - | - | - | - | - | - | 379,138 | - | 379,138 |
| Total Current Liabilities | 1,444,700 | 465,998 | 355,893 | 1,788,767 | - | 752,564 | - | 176,591 | 42,585,213 | (11,356,375) | 31,228,838 |
| Long-Term Liabilities | | | | | | | | | | | |
| Long-term debt, net of current portion | 3,404,019 | 3,404,018 | - | - | - | 24,381,786 | - | 7,583,276 | 70,331,385 | - | 70,331,385 |
| Operating lease liabilities, net of current portion | - | - | - | 53,543,867 | - | - | - | - | 81,946,419 | (20,765,812) | 61,180,607 |
| Finance lease liabilities, net of current portion | 204,374 | 180,212 | - | - | - | - | - | - | 1,203,881 | - | 1,203,881 |
| Deferred gain from REIT transaction | - | - | - | - | - | - | - | - | 7,955,142 | - | 7,955,142 |
| Interest rate swap liability | - | 111,178 | - | - | - | - | - | - | 111,178 | - | 111,178 |
| Due to affiliates, net | - | 2,913,189 | 42,699 | 824,055 | 2,945,798 | - | 10,560,686 | 5,867,806 | 54,050,421 | (52,903,949) | 1,146,472 |
| Total Long-Term Liabilities | 3,608,393 | 6,608,597 | 42,699 | 54,367,922 | 2,945,798 | 24,381,786 | 10,560,686 | 13,451,082 | 215,598,426 | (73,669,761) | 141,928,665 |
| Total Liabilities | 5,053,093 | 7,074,595 | 398,592 | 56,156,689 | 2,945,798 | 25,134,350 | 10,560,686 | 13,627,673 | 258,183,639 | (85,026,136) | 173,157,503 |
| Members' Equity (Deficit) | | | | | | | | | | | |
| Members' equity (deficit) | 2,069,520 | (626,182) | 7,534,287 | (106,203) | (373,503) | (5,055,681) | (1,440,895) | 5,421,321 | 1,842,613 | 11,370,334 | 13,212,947 |
| Accumulated other comprehensive income (loss) | - | (111,178) | - | - | - | 820,615 | - | - | 709,437 | - | 709,437 |
| Noncontrolling interest | - | - | - | - | - | - | - | - | - | 1,833,642 | 1,833,642 |
| Total Members' Equity (Deficit) | 2,069,520 | (637,360) | 7,534,287 | (106,203) | (373,503) | (4,235,066) | (1,440,895) | 5,421,321 | 2,552,050 | 13,203,976 | 15,756,026 |
| Total Liabilities and Members' Equity (Deficit) | $ 7,122,613 | $ 6,437,235 | $ 7,932,879 | $ 56,050,486 | $ 2,572,295 | $ 20,899,284 | $ 9,119,791 | $ 19,048,994 | $ 260,735,689 | $ (71,822,160) | $ 189,913,529 |

**Juniper Communities, LLC and Subsidiaries**

Consolidating Statement of Operations and Comprehensive Income (Loss)

Year Ended December 31, 2025

| | Juniper Communities, LLC and Subsidiaries | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Facility 1 | Facility 2 | Facility 3 | Facility 4 | Facility 5 | Facility 6 | Facility 7 | Facility 8 |
| | Juniper Communities, LLC | Juniper Communities - LTC, LLC | Cordia Commons at Williamstown, LP | Juniper Village at Chatham, LLC Lease of 95-Unit ALF Chatham, NJ | Juniper Village at Williamstown, LLC (Village Bldg) 38-Unit ALF Williamstown, NJ | Juniper Village at Williamstown, LLC (Wellspring Bldg) 36-Unit ALF Williamstown, NJ | Cordia Commons at Meadville, LLC 70-Unit ALF Meadville, PA | Wellspring at Louisville, LP 62-Unit ALF Louisville, CO | Wellspring at Aurora, GP 48-Unit ALF Aurora, CO | Juniper Village at Forest Hills, LLC 71-Unit ALF Forest Hills, PA | Juniper Village at Mount Joy, LLC 63-Unit ALF Mount Joy, PA |
| **Revenues** | | | | | | | | | | | |
| Net resident and patient service revenue | $ - | $ - | $ - | $ 10,175,713 | $ 2,509,021 | $ 2,067,558 | $ 3,480,110 | $ 5,746,276 | $ 5,889,509 | $ 5,990,809 | $ 4,979,952 |
| Investment income | 250,000 | - | - | 20,224 | 1,650 | 1,966 | 5,494 | 12,750 | 9,521 | 21,734 | 18,533 |
| Equity in gains and (losses) of consolidated subsidiaries | 2,497,515 | - | 2,022,776 | - | - | - | - | - | - | - | - |
| Deferred gain recognition | - | - | - | 1,667,365 | 571,323 | 572,925 | - | 623,937 | 602,517 | - | - |
| Other income | - | 7,405,212 | - | 30 | 1,960 | (2,819) | 1,506 | 1,718 | 5,023 | 767 | 79,372 |
| **Total Revenues** | 2,747,515 | 7,405,212 | 2,022,776 | 11,863,332 | 3,083,954 | 2,639,630 | 3,487,110 | 6,384,681 | 6,506,570 | 6,013,310 | 5,077,857 |
| **Operating Expenses** | | | | | | | | | | | |
| Nursing and medical | - | - | - | 1,616,322 | 901,103 | 601,412 | 715,140 | 1,627,538 | 1,575,872 | 1,179,719 | 752,702 |
| Administrative | 79,607 | - | - | 1,186,309 | 688,255 | 446,580 | 759,862 | 917,065 | 858,782 | 974,369 | 822,776 |
| Dietary | - | - | - | 1,023,612 | 324,483 | 239,581 | 509,643 | 275,201 | 315,972 | 696,076 | 533,611 |
| General services | - | - | - | 937,153 | 386,979 | 273,135 | 460,861 | 618,160 | 710,482 | 796,727 | 652,825 |
| Grounds and maintenance | - | - | - | 1,017,339 | 372,397 | 323,452 | 380,632 | 418,705 | 370,674 | 733,840 | 488,117 |
| Facility lease | - | 7,328,569 | - | 3,616,678 | 679,394 | 679,394 | - | 1,261,061 | 1,169,971 | - | - |
| Other expenses | 84,424 | - | - | 107,351 | 61,197 | 25,319 | (26,646) | 46,281 | 20,649 | 427,928 | 213,053 |
| Management fees | - | - | - | 580,011 | 150,644 | 117,624 | 201,163 | 332,712 | 340,579 | 348,772 | 299,006 |
| Interest and mortgage insurance premiums | 154,162 | - | - | 14,823 | - | - | 306,371 | 3,780 | - | 448,818 | 442,005 |
| Credit loss (recovery) | - | - | - | 247,398 | 112,783 | 1,069 | - | (51,390) | 10,070 | 10,815 | 46,419 |
| Depreciation | - | - | - | 299,828 | 115,757 | 57,100 | 270,616 | 246,819 | 136,671 | 236,713 | 290,077 |
| Amortization | - | - | - | - | - | - | - | - | - | - | - |
| **Total Operating Expenses** | 318,193 | 7,328,569 | - | 10,646,824 | 3,792,992 | 2,764,666 | 3,577,642 | 5,695,932 | 5,509,722 | 5,853,777 | 4,540,591 |
| **Net Income (Loss)** | 2,429,322 | 76,643 | 2,022,776 | 1,216,508 | (709,038) | (125,036) | (90,532) | 688,749 | 996,848 | 159,533 | 537,266 |
| **Income Attributable to Noncontrolling Interest** | - | - | - | - | - | - | - | - | - | - | - |
| **Income (Loss) attributable to Juniper Communities, LLC** | 2,429,322 | 76,643 | 2,022,776 | 1,216,508 | (709,038) | (125,036) | (90,532) | 688,749 | 996,848 | 159,533 | 537,266 |
| **Other Comprehensive Income** | | | | | | | | | | | |
| Unrealized gain (loss) on interest rate swap agreements | - | - | - | - | - | - | - | - | - | - | (53,506) |
| **Comprehensive Income (Loss)** | $ 2,429,322 | $ 76,643 | $ 2,022,776 | $ 1,216,508 | $ (709,038) | $ (125,036) | $ (90,532) | $ 688,749 | $ 996,848 | $ 159,533 | $ 483,760 |

**Juniper Communities, LLC and Subsidiaries**

Consolidating Statement of Operations and Comprehensive Income (Loss) (continued)

Year Ended December 31, 2025

| | Juniper Communities, LLC and Subsidiaries | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Facility 9 | Facility 10 | Facility 11 | Facility 12 | Facility 13 | Facility 14 | Facility 15 | Facility 16 | Facility 17 | Facility 18 | Facility 19 |
| | Juniper Village at Lebanon, LLC 81-Unit ALF Lebanon, PA | Juniper Village at Lebanon, LLC 40-Unit ILF Lebanon, PA | Juniper Park LP 125-Bed SNF Denver, CO | Juniper Village at Brookline SNF 116-Bed SNF State College, PA | Juniper Village at Brookline Inn Pines 87-Unit ALF State College, PA | Juniper Village at Brookline Willows 33-Unit ILF State College, PA | Juniper Village at Brookline Wellspring 35-Unit ALF State College, PA | Juniper Village at Bucks County ILF 279-Unit ILF Bensalem, PA | Juniper Village at Bucks County SL 60-Unit ALF Bensalem, PA | Juniper Village at Bucks County SNF 17-Unit SNF Bensalem, PA | Juniper Village at Preston Hollow, LLC 102-Unit ALF Dallas, TX |
| **Revenues** | | | | | | | | | | | |
| Net resident and patient service revenue | $ 6,106,800 | $ 1,235,567 | $ 12,123,319 | $ 9,109,061 | $ 8,122,172 | $ 2,145,346 | $ 4,342,948 | $ 8,051,831 | $ 2,849,513 | $ 2,627,621 | $ 3,734,321 |
| Investment income | 21,638 | 13,985 | 13,515 | 23,614 | 22,139 | 18,197 | 20,454 | - | - | 3,055 | 2,964 |
| Equity in gains and (losses) of consolidated subsidiaries | - | - | - | - | - | - | - | - | - | - | - |
| Deferred gain recognition | - | - | - | - | - | - | - | - | - | - | - |
| Other income | 189,690 | 11,782 | - | - | 527 | 8,572 | - | 376 | - | - | - |
| **Total Revenues** | 6,318,128 | 1,261,334 | 12,136,834 | 9,132,675 | 8,144,838 | 2,172,115 | 4,363,402 | 8,052,207 | 2,849,513 | 2,630,676 | 3,737,285 |
| **Operating Expenses** | | | | | | | | | | | |
| Nursing and medical | 1,058,012 | - | 4,883,980 | 2,860,677 | 1,177,319 | - | 877,476 | 368,944 | 1,173,144 | 1,089,513 | 1,149,890 |
| Administrative | 912,309 | 99,866 | 2,222,212 | 1,586,470 | 1,026,773 | 129,596 | 604,578 | 1,832,840 | 419,822 | 362,838 | 922,566 |
| Dietary | 694,358 | 11,824 | 952,505 | 614,624 | 985,072 | 133,470 | 296,131 | 1,678,964 | 321,323 | 253,017 | 449,514 |
| General services | 651,038 | 51,417 | 2,226,740 | 1,614,591 | 898,998 | 134,284 | 405,408 | 1,336,814 | 399,980 | 776,560 | 669,458 |
| Grounds and maintenance | 537,313 | 236,448 | 736,369 | 721,475 | 983,825 | 253,843 | 387,965 | 2,767,117 | 15,490 | 18,202 | 680,814 |
| Facility lease | - | - | - | 576,000 | 762,000 | 282,000 | 288,000 | 672,000 | 180,000 | 180,000 | - |
| Other expenses | 131,244 | 180,350 | 429,732 | 182,578 | 93,920 | (70,841) | 33,635 | (39,906) | (714) | 76,201 | 40,127 |
| Management fees | 362,411 | 72,826 | 826,649 | 546,322 | 471,800 | 122,803 | 252,144 | 499,685 | 163,450 | 149,267 | 207,208 |
| Interest and mortgage insurance premiums | 622,809 | 74,604 | 128,992 | 19,816 | - | - | - | 17,383 | - | - | 16,517 |
| Credit loss (recovery) | (6,837) | 579 | 293,010 | - | (1,388) | (190) | (1,104) | 30,464 | 14,455 | - | 3,129 |
| Depreciation | 213,219 | 190,162 | 98,074 | - | - | - | - | - | - | - | 864,421 |
| Amortization | - | - | - | - | - | - | - | - | - | - | - |
| **Total Operating Expenses** | 6,175,876 | 918,076 | 12,798,263 | 8,722,553 | 6,398,319 | 984,965 | 3,144,233 | 9,164,305 | 2,686,950 | 2,904,598 | 5,003,644 |
| **Net Income (Loss)** | 142,252 | 343,258 | (661,429) | 410,122 | 1,746,519 | 1,187,150 | 1,219,169 | (1,112,098) | 162,563 | (273,922) | (1,266,359) |
| **Income Attributable to Noncontrolling Interest** | - | - | - | - | - | - | - | - | - | - | - |
| **Income (Loss) attributable to Juniper Communities, LLC** | 142,252 | 343,258 | (661,429) | 410,122 | 1,746,519 | 1,187,150 | 1,219,169 | (1,112,098) | 162,563 | (273,922) | (1,266,359) |
| **Other Comprehensive Income** | | | | | | | | | | | |
| Unrealized gain (loss) on interest rate swap agreements | (91,105) | - | - | - | - | - | - | - | - | - | - |
| **Comprehensive Income (Loss)** | $ 1,051,147 | $ 343,258 | $ (661,429) | $ 410,122 | $ 1,746,519 | $ 1,187,150 | $ 1,219,169 | $ (1,112,098) | $ 162,563 | $ (273,922) | $ (1,266,359) |

## Juniper Communities, LLC and Subsidiaries

Consolidating Statement of Operations and Comprehensive Income (Loss) (continued)
Year Ended December 31, 2025

| | Facility 20 | Facility 21 | Facility 22 | Facility 23 | Juniper Communities, LLC and Subsidiaries | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Juniper Village at South Hills, LLC 63-Unit ALF Pittsburgh, PA | Juniper Village at Monroeville, LLC 66-Unit ALF Monroeville, PA | Juniper Village at Devon, LLC 79-Unit ALF Devon, PA | Juniper Village at Paramus, LLC 126-Unit ALF Paramus, NJ | Juniper State College RE Holdings I, LLC | Juniper State College RE Holdings II, LLC | Juniper State College RE Holdings III, LLC | Juniper Bensalem RE Holdings LLC | Total Before Elimination / Reclassification | Elimination / Reclassification | Consolidated |
| **Revenues** | | | | | | | | | | | |
| Net resident and patient service revenue | $ 3,725,453 | $ 5,779,833 | $ 338,870 | $ 10,753,538 | $ - | $ - | $ - | $ - | $ 121,885,141 | $ - | $ 121,885,141 |
| Investment income | 2,404 | 10,409 | - | 22,190 | - | - | - | 3 | 516,439 | - | 516,439 |
| Equity in gains and (losses) of consolidated subsidiaries | - | - | - | - | - | - | - | - | 4,520,291 | (4,520,291) | - |
| Deferred gain recognition | - | - | - | - | - | - | - | - | 4,038,067 | - | 4,038,067 |
| Other income | 1,627 | - | - | - | 288,000 | 576,000 | 1,044,000 | 1,032,000 | 10,645,343 | (10,346,498) | 298,845 |
| **Total Revenues** | 3,729,484 | 5,790,242 | 338,870 | 10,775,728 | 288,000 | 576,000 | 1,044,000 | 1,032,003 | 141,605,281 | (14,866,789) | 126,738,492 |
| **Operating Expenses** | | | | | | | | | | | |
| Nursing and medical | 1,169,049 | 1,113,219 | 140,971 | 2,256,204 | - | - | - | - | 28,288,206 | - | 28,288,206 |
| Administrative | 973,666 | 995,210 | 183,029 | 1,131,516 | - | - | - | 3,773 | 20,140,669 | - | 20,140,669 |
| Dietary | 523,163 | 649,069 | 44,697 | 1,024,864 | - | - | - | - | 12,550,774 | - | 12,550,774 |
| General services | 671,053 | 709,965 | 39,917 | 1,198,367 | - | - | - | - | 16,620,912 | - | 16,620,912 |
| Grounds and maintenance | 556,640 | 692,280 | 41,751 | 814,187 | - | - | - | - | 13,548,875 | - | 13,548,875 |
| Facility lease | - | - | - | 3,413,489 | - | - | - | - | 21,088,556 | (10,346,498) | 10,742,058 |
| Other expenses | (12,373) | 172,371 | 96,552 | 238,346 | - | 261 | (2) | 1 | 2,510,037 | - | 2,510,037 |
| Management fees | 215,191 | 334,608 | 19,654 | 601,124 | - | - | - | - | 7,215,653 | - | 7,215,653 |
| Interest and mortgage insurance premiums | 275,331 | 282,652 | - | - | - | 1,383,841 | - | 636,879 | 4,828,783 | - | 4,828,783 |
| Credit loss (recovery) | (535) | 3,030 | - | 199,142 | - | - | - | - | 910,919 | - | 910,919 |
| Depreciation | 729,444 | 729,767 | - | 4,693 | 133,362 | 384,677 | 406,974 | 872,233 | 6,280,607 | - | 6,280,607 |
| Amortization | 969 | 24,144 | - | - | - | - | - | - | 25,113 | - | 25,113 |
| **Total Operating Expenses** | 5,101,598 | 5,706,315 | 566,571 | 10,881,931 | 133,362 | 1,768,779 | 406,972 | 1,512,886 | 134,009,104 | (10,346,498) | 123,662,606 |
| **Net Income (Loss)** | (1,372,114) | 83,927 | (227,701) | (106,203) | 154,638 | (1,192,779) | 637,028 | (480,883) | 7,596,177 | (4,520,291) | 3,075,886 |
| **Income Attributable to Noncontrolling Interest** | - | - | - | - | - | - | - | - | - | (445,376) | (445,376) |
| **Income (Loss) attributable to Juniper Communities, LLC** | (1,372,114) | 83,927 | (227,701) | (106,203) | 154,638 | (1,192,779) | 637,028 | (480,883) | 7,596,177 | (4,965,667) | 2,630,510 |
| **Other Comprehensive Income** | | | | | | | | | | | |
| Unrealized gain (loss) on interest rate swap agreements | - | (155,009) | - | - | - | (829,153) | - | - | (1,128,773) | - | (1,128,773) |
| **Comprehensive Income (Loss)** | $ (1,372,114) | $ (71,082) | $ (227,701) | $ (106,203) | $ 154,638 | $ (2,021,932) | $ 637,028 | $ (480,883) | $ 6,467,404 | $ (4,965,667) | $ 1,501,737 |

# JUNIPER VILLAGE AT BUCKS COUNTY

# EXHIBIT "J"

## Financial Analysis/Pro Forma

Community: Juniper Village at Bucks County ILF

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| **Total Units** | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 282 | |
| **ADC Census** | 179 | 180 | 182 | 183 | 184 | 186 | 187 | 188 | 190 | 191 | 192 | 194 | 186 |
| **Total Occupancy %** | 63% | 64% | 65% | 65% | 65% | 66% | 66% | 67% | 67% | 68% | 68% | 69% | 0% |
| **Total Resident Days** | 5,549 | 5,040 | 5,642 | 5,490 | 5,704 | 5,580 | 5,797 | 5,828 | 5,700 | 5,921 | 5,760 | 6,014 | 68,025 |
| Move-Ins | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | 7.0 | |
| Move-Outs | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | |
| **Net** | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| **REVENUE** | | | | | | | | | | | | | |
| RESIDENT REVEUNE | | | | | | | | | | | | | |
| (410) ROOM & BOARD | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410110 R&B SNF PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410120 R&B SNF MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410125 SNF MEDICAID SUPPLEMENT | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410130 R&B SNF MEDICARE A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410150 R&B SNF HOSPICE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410160 R&B RESPITE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410170 R&B SNF VETERANS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410190 R&B MANAGED CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (410) ROOM & BOARD** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (410B) ROOM & BOARD | | | | | | | | | | | | | |
| 410401 STUDIO - PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410405 ONE BEDROOM - PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410406 ONE-BEDROOM - COMPANION | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410409 TWO BEDROOM - PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410411 CCRC Monthly Charge | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410412 CCRC EF 2% | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410413 PRIVATE PAY MEMORY CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410420 RESPITE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410430 MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410431 COST SHARE - MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410440 INDEPENDENT | 712,316 | 716,286 | 724,226 | 728,196 | 732,166 | 740,106 | 743,506 | 746,906 | 754,276 | 757,676 | 761,076 | 768,446 | 8,885,176 |
| 410459 Subsidy | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410460 DISCOUNT-PERMANENT | (54,750) | (49,728) | (55,668) | (54,168) | (56,279) | (55,056) | (57,197) | (57,503) | (56,240) | (58,420) | (56,832) | (59,338) | (671,178) |
| 410462 DISCOUNT-OTHER COMMUNITY FEES | (20,000) | (20,000) | (20,000) | (20,000) | (20,000) | (20,000) | (20,000) | (20,000) | (20,000) | (20,000) | (20,000) | (20,000) | (240,000) |
| 410470 Bed Hold/Deposits | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 460461 Discount Other | (1,273) | (1,156) | (1,294) | (1,259) | (1,308) | (1,280) | (1,330) | (1,337) | (1,307) | (1,358) | (1,321) | (1,379) | (15,602) |
| **TOTAL (410B) ROOM & BOARD** | 636,293 | 645,402 | 647,264 | 652,769 | 654,578 | 663,770 | 664,979 | 668,066 | 676,728 | 677,897 | 682,923 | 687,728 | 7,958,396 |
| (411) FEE REVENUE | | | | | | | | | | | | | |
| TOTAL (411) FEE REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | (240,000) |
| (412) ADDITIONAL CARE REVENUE | | | | | | | | | | | | | |
| 412412 VILLAGE LIVING PLUS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412413 LEVEL 0 VILLAGE LIVING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412414 LEVEL 1 HELPING HANDS CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412415 LEVEL 2 EXTENDED CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412416 LEVEL 3 EXTENDED CARE PLUS | - | - | - | - | - | - | - | - | - | - | - | - | - |

Community: Juniper Village at Bucks County ILF

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| 412417 MEDICATION ADMIN FEE | 1,564 | 1,420 | 1,590 | 1,547 | 1,607 | 1,572 | 1,633 | 1,642 | 1,606 | 1,668 | 1,623 | 1,695 | 19,168 |
| 412419 LEVEL 4 COMPREHENSIVE CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412420 LEVEL 5 COMPREHENSIVE CARE PLS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412421 LEVEL 6 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412428 Care Coordination Revenue | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (412) ADDITIONAL CARE REVENUE** | **1,564** | **1,420** | **1,590** | **1,547** | **1,607** | **1,572** | **1,633** | **1,642** | **1,606** | **1,668** | **1,623** | **1,695** | **19,168** |
| **TOTAL RESIDENT REVEUNE** | **637,856** | **646,822** | **648,854** | **654,315** | **656,185** | **665,342** | **666,613** | **669,708** | **678,335** | **679,566** | **684,546** | **689,423** | **7,977,564** |
| | | | | | | | | | | | | | - |
| ANCILLARY REVENUE | | | | | | | | | | | | | - |
| 411406 Administrative Service Fee | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 411409 Community Fee IL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 411410 COMMUNITY FEES | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 | 70,000 | 840,000 |
| 411411 LATE FEES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 411414 CONDO MGT FEE - REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 411416 COMMUNITY CENTER RENTAL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 411417 PRIVATE DUTY/ ESCORT SERVICE | 3,874 | 3,874 | 3,874 | 3,874 | 3,874 | 3,874 | 3,874 | 3,874 | 3,874 | 3,874 | 3,874 | 3,874 | 46,491 |
| 411420 THERAPY RENTAL | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 2,496 |
| 411422 FELLOWSHIP/DAYCARE REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 411424 Clinical Office Rental | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 411425 Garage/Storage Rental | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 36 | 437 |
| 411426 Meal Plan Income | 8,579 | 7,792 | 8,723 | 8,488 | 8,819 | 8,627 | 8,962 | 9,010 | 8,812 | 9,154 | 8,905 | 9,298 | 105,170 |
| 411436 TECHNOLOGY SERVICES REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (413) ANCILLARY REVENUE - MEDICAL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 413418 DIETARY SUPPLEMENTS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 413419 WELLNESS SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 413420 Entrance Fee Amortization | 66,667 | 66,667 | 66,667 | 66,667 | 66,667 | 66,667 | 66,667 | 66,667 | 66,667 | 66,667 | 66,667 | 66,667 | 800,004 |
| 413421 PHARMACY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 413423 INCONTINENCE REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (413) ANCILLARY REVENUE - MEDICAL | 149,365 | 148,578 | 149,508 | 149,273 | 149,604 | 149,413 | 149,748 | 149,796 | 149,598 | 149,940 | 149,691 | 150,084 | 1,794,597 |
| | | | | | | | | | | | | | |
| (414) ANCILLARY REVENUE - OTHER | | | | | | | | | | | | | |
| 414422 Routine Supplies | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414422 Routine Supplies | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414422 Routine Supplies | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414424 CATALYST REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414425 CONNECTIONS REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414426 SALON SERVICES | 2,148 | 1,951 | 2,184 | 2,125 | 2,208 | 2,160 | 2,244 | 2,256 | 2,207 | 2,292 | 2,230 | 2,328 | 26,334 |
| 414427 PHONE REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414428 TRANSPORTATION REVENUE | 595 | 595 | 595 | 595 | 595 | 595 | 595 | 595 | 595 | 595 | 595 | 595 | 7,134 |
| 414429 GUEST MEALS REVENUE | 813 | 813 | 813 | 813 | 813 | 813 | 813 | 813 | 813 | 813 | 813 | 813 | 9,755 |
| 414430 EMPLOYEE MEALS REVENUE | 2,181 | 2,181 | 2,181 | 2,181 | 2,181 | 2,181 | 2,181 | 2,181 | 2,181 | 2,181 | 2,181 | 2,181 | 26,176 |
| 414431 SUNDRY SHOP/VENDING REVENUE | 1,055 | 1,055 | 1,055 | 1,055 | 1,055 | 1,055 | 1,055 | 1,055 | 1,055 | 1,055 | 1,055 | 1,055 | 12,654 |
| 414432 LAUNDRY REVENUE | 257 | 234 | 262 | 255 | 264 | 259 | 269 | 270 | 264 | 275 | 267 | 279 | 3,154 |
| 414433 CABLE REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414434 SPA-FOOT CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414435 APARTMENT MEAL REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414436 APARTMENT HK REVENUE | 3,018 | 3,018 | 3,018 | 3,018 | 3,018 | 3,018 | 3,018 | 3,018 | 3,018 | 3,018 | 3,018 | 3,018 | 36,213 |
| 414437 APARTMENT MAINT. REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414438 TRAY SERVICE REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414439 Credit Card Fees to Residents | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414443 Pet Services Revenue | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414500 INTEREST INCOME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 414505 OTHER REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |

**Community: Juniper Village at Bucks County ILF**

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| 414511 RESIDENT TRAY SERVICE | 1,477 | 1,477 | 1,477 | 1,477 | 1,477 | 1,477 | 1,477 | 1,477 | 1,477 | 1,477 | 1,477 | 1,477 | 17,728 |
| Beauty Shop Revenue | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL Beauty Shop Revenue | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (414) ANCILLARY REVENUE - OTHER** | **160,908** | **159,901** | **161,093** | **160,792** | **161,215** | **160,970** | **161,399** | **161,461** | **161,207** | **161,645** | **161,326** | **161,829** | **1,933,745** |
| ANCILLARY REVENUE RADIOLOGY | | | | | | | | | | | | | |
| 431110 RADIOLOGY - PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 431120 RADIOLOGY - MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 431130 RADIOLOGY - MEDICARE A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 431170 RADIOLOGY - VETERANS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 431190 RADIOLOGY - MANAGED CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL ANCILLARY REVENUE RADIOLOGY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (432) LAB | | | | | | | | | | | | | |
| 432110 LAB - PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 432120 LAB - MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 432130 LAB - MEDICARE A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 432150 LAB - HOSPICE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 432170 LAB - VETERANS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 432190 LAB - MANAGED CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (432) LAB | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (433) PHYSICAL THERAPY | | | | | | | | | | | | | |
| 433110 PHYSICAL THERAPY - PRIVA | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 433120 PHYSICAL THERAPY - MEDIC | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 433130 PHYSICAL THERAPY - MCARE A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 433140 PHYSICAL THERAPY - MCARE B | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 433150 PHYSICAL THERAPY - HOSPI | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 433170 PHYSICAL THERAPY - VETER | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 433190 PHYSICAL THERAPY-MANAGED | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (433) PHYSICAL THERAPY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (434) OCCUPATIONAL THERAPY | | | | | | | | | | | | | |
| 434110 OCCUPATIONAL THERAPY - P | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 434120 OCCUPATIONAL THERAPY - MCD | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 434130 OCCUPATIONAL THERAPY - MCR A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 434140 OCCUPATIONAL THERAPY - MCR B | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 434170 OCCUPATIONAL THERAPY -VE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 434190 OCCUPATIONAL THERAPY-MGD | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (434) OCCUPATIONAL THERAPY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (435) SPEECH THERAPY | | | | | | | | | | | | | |
| 435110 SPEECH THERAPY - PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 435120 SPEECH THERAPY - MCD | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 435130 SPEECH THERAPY - MCR A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 435140 SPEECH THERAPY - MCR B | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 435170 SPEECH THERAPY - VETERAN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 435190 SPEECH THERAPY - MANAGED | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (435) SPEECH THERAPY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (436) RADIOLODGY THERAPY | | | | | | | | | | | | | |
| TOTAL (436) RADIOLODGY THERAPY | - | - | - | - | - | - | - | - | - | - | - | - | - |

Community: Juniper Village at Bucks County ILF

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| (437) MEDICAL SUPPLIES | | | | | | | | | | | | | |
| 437130 MEDICAL SUPPLIES - MCR A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 437190 MEDICAL SUPPLIES - MANAGED | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (437) MEDICAL SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (438) PHARMACY | | | | | | | | | | | | | |
| 438110 PHARMACY - PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 438120 PHARMACY - MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 438130 PHARMACY - MEDICARE A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 438170 PHARMACY - VETERANS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 438190 PHARMACY - MANAGED CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (438) PHARMACY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (439) OXYGEN | | | | | | | | | | | | | |
| 439110 OXYGEN-PRIVATE-GAS ONLY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 439120 OXYGEN - MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 439130 OXYGEN-MCARE A-GAS ONLY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 439170 OXYGEN-VETER-GAS ONLY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 439190 OXYGEN - MANAGED CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (439) OXYGEN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (440) RESPIRATORY THERAPY | | | | | | | | | | | | | |
| TOTAL (440) RESPIRATORY THERAPY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (443) DME/EQUIPMENT/RENT | | | | | | | | | | | | | |
| 443110 DME/EQUIP RENT - PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 443130 DME/EQUIP RENT - MEDICARE A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 443190 DME/EQUIP RENT - MANAGED | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (443) DME/EQUIPMENT/RENT | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (444) INCONTINENT SUPPLIES | | | | | | | | | | | | | |
| 444110 INCONTINENT SUPPLIES - PRI | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 444130 INCONTINENT SUP-MEDICARE A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (444) INCONTINENT SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (446) IV THERAPY | | | | | | | | | | | | | |
| 446130 IV THERAPY MCR A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (446) IV THERAPY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (450) OTHER INCOME | | | | | | | | | | | | | |
| 450210 MEALS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 450215 Personal Purchases | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 450240 DONATIONS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 450280 UNIFORM REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 450500 INTEREST INCOME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 735501 Cafe | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (450) OTHER INCOME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (480)MISC INCOME | | | | | | | | | | | | | |
| 480200 MISC INCOME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (480)MISC INCOME | - | - | - | - | - | - | - | - | - | - | - | - | - |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| **TOTAL ANCILLARY REVENUE** | ***160,908*** | ***159,901*** | ***161,093*** | ***160,792*** | ***161,215*** | ***160,970*** | ***161,399*** | ***161,461*** | ***161,207*** | ***161,645*** | ***161,326*** | ***161,829*** | ***1,933,746*** |
| **TOTAL CONTRACTUAL ALLOWANCES & OTHER ADJUSTI** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL REVENUE** | ***798,765*** | ***806,723*** | ***809,946*** | ***815,107*** | ***817,401*** | ***826,312*** | ***828,012*** | ***831,169*** | ***839,542*** | ***841,210*** | ***845,872*** | ***851,252*** | ***9,911,310*** |
| **OPERATING EXPENSES** | | | | | | | | | | | | | |
| WELLNESS | | | | | | | | | | | | | |
| 601100 NURSING ADMIN SALARIES | *6,498* | *6,498* | *6,498* | *6,498* | *6,498* | *6,498* | *6,498* | *6,498* | *6,498* | *6,498* | *6,498* | *6,498* | *77,976* |
| 601200 MDS COORDINATOR/QA SAL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601300 STAFFING COORD SALARIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601400 RN SALARIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601401 RN PTO | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601402 RN HOLIDAY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601403 RN TRAINING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601404 RN OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601500 LPN SALARIES | *7,146* | *7,146* | *7,146* | *7,146* | *7,146* | *7,146* | *7,357* | *7,357* | *7,357* | *7,357* | *7,357* | *7,357* | *87,016* |
| 601501 LPN PTO | *218* | *218* | *218* | *218* | *218* | *218* | *218* | *218* | *218* | *218* | *218* | *218* | *2,610* |
| 601502 LPN HOLIDAY | *580* | - | - | - | - | *580* | *580* | - | *580* | - | - | *1,160* | *3,481* |
| 601503 LPN TRAINING | *36* | *36* | *36* | *36* | *36* | *36* | *36* | *36* | *36* | *36* | *36* | *36* | *435* |
| 601504 LPN OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601600 CNA/RA /MTSALARIES | *8,340* | *8,340* | *8,340* | *8,340* | *8,340* | *8,340* | *8,582* | *8,582* | *8,582* | *8,582* | *8,582* | *8,582* | *101,528* |
| 601601 CNA/RA/MT PTO | *254* | *254* | *254* | *254* | *254* | *254* | *254* | *254* | *254* | *254* | *254* | *254* | *3,046* |
| 601602 CNA/RA/MT HOLIDAY | *761* | - | - | - | - | *761* | *761* | - | *761* | - | - | *1,523* | *4,569* |
| 601603 CNA/RA/MT TRAINING | *42* | *42* | *42* | *42* | *42* | *42* | *42* | *42* | *42* | *42* | *42* | *42* | *508* |
| 601604 CNA/RA/MT OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601700 RESTORATIVE AIDES SALARIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601702 RESTORATIVE HOLIDAY/HOL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601703 NURSING_RESTORAT TRAIN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601704 NURSING_RESTORATIVE OVER | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601800 MEDICAL CONCIERGE SALARY | *3,962* | *4,207* | *4,207* | *4,207* | *4,207* | *3,962* | *3,962* | *4,207* | *3,962* | *4,207* | *4,207* | *3,717* | *49,018* |
| 601802 Medical Concierge Holiday | *245* | - | - | - | - | *245* | *245* | - | *245* | - | - | *490* | *1,471* |
| 601803 Medical Concierge Training | *20* | *20* | *20* | *20* | *20* | *20* | *20* | *20* | *20* | *20* | *20* | *20* | *245* |
| 601804 Medical Concierge Overtime | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601810 RN CONTRACTED (AGENCY) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601815 LPN CONTRACTED (AGENCY) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601820 OTHER CONTRACTED-AGENCY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL WELLNESS** | ***28,103*** | ***26,761*** | ***26,761*** | ***26,761*** | ***26,761*** | ***28,103*** | ***28,556*** | ***27,214*** | ***28,556*** | ***27,214*** | ***27,214*** | ***29,897*** | ***331,902*** |
| (605) CONNECTIONS | | | | | | | | | | | | | |
| 605100 CONNECTIONS SALARIES | *23,488* | *23,789* | *23,789* | *23,789* | *23,789* | *23,488* | *23,999* | *24,299* | *23,999* | *24,299* | *24,299* | *23,698* | *286,725* |
| 605101 CONNECTIONS PTO | *721* | *721* | *721* | *721* | *721* | *721* | *721* | *721* | *721* | *721* | *721* | *721* | *8,656* |
| 605102 CONNECTIONS HOLIDAY | *1,563* | - | - | - | - | *1,563* | *1,563* | - | *1,563* | - | - | *3,126* | *9,377* |
| 605103 CONNECTIONS TRAINING | *120* | *120* | *120* | *120* | *120* | *120* | *120* | *120* | *120* | *120* | *120* | *120* | *1,443* |
| 605104 CONNECTIONS OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605130 CONNECTIONS SUPPLIES | *1,944* | *1,944* | *1,944* | *1,944* | *1,944* | *1,944* | *1,944* | *1,944* | *1,944* | *1,944* | *1,944* | *1,944* | *23,323* |
| 605135 CONNECTIONS VAN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605140 CONNECTIONS VAN (AUTO) INSUR | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605142 RESIDENT TRANSPORTATION | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605145 CONNECTIONS CONT SERVICES | *2,519* | *2,288* | *2,562* | *2,493* | *2,590* | *2,533* | *2,632* | *2,646* | *2,588* | *2,688* | *2,615* | *2,730* | *30,885* |
| 605150 THERAPEUTIC VOLUNTEER PR | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605155 CONNECTIONS OUTINGS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605160 CABLE TV | *15,502* | *15,502* | *15,502* | *15,502* | *15,502* | *15,502* | *15,502* | *15,502* | *15,502* | *15,502* | *15,502* | *15,502* | *186,020* |
| **TOTAL (605) CONNECTIONS** | ***45,857*** | ***44,364*** | ***44,637*** | ***44,568*** | ***44,665*** | ***45,871*** | ***46,481*** | ***45,232*** | ***46,436*** | ***45,275*** | ***45,201*** | ***47,841*** | ***546,429*** |
| **TOTAL (603) SDC** | - | - | - | - | - | - | - | - | - | - | - | - | - |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| **TOTAL (606) SOCIAL SERVICES** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (607) TRANSPORTATION | | | | | | | | | | | | | |
| 607100 TRANSP SALARIES | 3,949 | 3,949 | 3,949 | 3,949 | 3,949 | 3,949 | 4,067 | 4,067 | 4,067 | 4,067 | 4,067 | 4,067 | 48,096 |
| 607101 TRANSP SALARIES PTO | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 120 | 1,443 |
| 607102 TRANSP SALARIES HOLIDAY | 240 | - | - | - | - | 240 | 240 | - | 240 | - | - | 481 | 1,443 |
| 607103 TRANSP TRAINING | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 240 |
| 607104 TRANSP OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 607120 TRANSP MAINTENANCE | 1,602 | 1,602 | 1,602 | 1,602 | 1,602 | 1,602 | 1,602 | 1,602 | 1,602 | 1,602 | 1,602 | 1,602 | 19,225 |
| 607130 TRANSP GAS EXPENSE | 759 | 759 | 759 | 759 | 759 | 759 | 759 | 759 | 759 | 759 | 759 | 759 | 9,106 |
| 607135 TRANSP TOLLS | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 25 | 301 |
| 607140 TRANSP - AUTO INSURANCE | 1,171 | 1,171 | 1,171 | 1,171 | 1,171 | 1,171 | 1,171 | 1,171 | 1,171 | 1,171 | 1,171 | 1,171 | 14,050 |
| 607145 TRANSP OTHER | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 64 | 773 |
| **TOTAL (607) TRANSPORTATION** | **7,951** | **7,710** | **7,710** | **7,710** | **7,710** | **7,951** | **8,069** | **7,829** | **8,069** | **7,829** | **7,829** | **8,310** | **94,677** |
| (608) MEDICAL RECORDS | | | | | | | | | | | | | |
| 608100 MEDICAL RECORDS SALARIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 608102 MED REC_HOLIDAY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 608104 MED REC_OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 608130 MEDICAL RECORDS SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 608140 MEDICAL DIRECTOR CONTRAC | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 608150 PSYCH CONSULTANT | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 608155 PHARMACY CONTRACT SERVICES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 608158 MEDICAL EXP-NON COVERED | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 608160 WELLNESS CONT SERVICE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (608) MEDICAL RECORDS** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (620) ANCILLARY MEDICAL SERVICES | | | | | | | | | | | | | |
| 620100 RADIOLOGY CONTRACT SVC | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620200 LAB CONTRACTED SERVICES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620300 PHYSICAL THER CONT SERVICES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620350 PHYSICAL THERAPY SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620400 OCCUPATIONAL THER CONT S | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620450 OT SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620500 SPEECH THERAPY CONT SERVICES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620550 ST SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620700 IV THERAPY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620800 OXYGEN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620805 OXYGEN MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620806 OXYGEN VA | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 620900 DME/EQUIPMENT RENTAL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (620) ANCILLARY MEDICAL SERVICES** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (621) ANCILLARY SUPPLIES | | | | | | | | | | | | | |
| 621100 WELLNESS SUPPLIES BILLABLE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621150 WELLNESS SUPPLEMENTS BILLABLE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621200 WELLNESS SUPPLIES-NON BILLABLE | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 208 | 2,501 |
| 621300 INCONTINENT SUPPLIES BILLABLE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621310 INCONTINENT SUPPLIES NON BILLA | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621315 FELLOWSHIP/DAY CARE EXPENSE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621320 PHARMACY EXPENSE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621350 MINOR EQUIPMENT-DHC | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621355 OTHR HEALTHCARE SERV-NON ALLOW | - | - | - | - | - | - | - | - | - | - | - | - | - |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| 621400 OTC DRUGS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621600 PRESCRIPTIONS/MEDICARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621601 PRESCRIPTIONS MCD | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621602 PRESCRIPTIONS MANAGED CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621603 PRESCRIPTIONS VA | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 621604 PRESCRIPTION HOSPICE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (621) ANCILLARY SUPPLIES** | ***208*** | ***208*** | ***208*** | ***208*** | ***208*** | ***208*** | ***208*** | ***208*** | ***208*** | ***208*** | ***208*** | ***208*** | ***2,501*** |
| (650) ANCILLARY EXPENSE OTHER | | | | | | | | | | | | | |
| 650230 SPA EXPENSE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 650299 B & B Salary | *1,784* | *1,784* | *1,784* | *1,784* | *1,784* | *1,784* | *1,784* | *1,784* | *1,784* | *1,784* | *1,784* | *1,784* | *21,405* |
| 650300 BEAUTY AND BARBER EXPENSE | *82* | *82* | *82* | *82* | *82* | *82* | *82* | *82* | *82* | *82* | *82* | *82* | *984* |
| 650350 PHONE-RESIDENT EXPENSE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 650400 SUNDRY SHOP/VENDING | *974* | *974* | *974* | *974* | *974* | *974* | *974* | *974* | *974* | *974* | *974* | *974* | *11,691* |
| **TOTAL (650) ANCILLARY EXPENSE OTHER** | ***2,840*** | ***2,840*** | ***2,840*** | ***2,840*** | ***2,840*** | ***2,840*** | ***2,840*** | ***2,840*** | ***2,840*** | ***2,840*** | ***2,840*** | ***2,840*** | ***34,081*** |
| (735) DINING | | | | | | | | | | | | | |
| 735100 DINING SALARIES | *90,693* | *91,621* | *91,621* | *91,621* | *91,621* | *90,693* | *93,102* | *94,030* | *93,102* | *94,030* | *94,030* | *92,174* | *1,108,339* |
| 735101 DINING SALARIES PTO | *2,785* | *2,785* | *2,785* | *2,785* | *2,785* | *2,785* | *2,785* | *2,785* | *2,785* | *2,785* | *2,785* | *2,785* | *33,417* |
| 735102 DINING SALARIES HOLIDAY | *5,570* | - | - | - | - | *5,570* | *5,570* | - | *5,570* | - | - | *11,139* | *33,417* |
| 735103 DINING SALARIES -TRAINING | *464* | *464* | *464* | *464* | *464* | *464* | *464* | *464* | *464* | *464* | *464* | *464* | *5,570* |
| 735104 DINING-OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 735500 RAW FOOD COSTS | *22,196* | *20,160* | *22,568* | *21,960* | *22,816* | *22,320* | *23,188* | *23,312* | *22,800* | *23,684* | *23,040* | *24,056* | *272,100* |
| 735501 Cafe | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 735505 NUTRITIONAL SUPPLEMENTS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 735530 DINING SUPPLIES | *8,070* | *8,070* | *8,070* | *8,070* | *8,070* | *8,070* | *8,070* | *8,070* | *8,070* | *8,070* | *8,070* | *8,070* | *96,845* |
| 735532 DINING LINEN RENTAL | *544* | *494* | *554* | *539* | *560* | *547* | *569* | *572* | *559* | *581* | *565* | *590* | *6,674* |
| 735535 DIETICIAN CONTRACTED | *330* | *330* | *330* | *330* | *330* | *330* | *330* | *330* | *330* | *330* | *330* | *330* | *3,956* |
| 735537 Alcohol/Liquor purchases | *563* | *511* | *572* | *557* | *578* | *566* | *588* | *591* | *578* | *600* | *584* | *610* | *6,898* |
| **TOTAL (735) DINING** | ***131,214*** | ***124,436*** | ***126,964*** | ***126,325*** | ***127,224*** | ***131,345*** | ***134,665*** | ***130,154*** | ***134,258*** | ***130,545*** | ***129,868*** | ***140,218*** | ***1,567,215*** |
| (737) LAUNDRY | | | | | | | | | | | | | |
| 737100 HSKP/LAUNDRY SALARIES | *23,280* | *23,280* | *23,280* | *23,280* | *23,280* | *23,280* | *23,979* | *23,979* | *23,979* | *23,979* | *23,979* | *23,979* | *283,555* |
| 737101 HSKP/LAUNDRY SALARIES PTO | *709* | *709* | *709* | *709* | *709* | *709* | *709* | *709* | *709* | *709* | *709* | *709* | *8,507* |
| 737102 HSKP/LAUNDRY SALARIES HOLIDAY | *2,127* | - | - | - | - | *2,127* | *2,127* | - | *2,127* | - | - | *4,253* | *12,760* |
| 737103 HSKP/LAUNDRY SALARIES TRAINING | *118* | *118* | *118* | *118* | *118* | *118* | *118* | *118* | *118* | *118* | *118* | *118* | *1,418* |
| 737104 HSKP/LAUNDRY -OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 737530 HSKP SUPPLIES | *2,965* | *2,965* | *2,965* | *2,965* | *2,965* | *2,965* | *2,965* | *2,965* | *2,965* | *2,965* | *2,965* | *2,965* | *35,575* |
| 737535 HSKP OUTSIDE SERVICES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 737540 LAUNDRY SUPPLIES | *459* | *417* | *467* | *454* | *472* | *461* | *479* | *482* | *471* | *490* | *476* | *497* | *5,625* |
| 737545 LINENS | *266* | *266* | *266* | *266* | *266* | *266* | *266* | *266* | *266* | *266* | *266* | *266* | *3,195* |
| **TOTAL (737) LAUNDRY** | ***29,924*** | ***27,755*** | ***27,805*** | ***27,792*** | ***27,810*** | ***29,926*** | ***30,643*** | ***28,519*** | ***30,635*** | ***28,526*** | ***28,513*** | ***32,787*** | ***350,634*** |
| (738) ADMINISTRATION | | | | | | | | | | | | | |
| 738050 MANGMNT CO. DIRECT ED EXPENSE | *15,791* | *15,791* | *15,791* | *15,791* | *15,791* | *15,791* | *15,791* | *15,791* | *15,791* | *15,791* | *15,791* | *15,791* | *189,487* |
| 738055 AIT Salary | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738075 SALARY - OTHER BUSINESS OFFICE | *12,307* | *12,307* | *12,307* | *12,307* | *12,307* | *12,307* | *12,665* | *12,665* | *12,665* | *12,665* | *12,665* | *12,665* | *149,834* |
| 738100 SALARY - BUS. MANAGER | *15,213* | *16,055* | *16,055* | *16,055* | *16,055* | *15,213* | *15,213* | *16,055* | *15,213* | *16,055* | *16,055* | *14,371* | *187,605* |
| 738102 ADMIN BUSINESS OFFICE HO | *1,690* | - | - | - | - | *1,690* | *1,690* | - | *1,690* | - | - | *3,381* | *10,142* |
| 738103 ADMIN BUSINESS OFFICE T | *139* | *139* | *139* | *139* | *139* | *139* | *139* | *139* | *139* | *139* | *139* | *139* | *1,663* |
| 738104 ADMIN BUSINESS OFFICE OT | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738200 ADMISSIONS SALARY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738230 ADMISSIONS SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |

Community: Juniper Village at Bucks County ILF

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| 738235 ADMISSIONS CONTRACTED | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738310 CONTRCTD ACCOUNTING\REPORTING | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 10,623 |
| 738315 CONTRACT HR/PAYROLL | 652 | 652 | 652 | 652 | 652 | 652 | 652 | 652 | 652 | 652 | 652 | 652 | 7,828 |
| 738330 OFFICE SUPPLIES | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 1,090 | 13,078 |
| 738340 MINOR EQUIPMENT - ADMIN | 1,565 | 1,565 | 1,565 | 1,565 | 1,565 | 1,565 | 1,565 | 1,565 | 1,565 | 1,565 | 1,565 | 1,565 | 18,785 |
| 738345 PAYROLL PROCESSING | 1,266 | 1,266 | 1,266 | 1,266 | 1,266 | 1,266 | 1,266 | 1,266 | 1,266 | 1,266 | 1,266 | 1,266 | 15,188 |
| 738350 POSTAGE | 657 | 657 | 657 | 657 | 657 | 657 | 657 | 657 | 657 | 657 | 657 | 657 | 7,880 |
| 738400 TELEPHONE | 1,849 | 1,849 | 1,849 | 1,849 | 1,849 | 1,849 | 1,849 | 1,849 | 1,849 | 1,849 | 1,849 | 1,849 | 22,194 |
| 738410 TRAVEL | 104 | 104 | 104 | 104 | 104 | 104 | 104 | 104 | 104 | 104 | 104 | 104 | 1,251 |
| 738415 MANAGEMENT MEALS AND TRAVEL | 2,186 | 2,186 | 2,186 | 2,186 | 2,186 | 2,186 | 2,186 | 2,186 | 2,186 | 2,186 | 2,186 | 2,186 | 26,233 |
| 738420 LICENSES/PERMITS/Dues/Subscrip | 802 | 802 | 802 | 802 | 802 | 802 | 802 | 802 | 802 | 802 | 802 | 802 | 9,619 |
| 738424 ED Conference | 474 | 474 | 474 | 474 | 474 | 474 | 474 | 474 | 474 | 474 | 474 | 474 | 5,688 |
| 738425 BANK CHARGES | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) | (0) |
| 738426 LATE FEES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738427 Credit Card Fees | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738430 LEGAL FEES | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 6,000 |
| 738435 ACCOUNTING/AUDIT FEES | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 11,182 |
| 738436 CONTRACTS - CCRC | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738440 ADMINISTRATIVE PROF CONSULTANT | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 1,758 |
| 738445 COPYING AND PRINTING | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 38 | 459 |
| 738450 COMPUTER SYSTEM COST | 12,076 | 12,076 | 12,076 | 12,076 | 12,076 | 12,076 | 12,076 | 12,076 | 12,076 | 12,076 | 12,076 | 12,076 | 144,912 |
| 738455 CONDO FEE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738455 CONDO MANAGEMENT FEE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738600 PROVIDER TAX EXPENSE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Sales/Use Tax | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738428 Sales/Use Tax | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 27,860 |
| TOTAL Sales/Use Tax | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 2,322 | 27,860 |
| **TOTAL (738) ADMINISTRATION** | **72,684** | **71,836** | **71,836** | **71,836** | **71,836** | **72,684** | **73,043** | **72,194** | **73,043** | **72,194** | **72,194** | **73,891** | **869,270** |
| (739) ADMIN TAXES/BENEFITS | | | | | | | | | | | | | |
| 739120 PAYROLL TAXES-ADMIN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739130 PAYROLL TAXES-FICA | 22,741 | 21,855 | 21,855 | 21,855 | 21,855 | 22,741 | 23,135 | 22,249 | 23,135 | 22,249 | 22,249 | 24,021 | 269,944 |
| 739140 PAYROLL TAXES UNEMPL | 5,351 | 5,142 | 5,142 | 2,000 | 2,000 | 2,081 | 1,210 | 1,163 | 1,210 | 582 | 582 | 628 | 27,091 |
| 739150 PAYROLL TAXES-OTHER | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739160 WORKERS COMP INSURANCE | 6,161 | 6,161 | 6,161 | 6,161 | 6,161 | 6,161 | 6,161 | 6,161 | 6,161 | 6,161 | 6,161 | 6,161 | 73,936 |
| 739165 WORK COMP-DEDUCTIBLES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739200 HEALTH INSURANCE | 27,375 | 27,375 | 27,375 | 27,375 | 27,375 | 27,375 | 27,375 | 27,375 | 27,375 | 27,375 | 27,375 | 27,375 | 328,506 |
| 739300 LIABILITLY INSUR(PROF& GENERA | 11,863 | 11,863 | 11,863 | 11,863 | 11,863 | 11,863 | 11,863 | 11,863 | 11,863 | 11,863 | 11,863 | 11,863 | 142,358 |
| 739305 INSURANCE SPECIALISTS | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 1,097 |
| 739310 INSURANCE - OTHER PN BON | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739320 401K/RETIREMENT EXPENSE | 3,016 | 3,016 | 3,016 | 3,016 | 3,016 | 3,016 | 3,016 | 3,016 | 3,016 | 3,016 | 3,016 | 3,016 | 36,192 |
| 739325 UNIFORMS/NAME TAGS | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 440 | 5,283 |
| 739330 EMPLOYEE MEALS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739340 OTHER TAXES/BENEFITS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739350 BUS PASS DEDUCTION | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (739) ADMIN TAXES/BENEFITS** | **77,040** | **75,946** | **75,946** | **72,803** | **72,803** | **73,770** | **73,293** | **72,360** | **73,293** | **71,779** | **71,779** | **73,597** | **884,407** |
| (740) ADMIN EMPLOYEE EXPENSE | | | | | | | | | | | | | |
| 740200 MEMBERSHIPS/PROFESSIONAL ORG. | 526 | 526 | 526 | 526 | 526 | 526 | 526 | 526 | 526 | 526 | 526 | 526 | 6,310 |
| 740300 EDUCATIONAL EXPENSES | 766 | 766 | 766 | 766 | 766 | 766 | 766 | 766 | 766 | 766 | 766 | 766 | 9,194 |
| 740350 EMPLOYEE APPRECIATION | 941 | 941 | 941 | 941 | 941 | 941 | 941 | 941 | 941 | 941 | 941 | 941 | 11,289 |
| 740375 Associate Surveys/LS Training | 622 | 622 | 622 | 622 | 622 | 622 | 622 | 622 | 622 | 622 | 622 | 622 | 7,470 |

Community: Juniper Village at Bucks County ILF

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| 740400 EMPLYMNT ADS & BACKGROUND CHK | 1,429 | 1,429 | 1,429 | 1,429 | 1,429 | 1,429 | 1,429 | 1,429 | 1,429 | 1,429 | 1,429 | 1,429 | 17,149 |
| 740450 EMPLOYEE LICENSES/PERMITS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (740) ADMIN EMPLOYEE EXPENSE** | **4,277** | **4,277** | **4,277** | **4,277** | **4,277** | **4,277** | **4,277** | **4,277** | **4,277** | **4,277** | **4,277** | **4,277** | **51,330** |
| (745) COMMUNITY RELATIONS | | | | | | | | | | | | | |
| 745100 COMM RELA SALARIES | 50,950 | 50,950 | 50,950 | 50,950 | 50,950 | 50,950 | 50,950 | 50,950 | 50,950 | 50,950 | 50,950 | 50,950 | 611,395 |
| 745104 COMM RELA- OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 745200 CONTRACTED CR | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 282 | 3,386 |
| 745300 HOME OFFICE MARKETING | 10,404 | 10,404 | 10,404 | 10,404 | 10,404 | 10,404 | 10,404 | 10,404 | 10,404 | 10,404 | 10,404 | 10,404 | 124,848 |
| 745400 ADVERTISING/PROMOTIONS | 4,944 | 4,944 | 4,944 | 4,944 | 4,944 | 4,944 | 4,944 | 4,944 | 4,944 | 4,944 | 4,944 | 4,944 | 59,323 |
| 745401 Family Picnic | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 745450 REFERRAL FEES | 4,450 | 4,450 | 4,450 | 4,450 | 4,450 | 4,450 | 4,450 | 4,450 | 4,450 | 4,450 | 4,450 | 4,450 | 53,395 |
| 745500 MARKETING CONSULT/TRAVEL | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 102 | 1,218 |
| **TOTAL (745) COMMUNITY RELATIONS** | **71,131** | **71,131** | **71,131** | **71,131** | **71,131** | **71,131** | **71,131** | **71,131** | **71,131** | **71,131** | **71,131** | **71,131** | **853,566** |
| (750) MAINTENANCE | | | | | | | | | | | | | |
| 750100 MAINTENANCE SALARIES | 29,263 | 29,935 | 29,935 | 29,935 | 29,935 | 29,263 | 29,862 | 30,534 | 29,862 | 30,534 | 30,534 | 29,190 | 358,782 |
| 750102 PLANT_HOLIDAY | 1,792 | - | - | - | - | 1,792 | 1,792 | - | 1,792 | - | - | 3,585 | 10,754 |
| 750103 PLANT_TRAINING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750104 PLANT_OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750150 CONTRACT REGIONAL ASSOCIATE | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 3,529 |
| 750230 MAINTENANCE SUPPLIES | 6,321 | 6,321 | 6,321 | 6,321 | 6,321 | 6,321 | 6,321 | 6,321 | 6,321 | 6,321 | 6,321 | 6,321 | 75,858 |
| 750235 Maint - Room Renovation | 13,973 | 13,973 | 13,973 | 13,973 | 13,973 | 13,973 | 13,973 | 13,973 | 13,973 | 13,973 | 13,973 | 13,973 | 167,682 |
| 750250 PURCHASED SERV-REFUSE REMOVAL | 6,064 | 6,064 | 6,064 | 6,064 | 6,064 | 6,064 | 6,064 | 6,064 | 6,064 | 6,064 | 6,064 | 6,064 | 72,765 |
| 750255 PURCHASED SERV - MEDICAL WASTE | 574 | 574 | 574 | 574 | 574 | 574 | 574 | 574 | 574 | 574 | 574 | 574 | 6,891 |
| 750300 PURCHASED SERV - SNOW PLOWING | 9,356 | 9,356 | 9,356 | 9,356 | 9,356 | 9,356 | 9,356 | 9,356 | 9,356 | 9,356 | 9,356 | 9,356 | 112,269 |
| 750350 PURCHASED SERVICES - LAWN | 4,201 | 4,201 | 4,201 | 4,201 | 4,201 | 4,201 | 4,201 | 4,201 | 4,201 | 4,201 | 4,201 | 4,201 | 50,411 |
| 750400 REPAIR AND REPLACEMENT EXPENSE | 14,109 | 14,109 | 14,109 | 14,109 | 14,109 | 14,109 | 14,109 | 14,109 | 14,109 | 14,109 | 14,109 | 14,109 | 169,314 |
| 750500 PURCHASED SERV-SERVICE CNTRCTS | 15,808 | 15,808 | 15,808 | 15,808 | 15,808 | 15,808 | 15,808 | 15,808 | 15,808 | 15,808 | 15,808 | 15,808 | 189,700 |
| **TOTAL (750) MAINTENANCE** | **101,756** | **100,636** | **100,636** | **100,636** | **100,636** | **101,756** | **102,356** | **101,236** | **102,356** | **101,236** | **101,236** | **103,476** | **1,217,954** |
| (800) PROPERTY | | | | | | | | | | | | | |
| 800200 UTILITIES - GAS/OIL | 5,252 | 5,252 | 5,252 | 5,252 | 5,252 | 5,252 | 5,252 | 5,252 | 5,252 | 5,252 | 5,252 | 5,252 | 63,020 |
| 800205 UTILITIES - ELECTRIC | 48,241 | 48,241 | 48,241 | 48,241 | 48,241 | 48,241 | 48,241 | 48,241 | 48,241 | 48,241 | 48,241 | 48,241 | 578,887 |
| 800210 UTILITIES - SEWAGE/WATER | 18,902 | 18,902 | 18,902 | 18,902 | 18,902 | 18,902 | 18,902 | 18,902 | 18,902 | 18,902 | 18,902 | 18,902 | 226,822 |
| 800215 UTILITIES - OTHER | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 800300 INSURANCE PROPERTY & CASULATY | 7,664 | 7,664 | 7,664 | 7,664 | 7,664 | 7,664 | 7,664 | 7,664 | 7,664 | 7,664 | 7,664 | 7,664 | 91,966 |
| 800400 PROPERTY TAXES | 46,677 | 46,677 | 46,677 | 46,677 | 46,677 | 46,677 | 46,677 | 46,677 | 46,677 | 46,677 | 46,677 | 46,677 | 560,122 |
| 800500 EQUIPMENT RENTAL/LEASE | 12,483 | 12,483 | 12,483 | 12,483 | 12,483 | 12,483 | 12,483 | 12,483 | 12,483 | 12,483 | 12,483 | 12,483 | 149,801 |
| 800550 EQUIP LEASE/RENTAL-DHC | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 800600 LAND LEASE (IF APPLICABLE) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (800) PROPERTY** | **139,218** | **139,218** | **139,218** | **139,218** | **139,218** | **139,218** | **139,218** | **139,218** | **139,218** | **139,218** | **139,218** | **139,218** | **1,670,619** |
| (801) MANAGEMENT FEES | | | | | | | | | | | | | |
| 801500 MGMT FEES | 46,328 | 46,790 | 46,977 | 47,276 | 47,409 | 47,926 | 48,025 | 48,208 | 48,693 | 48,790 | 49,061 | 49,373 | 574,856 |
| 801600 Condo Fees | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (801) MANAGEMENT FEES** | **46,328** | **46,790** | **46,977** | **47,276** | **47,409** | **47,926** | **48,025** | **48,208** | **48,693** | **48,790** | **49,061** | **49,373** | **574,856** |
| (803) INTEREST | | | | | | | | | | | | | |
| 803500 MORTGAGE INTEREST | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 803505 MORTGAGE PREMIUM INSUR | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 803550 FACILITY LEASE | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 672,000 |
| 803560 LEASE EXPENSE | - | - | - | - | - | - | - | - | - | - | - | - | - |

Community: Juniper Village at Bucks County ILF

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| 803601 INTEREST CAPITAL LEASE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (803) INTEREST | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 56,000 | 672,000 |
| TOTAL OPERATING EXPENSES | 814,533 | 799,908 | 802,946 | 799,383 | 800,530 | 813,007 | 818,804 | 806,621 | 819,013 | 807,062 | 806,570 | 833,065 | 9,721,441 |
| EBITDAR | (15,768) | 6,815 | 7,000 | 15,724 | 16,871 | 13,305 | 9,208 | 24,548 | 20,529 | 34,149 | 39,302 | 18,187 | 189,869 |
| *Margin %* | -2% | 1% | 1% | 2% | 2% | 2% | 1% | 3% | 2% | 4% | 5% | 2% | 2% |
| | | | | | | | | | | | | *Less Interest-->* | 861,869 |
| OTHER EXPENSES | | | | | | | | | | | | | 9% |
| TOTAL (852) DEPRECIATION/AMORTIZATION | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (860) OTHER EXPENSES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL OTHER EXPENSES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| NET INCOME - (LOSS) | (15,768) | 6,815 | 7,000 | 15,724 | 16,871 | 13,305 | 9,208 | 24,548 | 20,529 | 34,149 | 39,302 | 18,187 | 189,869 |
| TOTAL CAPITAL & PRINCIPAL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| NET CASH FLOW | (15,768) | 6,815 | 7,000 | 15,724 | 16,871 | 13,305 | 9,208 | 24,548 | 20,529 | 34,149 | 39,302 | 18,187 | 189,869 |

Community: Juniper Village at Bucks County SL

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 Jan-26 | 28 Feb-26 | 31 Mar-26 | 30 Apr-26 | 31 May-26 | 30 Jun-26 | 31 Jul-26 | 31 Aug-26 | 30 Sep-26 | 31 Oct-26 | 30 Nov-26 | 31 Dec-26 | Budget Dec-26 |
| **Total Units** | **111** | **44** | **44** | **44** | **44** | **44** | **44** | **44** | **44** | **44** | **44** | **44** | |
| **ADC Census** | **39** | **39** | **39** | **40** | **40** | **40** | **40** | **40** | **40** | **41** | **41** | **41** | **40** |
| **Total Occupancy %** | **35%** | **89%** | **89%** | **91%** | **91%** | **91%** | **91%** | **91%** | **91%** | **93%** | **93%** | **93%** | **0%** |
| **Total Resident Days** | **1,209** | **1,092** | **1,209** | **1,200** | **1,240** | **1,200** | **1,240** | **1,240** | **1,200** | **1,271** | **1,230** | **1,271** | **14,602** |
| Move-Ins | 2.0 | 2.0 | 2.0 | 3.0 | 2.0 | 2.0 | 3.0 | 2.0 | 2.0 | 3.0 | 2.0 | 2.0 | |
| Move-Outs | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | |
| **Net** | - | - | - | **1** | - | - | **1** | - | - | **1** | - | - | |
| **REVENUE** | | | | | | | | | | | | | |
| RESIDENT REVENUE | | | | | | | | | | | | | |
| (410) ROOM & BOARD | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410110 R&B SNF PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410120 R&B SNF MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410125 SNF MEDICAID SUPPLEMENT | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410130 R&B SNF MEDICARE A | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410150 R&B SNF HOSPICE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410160 R&B RESPITE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410170 R&B SNF VETERANS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410190 R&B MANAGED CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (410) ROOM & BOARD** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (410B) ROOM & BOARD | | | | | | | | | | | | | |
| 410401 STUDIO - PRIVATE | *237,129* | *237,129* | *237,129* | *243,760* | *243,760* | *243,760* | *243,760* | *243,760* | *243,760* | *251,194* | *251,194* | *251,194* | *2,927,525* |
| 410405 ONE BEDROOM - PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410406 ONE-BEDROOM - COMPANION | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410409 TWO BEDROOM - PRIVATE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410411 CCRC Monthly Charge | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410412 CCRC EF 2% | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410413 PRIVATE PAY MEMORY CARE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410420 RESPITE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410430 MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410431 COST SHARE - MEDICAID | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410440 INDEPENDENT | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410459 Subsidy | *(10,294)* | *(10,294)* | *(10,294)* | *(10,294)* | *(10,294)* | *(10,294)* | *(10,294)* | *(10,294)* | *(10,294)* | *(10,294)* | *(10,294)* | *(10,294)* | *(123,524)* |
| 410460 DISCOUNT-PERMANENT | *(6,339)* | *(5,725)* | *(6,339)* | *(6,292)* | *(6,501)* | *(6,292)* | *(6,501)* | *(6,501)* | *(6,292)* | *(6,664)* | *(6,449)* | *(6,664)* | *(76,559)* |
| 410462 DISCOUNT-OTHER COMMUNITY FEES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 410470 Bed Hold/Deposits | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 460461 Discount Other | *(43)* | *(39)* | *(43)* | *(43)* | *(44)* | *(43)* | *(44)* | *(44)* | *(43)* | *(45)* | *(44)* | *(45)* | *(519)* |
| **TOTAL (410B) ROOM & BOARD** | ***220,453*** | ***221,071*** | ***220,453*** | ***227,132*** | ***226,920*** | ***227,132*** | ***226,920*** | ***226,920*** | ***227,132*** | ***234,191*** | ***234,407*** | ***234,191*** | ***2,726,923*** |
| (411) FEE REVENUE | | | | | | | | | | | | | |
| TOTAL (411) FEE REVENUE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| (412) ADDITIONAL CARE REVENUE | | | | | | | | | | | | | |
| 412412 VILLAGE LIVING PLUS | *442* | *399* | *442* | *439* | *453* | *439* | *453* | *453* | *439* | *465* | *450* | *465* | *5,337* |
| 412413 LEVEL 0 VILLAGE LIVING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412414 LEVEL 1 HELPING HANDS CARE | *6,699* | *6,051* | *6,699* | *6,649* | *6,871* | *6,649* | *6,871* | *6,871* | *6,649* | *7,043* | *6,816* | *7,043* | *80,912* |
| 412415 LEVEL 2 EXTENDED CARE | *8,857* | *7,999* | *8,857* | *8,791* | *9,084* | *8,791* | *9,084* | *9,084* | *8,791* | *9,311* | *9,010* | *9,311* | *106,967* |
| 412416 LEVEL 3 EXTENDED CARE PLUS | *1,952* | *1,763* | *1,952* | *1,938* | *2,002* | *1,938* | *2,002* | *2,002* | *1,938* | *2,052* | *1,986* | *2,052* | *23,579* |

Community: Juniper Village at Bucks County SL

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| 412417 MEDICATION ADMIN FEE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412419 LEVEL 4 COMPREHENSIVE CARE | 10,415 | 9,407 | 10,415 | 10,337 | 10,682 | 10,337 | 10,682 | 10,682 | 10,337 | 10,949 | 10,595 | 10,949 | 125,785 |
| 412420 LEVEL 5 COMPREHENSIVE CARE PLS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412421 LEVEL 6 | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 412428 Care Coordination Revenue | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (412) ADDITIONAL CARE REVENUE** | **28,365** | **25,620** | **28,365** | **28,153** | **29,092** | **28,153** | **29,092** | **29,092** | **28,153** | **29,819** | **28,857** | **29,819** | **342,580** |
| **TOTAL RESIDENT REVEUNE** | **248,818** | **246,691** | **248,818** | **255,285** | **256,012** | **255,285** | **256,012** | **256,012** | **255,285** | **264,010** | **263,265** | **264,010** | **3,069,503** |
| **TOTAL ANCILLARY REVENUE** | **3,453** | **3,227** | **3,453** | **3,435** | **3,512** | **3,435** | **3,512** | **3,512** | **3,435** | **3,572** | **3,493** | **3,572** | **41,612** |
| **TOTAL CONTRACTUAL ALLOWANCES & OTHER ADJUSTMENTS** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL REVENUE** | **252,270** | **249,918** | **252,270** | **258,720** | **259,525** | **258,720** | **259,525** | **259,525** | **258,720** | **267,582** | **266,758** | **267,582** | **3,111,115** |
| | | | | | | | | | | | | | |
| **OPERATING EXPENSES** | | | | | | | | | | | | | |
| WELLNESS | | | | | | | | | | | | | |
| 601100 NURSING ADMIN SALARIES | 6,640 | 6,640 | 6,640 | 6,640 | 6,640 | 6,640 | 6,640 | 6,640 | 6,640 | 6,640 | 6,640 | 6,640 | 79,684 |
| 601200 MDS COORDINATOR/QA SAL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601300 STAFFING COORD SALARIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601400 RN SALARIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601401 RN PTO | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601402 RN HOLIDAY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601403 RN TRAINING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601404 RN OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601500 LPN SALARIES | 24,284 | 24,284 | 24,284 | 24,284 | 24,284 | 24,284 | 24,284 | 24,284 | 24,284 | 24,284 | 24,284 | 24,284 | 291,408 |
| 601501 LPN PTO | 729 | 729 | 729 | 729 | 729 | 729 | 729 | 729 | 729 | 729 | 729 | 729 | 8,742 |
| 601502 LPN HOLIDAY | 1,457 | - | - | - | - | 1,457 | 1,457 | - | 1,457 | - | - | 2,914 | 8,742 |
| 601503 LPN TRAINING | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 121 | 1,457 |
| 601504 LPN OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601600 CNA/RA /MTSALARIES | 54,332 | 54,332 | 54,332 | 54,332 | 54,332 | 54,332 | 55,622 | 55,622 | 55,622 | 55,622 | 55,622 | 55,622 | 659,729 |
| 601601 CNA/RA/MT PTO | 1,649 | 1,649 | 1,649 | 1,649 | 1,649 | 1,649 | 1,649 | 1,649 | 1,649 | 1,649 | 1,649 | 1,649 | 19,792 |
| 601602 CNA/RA/MT HOLIDAY | 3,299 | - | - | - | - | 3,299 | 3,299 | - | 3,299 | - | - | 6,597 | 19,792 |
| 601603 CNA/RA/MT TRAINING | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 275 | 3,299 |
| 601604 CNA/RA/MT OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601700 RESTORATIVE AIDES SALARIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601702 RESTORATIVE HOLIDAY/HOL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601703 NURSING_RESTORAT TRAIN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601704 NURSING_RESTORATIVE OVER | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601800 MEDICAL CONCIERGE SALARY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601802 Medical Concierge Holiday | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601803 Medical Concierge Training | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601804 Medical Concierge Overtime | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601810 RN CONTRACTED (AGENCY) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601815 LPN CONTRACTED (AGENCY) | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 601820 OTHER CONTRACTED-AGENCY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL WELLNESS** | **92,787** | **88,031** | **88,031** | **88,031** | **88,031** | **92,787** | **94,077** | **89,321** | **94,077** | **89,321** | **89,321** | **98,832** | **1,092,645** |
| | | | | | | | | | | | | | |
| (605) CONNECTIONS | | | | | | | | | | | | | |
| 605100 CONNECTIONS SALARIES | 10,180 | 10,284 | 10,284 | 10,284 | 10,284 | 10,180 | 10,488 | 10,593 | 10,488 | 10,593 | 10,593 | 10,384 | 124,634 |
| 605101 CONNECTIONS PTO | 313 | 313 | 313 | 313 | 313 | 313 | 313 | 313 | 313 | 313 | 313 | 313 | 3,758 |
| 605102 CONNECTIONS HOLIDAY | 626 | - | - | - | - | 626 | 626 | - | 626 | - | - | 1,253 | 3,758 |
| 605103 CONNECTIONS TRAINING | 52 | 52 | 52 | 52 | 52 | 52 | 52 | 52 | 52 | 52 | 52 | 52 | 626 |
| 605104 CONNECTIONS OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605130 CONNECTIONS SUPPLIES | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 3,600 |
| 605135 CONNECTIONS VAN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605140 CONNECTIONS VAN (AUTO) INSUR | - | - | - | - | - | - | - | - | - | - | - | - | - |

Community: Juniper Village at Bucks County SL

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| 605142 RESIDENT TRANSPORTATION | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605145 CONNECTIONS CONT SERVICES | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 300 | 3,600 |
| 605150 THERAPEUTIC VOLUNTEER PR | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605155 CONNECTIONS OUTINGS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 605160 CABLE TV | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (605) CONNECTIONS** | **11,771** | **11,249** | **11,249** | **11,249** | **11,249** | **11,771** | **12,080** | **11,558** | **12,080** | **11,558** | **11,558** | **12,602** | **139,976** |
| **TOTAL (603) SDC** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (606) SOCIAL SERVICES** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (607) TRANSPORTATION** | **146** | **146** | **146** | **146** | **146** | **146** | **146** | **146** | **146** | **146** | **146** | **146** | **1,756** |
| **TOTAL (608) MEDICAL RECORDS** | **877** | **877** | **877** | **877** | **877** | **877** | **877** | **877** | **877** | **877** | **877** | **877** | **10,524** |
| **TOTAL (620) ANCILLARY MEDICAL SERVICES** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (621) ANCILLARY SUPPLIES** | **3,143** | **3,143** | **3,143** | **3,143** | **3,143** | **3,143** | **3,143** | **3,143** | **3,143** | **3,143** | **3,143** | **3,143** | **37,721** |
| **TOTAL (650) ANCILLARY EXPENSE OTHER** | - | - | - | - | - | - | - | - | - | - | - | - | - |
| | | | | | | | | | | | | | |
| (735) DINING | | | | | | | | | | | | | |
| 735100 DINING SALARIES | 7,147 | 7,220 | 7,220 | 7,220 | 7,220 | 7,147 | 7,363 | 7,436 | 7,363 | 7,436 | 7,436 | 7,290 | 87,498 |
| 735101 DINING SALARIES PTO | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 220 | 2,638 |
| 735102 DINING SALARIES HOLIDAY | 440 | - | - | - | - | 440 | 440 | - | 440 | - | - | 879 | 2,638 |
| 735103 DINING SALARIES -TRAINING | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 37 | 440 |
| 735104 DINING-OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 735500 RAW FOOD COSTS | 10,578 | 9,555 | 10,578 | 10,500 | 10,850 | 10,500 | 10,850 | 10,850 | 10,500 | 11,121 | 10,762 | 11,121 | 127,763 |
| 735501 Cafe | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 735505 NUTRITIONAL SUPPLEMENTS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 735530 DINING SUPPLIES | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 200 | 2,400 |
| 735532 DINING LINEN RENTAL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 735535 DIETICIAN CONTRACTED | 330 | 330 | 330 | 330 | 330 | 330 | 330 | 330 | 330 | 330 | 330 | 330 | 3,956 |
| 735537 Alcohol/Liquor purchases | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (735) DINING** | **18,951** | **17,561** | **18,584** | **18,506** | **18,856** | **18,872** | **19,439** | **19,072** | **19,089** | **19,343** | **18,985** | **20,076** | **227,333** |
| | | | | | | | | | | | | | |
| (737) LAUNDRY | | | | | | | | | | | | | |
| 737100 HSKP/LAUNDRY SALARIES | 11,369 | 11,369 | 11,369 | 11,369 | 11,369 | 11,369 | 11,711 | 11,711 | 11,711 | 11,711 | 11,711 | 11,711 | 138,480 |
| 737101 HSKP/LAUNDRY SALARIES PTO | 346 | 346 | 346 | 346 | 346 | 346 | 346 | 346 | 346 | 346 | 346 | 346 | 4,154 |
| 737102 HSKP/LAUNDRY SALARIES HOLIDAY | 692 | - | - | - | - | 692 | 692 | - | 692 | - | - | 1,385 | 4,154 |
| 737103 HSKP/LAUNDRY SALARIES TRAINING | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 58 | 692 |
| 737104 HSKP/LAUNDRY -OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 737530 HSKP SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 737535 HSKP OUTSIDE SERVICES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 737540 LAUNDRY SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 737545 LINENS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (737) LAUNDRY** | **12,466** | **11,773** | **11,773** | **11,773** | **11,773** | **12,466** | **12,807** | **12,114** | **12,807** | **12,114** | **12,114** | **13,499** | **147,481** |
| | | | | | | | | | | | | | |
| (738) ADMINISTRATION | | | | | | | | | | | | | |
| 738050 MANGMNT CO. DIRECT ED EXPENSE | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 54,092 |
| 738055 AIT Salary | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738075 SALARY - OTHER BUSINESS OFFICE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738100 SALARY - BUS. MANAGER | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738102 ADMIN BUSINESS OFFICE HO | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738103 ADMIN BUSINESS OFFICE T | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738104 ADMIN BUSINESS OFFICE OT | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738200 ADMISSIONS SALARY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738230 ADMISSIONS SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738235 ADMISSIONS CONTRACTED | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738310 CONTRCTD ACCOUNTING\REPORTING | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 885 | 10,623 |

Community: Juniper Village at Bucks County SL

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| 738315 CONTRACT HR/PAYROLL | 310 | 310 | 310 | 310 | 310 | 310 | 310 | 310 | 310 | 310 | 310 | 310 | 3,714 |
| 738330 OFFICE SUPPLIES | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 572 |
| 738340 MINOR EQUIPMENT - ADMIN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738345 PAYROLL PROCESSING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738350 POSTAGE | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 132 | 1,586 |
| 738400 TELEPHONE | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 111 |
| 738410 TRAVEL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738415 MANAGEMENT MEALS AND TRAVEL | 1,654 | 1,654 | 1,654 | 1,654 | 1,654 | 1,654 | 1,654 | 1,654 | 1,654 | 1,654 | 1,654 | 1,654 | 19,847 |
| 738420 LICENSES/PERMITS/Dues/Subscrip | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738424 ED Conference | 196 | 196 | 196 | 196 | 196 | 196 | 196 | 196 | 196 | 196 | 196 | 196 | 2,356 |
| 738425 BANK CHARGES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738426 LATE FEES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738427 Credit Card Fees | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738430 LEGAL FEES | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 500 | 6,000 |
| 738435 ACCOUNTING/AUDIT FEES | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 932 | 11,182 |
| 738436 CONTRACTS - CCRC | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738440 ADMINISTRATIVE PROF CONSULTANT | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 147 | 1,758 |
| 738445 COPYING AND PRINTING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738450 COMPUTER SYSTEM COST | 8,751 | 8,751 | 8,751 | 8,751 | 8,751 | 8,751 | 8,751 | 8,751 | 8,751 | 8,751 | 8,751 | 8,751 | 105,012 |
| 738455 CONDO FEE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738455 CONDO MANAGEMENT FEE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738600 PROVIDER TAX EXPENSE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Sales/Use Tax | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 738428 Sales/Use Tax | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL Sales/Use Tax | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (738) ADMINISTRATION** | **18,071** | **18,071** | **18,071** | **18,071** | **18,071** | **18,071** | **18,071** | **18,071** | **18,071** | **18,071** | **18,071** | **18,071** | **216,853** |
| (739) ADMIN TAXES/BENEFITS | | | | | | | | | | | | | |
| 739120 PAYROLL TAXES-ADMIN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739130 PAYROLL TAXES-FICA | 9,851 | 9,366 | 9,366 | 9,366 | 9,366 | 9,851 | 10,016 | 9,531 | 10,016 | 9,531 | 9,531 | 10,501 | 116,296 |
| 739140 PAYROLL TAXES UNEMPL | 2,318 | 2,204 | 2,204 | 857 | 857 | 901 | 917 | 872 | 917 | 872 | 872 | 961 | 14,752 |
| 739150 PAYROLL TAXES-OTHER | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739160 WORKERS COMP INSURANCE | 770 | 770 | 770 | 770 | 770 | 770 | 770 | 770 | 770 | 770 | 770 | 770 | 9,242 |
| 739165 WORK COMP-DEDUCTIBLES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739200 HEALTH INSURANCE | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 847 | 10,164 |
| 739300 LIABILITLY INSUR(PROF& GENERA | 1,475 | 1,475 | 1,475 | 1,475 | 1,475 | 1,475 | 1,475 | 1,475 | 1,475 | 1,475 | 1,475 | 1,475 | 17,695 |
| 739305 INSURANCE SPECIALISTS | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 28 | 340 |
| 739310 INSURANCE - OTHER PN BON | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739320 401K/RETIREMENT EXPENSE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739325 UNIFORMS/NAME TAGS | 273 | 273 | 273 | 273 | 273 | 273 | 273 | 273 | 273 | 273 | 273 | 273 | 3,278 |
| 739330 EMPLOYEE MEALS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739340 OTHER TAXES/BENEFITS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 739350 BUS PASS DEDUCTION | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (739) ADMIN TAXES/BENEFITS** | **15,562** | **14,964** | **14,964** | **13,617** | **13,617** | **14,146** | **14,326** | **13,797** | **14,326** | **13,797** | **13,797** | **14,855** | **171,766** |
| (740) ADMIN EMPLOYEE EXPENSE | | | | | | | | | | | | | |
| 740200 MEMBERSHIPS/PROFESSIONAL ORG | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 325 | 3,897 |
| 740300 EDUCATIONAL EXPENSES | 589 | 589 | 589 | 589 | 589 | 589 | 589 | 589 | 589 | 589 | 589 | 589 | 7,068 |
| 740350 EMPLOYEE APPRECIATION | 148 | 148 | 148 | 148 | 148 | 148 | 148 | 148 | 148 | 148 | 148 | 148 | 1,776 |
| 740375 Associate Surveys/LS Training | 226 | 226 | 226 | 226 | 226 | 226 | 226 | 226 | 226 | 226 | 226 | 226 | 2,709 |
| 740400 EMPLYMNT ADS & BACKGROUND CHK | 936 | 936 | 936 | 936 | 936 | 936 | 936 | 936 | 936 | 936 | 936 | 936 | 11,236 |
| 740450 EMPLOYEE LICENSES/PERMITS | - | - | - | - | - | - | - | - | - | - | - | - | - |

Community: Juniper Village at Bucks County SL

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| **TOTAL (740) ADMIN EMPLOYEE EXPENSE** | ***2,224*** | ***2,224*** | ***2,224*** | ***2,224*** | ***2,224*** | ***2,224*** | ***2,224*** | ***2,224*** | ***2,224*** | ***2,224*** | ***2,224*** | ***2,224*** | ***26,686*** |
| (745) COMMUNITY RELATIONS | | | | | | | | | | | | | |
| 745100 COMM RELA SALARIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 745104 COMM RELA- OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 745200 CONTRACTED CR | *282* | *282* | *282* | *282* | *282* | *282* | *282* | *282* | *282* | *282* | *282* | *282* | *3,386* |
| 745300 HOME OFFICE MARKETING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 745400 ADVERTISING/PROMOTIONS | *337* | *337* | *337* | *337* | *337* | *337* | *337* | *337* | *337* | *337* | *337* | *337* | *4,042* |
| 745401 Family Picnic | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 745450 REFERRAL FEES | *189* | *189* | *189* | *189* | *189* | *189* | *189* | *189* | *189* | *189* | *189* | *189* | *2,269* |
| 745500 MARKETING CONSULT/TRAVEL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (745) COMMUNITY RELATIONS** | ***808*** | ***808*** | ***808*** | ***808*** | ***808*** | ***808*** | ***808*** | ***808*** | ***808*** | ***808*** | ***808*** | ***808*** | ***9,696*** |
| (750) MAINTENANCE | | | | | | | | | | | | | |
| 750100 MAINTENANCE SALARIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750102 PLANT_HOLIDAY | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750103 PLANT_TRAINING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750104 PLANT_OVERTIME | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750150 CONTRACT REGIONAL ASSOCIATE | *294* | *294* | *294* | *294* | *294* | *294* | *294* | *294* | *294* | *294* | *294* | *294* | *3,529* |
| 750230 MAINTENANCE SUPPLIES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750235 Maint - Room Renovation | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750250 PURCHASED SERV-REFUSE REMOVAL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750255 PURCHASED SERV - MEDICAL WASTE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750300 PURCHASED SERV - SNOW PLOWING | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750350 PURCHASED SERVICES - LAWN | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750400 REPAIR AND REPLACEMENT EXPENSE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 750500 PURCHASED SERV-SERVICE CNTRCTS | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (750) MAINTENANCE** | ***294*** | ***294*** | ***294*** | ***294*** | ***294*** | ***294*** | ***294*** | ***294*** | ***294*** | ***294*** | ***294*** | ***294*** | ***3,529*** |
| (800) PROPERTY | | | | | | | | | | | | | |
| 800200 UTILITIES - GAS/OIL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 800205 UTILITIES - ELECTRIC | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 800210 UTILITIES - SEWAGE/WATER | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 800215 UTILITIES - OTHER | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 800300 INSURANCE PROPERTY & CASUALTY | *958* | *958* | *958* | *958* | *958* | *958* | *958* | *958* | *958* | *958* | *958* | *958* | *11,496* |
| 800400 PROPERTY TAXES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 800500 EQUIPMENT RENTAL/LEASE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 800550 EQUIP LEASE/RENTAL-DHC | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 800600 LAND LEASE (IF APPLICABLE) | *12,000* | *12,000* | *12,000* | *12,000* | *12,000* | *12,000* | *12,000* | *12,000* | *12,000* | *12,000* | *12,000* | *12,000* | *144,000* |
| **TOTAL (800) PROPERTY** | ***12,958*** | ***12,958*** | ***12,958*** | ***12,958*** | ***12,958*** | ***12,958*** | ***12,958*** | ***12,958*** | ***12,958*** | ***12,958*** | ***12,958*** | ***12,958*** | ***155,496*** |
| (801) MANAGEMENT FEES | | | | | | | | | | | | | |
| 801500 MGMT FEES | *14,632* | *14,495* | *14,632* | *15,006* | *15,052* | *15,006* | *15,052* | *15,052* | *15,006* | *15,520* | *15,472* | *15,520* | *180,445* |
| 801600 Condo Fees | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (801) MANAGEMENT FEES** | ***14,632*** | ***14,495*** | ***14,632*** | ***15,006*** | ***15,052*** | ***15,006*** | ***15,052*** | ***15,052*** | ***15,006*** | ***15,520*** | ***15,472*** | ***15,520*** | ***180,445*** |
| (803) INTEREST | | | | | | | | | | | | | |
| 803500 MORTGAGE INTEREST | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 803505 MORTGAGE PREMIUM INSUR | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 803550 FACILITY LEASE | *15,000* | *15,000* | *15,000* | *15,000* | *15,000* | *15,000* | *15,000* | *15,000* | *15,000* | *15,000* | *15,000* | *15,000* | *180,000* |
| 803560 LEASE EXPENSE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| 803601 INTEREST CAPITAL LEASE | - | - | - | - | - | - | - | - | - | - | - | - | - |
| **TOTAL (803) INTEREST** | ***15,000*** | ***15,000*** | ***15,000*** | ***15,000*** | ***15,000*** | ***15,000*** | ***15,000*** | ***15,000*** | ***15,000*** | ***15,000*** | ***15,000*** | ***15,000*** | ***180,000*** |

Community: Juniper Village at Bucks County SL

| | 2026 Budget | | | | | | | | | | | | T12M - Whole $ |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 31 | 28 | 31 | 30 | 31 | 30 | 31 | 31 | 30 | 31 | 30 | 31 | Budget |
| | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | Jun-26 | Jul-26 | Aug-26 | Sep-26 | Oct-26 | Nov-26 | Dec-26 | Dec-26 |
| TOTAL OPERATING EXPENSES | *219,690* | *211,595* | *212,755* | *211,704* | *212,100* | *218,569* | *221,302* | *214,437* | *220,906* | *215,175* | *214,769* | *228,906* | *2,601,909* |
| EBITDAR | 32,580 | 38,323 | 39,515 | 47,016 | 47,424 | 40,151 | 38,222 | 45,088 | 37,815 | 52,407 | 51,989 | 38,676 | 509,206 |
| *Margin %* | *13%* | *15%* | *16%* | *18%* | *18%* | *16%* | *15%* | *17%* | *15%* | *20%* | *19%* | *14%* | *16%* |
| | | | | | | | | | | | | ***Less Interest-->*** | ***689,206*** |
| OTHER EXPENSES | | | | | | | | | | | | | *22%* |
| TOTAL (852) DEPRECIATION/AMORTIZATION | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL (860) OTHER EXPENSES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| TOTAL OTHER EXPENSES | - | - | - | - | - | - | - | - | - | - | - | - | - |
| NET INCOME - (LOSS) | *32,580* | *38,323* | *39,515* | *47,016* | *47,424* | *40,151* | *38,222* | *45,088* | *37,815* | *52,407* | *51,989* | *38,676* | *509,206* |
| TOTAL CAPITAL & PRINCIPAL | - | - | - | - | - | - | - | - | - | - | - | - | - |
| NET CASH FLOW | *32,580* | *38,323* | *39,515* | *47,016* | *47,424* | *40,151* | *38,222* | *45,088* | *37,815* | *52,407* | *51,989* | *38,676* | *509,206* |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Community: Bucks SNF | | | | | | | | | | | | | | 15.00 |
| | Location: Pennsylvania | | | | | | | | | | | | | | 5,475 |
| Resident Days | | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 2026 |
| | | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 2026 | PRD |
| G / L # | DESCRIPTION | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | |
| | **REVENUE** | | | | | | | | | | | | | | |
| | ***ROUTINE*** | | | | | | | | | | | | | | |
| 410110 | SNF PRIVATE CERTIFIED | (50,483) | (47,877) | (53,007) | (51,297) | (53,007) | (51,297) | (53,007) | (53,007) | (51,297) | (53,007) | (51,297) | (53,007) | (621,590) | |
| 410120 | SNF MEDICAID CERTIFIED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 410125 | SNF MEDICAID SUPPLEMENT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 410130 | SNF MEDICARE A | (70,928) | (66,640) | (73,780) | (71,400) | (73,780) | (71,400) | (73,780) | (73,780) | (71,400) | (73,780) | (71,400) | (73,780) | (865,848) | |
| 410160 | SNF RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 410170 | SNF VA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 410190 | R&B Managed Care | (59,210) | (63,000) | (69,750) | (67,500) | (69,750) | (67,500) | (69,750) | (69,750) | (67,500) | (69,750) | (67,500) | (69,750) | (810,710) | |
| 410401 | STUDIO - PRIVATE | | | | | | | | | | | | | | |
| 410405 | One Bedroom Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 410459 | Subsidy | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 410460 | DISCOUNTS | | | | | | | | | | | | | 0 | |
| | ***Total Routine Revenue*** | ***(180,621)*** | ***(177,517)*** | ***(196,537)*** | ***(190,197)*** | ***(196,537)*** | ***(190,197)*** | ***(196,537)*** | ***(196,537)*** | ***(190,197)*** | ***(196,537)*** | ***(190,197)*** | ***(196,537)*** | ***(2,298,148)*** | ***(419.75)*** |
| | | | | | | | | | | ***Note: we moved contractual allowance for MCR and Managed to contractual*** | | | | | |
| 411406 | *Administrative Service Fee* | 0 | | | | | | | | | | | | 0 | |
| 411411 | *Late Fees* | 0 | | | | | | | | | | | | 0 | |
| 411417 | *Private Duty Service* | (98) | (98) | (98) | (98) | (98) | (98) | (98) | (98) | (98) | (98) | (98) | (98) | (1,170) | |
| 411426 | *Meal Plan Income* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 411436 | *Tech Services Revenue* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 413418 | *Dietary Supplements* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 413419 | *Wellness Supplies* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 413421 | *Pharmacy* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 413423 | *Incontinence Revenue* | (441) | (441) | (441) | (441) | (441) | (441) | (441) | (441) | (441) | (441) | (441) | (441) | (5,295) | |
| 414422 | *Rountine Revenue* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 414426 | ***Beauty Shop Revenue*** | (134) | (134) | (134) | (134) | (134) | (134) | (134) | (134) | (134) | (134) | (134) | (134) | (1,603) | |
| 414427 | *Phone Revenue* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 414428 | *Transportation Revenue* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 414429 | *Guest Meal Revenue* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 414430 | *Employee Meals* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 414431 | *Sundry Shop/Vending Revenue* | (14) | (14) | (14) | (14) | (14) | (14) | (14) | (14) | (14) | (14) | (14) | (14) | (171) | |
| 414432 | *Laundry Revenue* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 414433 | *Cable Revenue* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 414436 | ***Apartment HK Revenue*** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 414500 | *Interest Income* | (5) | (5) | (5) | (5) | (5) | (5) | (5) | (5) | (5) | (5) | (5) | (5) | (57) | |
| 414505 | *Other Revenue* | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 414511 | *Resident Tray Service* | | | | | | | | | | | | | 0 | |
| | | | | | | | | | | | | | | 0 | |
| | ***ANCILLARY*** | | | | | | | | | | | | | 0 | |
| 431110 | RADIOLOGY - PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 431120 | RADIOLOGY - MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 431130 | RADIOLOGY - MEDICARE A | (94) | (94) | (94) | (94) | (94) | (94) | (94) | (94) | (94) | (94) | (94) | (94) | (1,125) | |
| 431140 | RADIOLOGY - MEDICARE B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 431150 | RADIOLOGY - HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 431160 | RADIOLOGY - RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 431170 | RADIOLOGY - VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 431180 | RADIOLOGY- HMO/INSURANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 431190 | RADIOLOGY - MANAGED CARE | (84) | (84) | (84) | (84) | (84) | (84) | (84) | (84) | (84) | (84) | (84) | (84) | (1,013) | |
| 432110 | LAB - PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 432120 | LAB - MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 432130 | LAB - MEDICARE A | (255) | (255) | (255) | (255) | (255) | (255) | (255) | (255) | (255) | (255) | (255) | (255) | (3,065) | |
| 432140 | LAB - MEDICARE B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 432150 | LAB - HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 432160 | LAB - RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 432170 | LAB - VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 432180 | LAB - HMO/OTHER INSURANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 432190 | LAB - MANAGED CARE | (241) | (241) | (241) | (241) | (241) | (241) | (241) | (241) | (241) | (241) | (241) | (241) | (2,891) | |
| 433110 | PHYSICAL THERAPY - PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 433120 | PHYSICAL THERAPY - MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 433130 | PHYSICAL THERAPY - MCARE A | (15,388) | (15,388) | (15,388) | (15,388) | (15,388) | (15,388) | (15,388) | (15,388) | (15,388) | (15,388) | (15,388) | (15,388) | (184,657) | |
| 433140 | PHYSICAL THERAPY - MCARE B | (28,039) | (28,039) | (28,039) | (28,039) | (28,039) | (28,039) | (28,039) | (28,039) | (28,039) | (28,039) | (28,039) | (28,039) | (336,472) | |
| 433150 | PHYSICAL THERAPY - HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 433160 | PHYSICAL THERAPY - RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Community: Bucks SNF | | | | | | | | | | | | | | 15.00 |
| | Location: Pennsylvania | | | | | | | | | | | | | | |
| Resident Days | | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 5,475 |
| | | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 2026 | 2026 |
| G / L # | DESCRIPTION | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | PRD |
| 433170 | PHYSICAL THERAPY - VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 433180 | PHYSICAL THERAPY - HMO/OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 433190 | PHYSICAL THERAPY-MANAGED CARE | (31,126) | (31,126) | (31,126) | (31,126) | (31,126) | (31,126) | (31,126) | (31,126) | (31,126) | (31,126) | (31,126) | (31,126) | (373,515) | |
| 434110 | OCCUPATIONAL THERAPY - PRIVATE | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 203 | |
| 434120 | OCCUPATIONAL THERAPY - MCAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 434130 | OCCUPATIONAL THERAPY - MCARE A | (14,278) | (14,278) | (14,278) | (14,278) | (14,278) | (14,278) | (14,278) | (14,278) | (14,278) | (14,278) | (14,278) | (14,278) | (171,338) | |
| 434140 | OCCUPATIONAL THERAPY - MCARE B | (24,193) | (24,193) | (24,193) | (24,193) | (24,193) | (24,193) | (24,193) | (24,193) | (24,193) | (24,193) | (24,193) | (24,193) | (290,310) | |
| 434150 | OCCUPATIONAL THERAPY - HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 434160 | OCCUPATIONAL THERAPY - RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 434170 | OCCUPATIONAL THERAPY - VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 434180 | OCCUPATIONAL THERAPY-HMO/OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 434190 | OCCUPATIONAL THERAPY-MGD CARE | (27,546) | (27,546) | (27,546) | (27,546) | (27,546) | (27,546) | (27,546) | (27,546) | (27,546) | (27,546) | (27,546) | (27,546) | (330,548) | |
| 435110 | Audiology Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

| | | Community: Bucks SNF | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Location: Pennsylvania | | | | | | | | | | | | | 15.00 |
| Resident Days | | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 5,475 |
| | | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 2026 | 2026 |
| G / L # | DESCRIPTION | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | PRD |
| 436120 | Audiology MCD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 326130 | Audiology MCR A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 436140 | Audiology MCR B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 435110 | SPEECH THERAPY - PRIVATE | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 143 | |
| 435120 | SPEECH THERAPY - MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 435130 | SPEECH THERAPY - MEDICARE A | (4,846) | (4,846) | (4,846) | (4,846) | (4,846) | (4,846) | (4,846) | (4,846) | (4,846) | (4,846) | (4,846) | (4,846) | (58,148) | |
| 435140 | SPEECH THERAPY - MEDICARE B | (8,825) | (8,825) | (8,825) | (8,825) | (8,825) | (8,825) | (8,825) | (8,825) | (8,825) | (8,825) | (8,825) | (8,825) | (105,900) | |
| 435150 | SPEECH THERAPY - HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 435160 | SPEECH THERAPY - RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 435170 | SPEECH THERAPY - VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 435180 | SPEECH THERAPY - HMO/OTHER INS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 435190 | SPEECH THERAPY - MANAGED CARE | (7,590) | (7,590) | (7,590) | (7,590) | (7,590) | (7,590) | (7,590) | (7,590) | (7,590) | (7,590) | (7,590) | (7,590) | (91,080) | |
| 437110 | MEDICAL SUPPLIES - PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 437111 | Rountine Supplies | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 437120 | MEDICAL SUPPLIES - MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 437130 | MEDICAL SUPPLIES - MEDICARE A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 437140 | MEDICAL SUPPLIES - MEDICARE B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 437150 | MEDICAL SUPPLIES - HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 437160 | MEDICAL SUPPLIES - RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 437170 | MEDICAL SUPPLIES - VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 437180 | MEDICAL SUPPLIES - HMO/OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 437190 | MEDICAL SUPPLIES - MANAGED CAR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 438110 | PHARMACY - PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 438120 | PHARMACY - MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 438130 | PHARMACY - MEDICARE A | (5,389) | (5,389) | (5,389) | (5,389) | (5,389) | (5,389) | (5,389) | (5,389) | (5,389) | (5,389) | (5,389) | (5,389) | (64,670) | |
| 438150 | PHARMACY - HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 438160 | PHARMACY - RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 438170 | PHARMACY - VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 438180 | PHARMACY - HMO/OTHER INS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 438190 | PHARMACY - MANAGED CARE | (7,421) | (7,421) | (7,421) | (7,421) | (7,421) | (7,421) | (7,421) | (7,421) | (7,421) | (7,421) | (7,421) | (7,421) | (89,050) | |
| 439110 | OXYGEN-PRIVATE-GAS ONLY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 439120 | OXYGEN-PRIVATE-various | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 439130 | OXYGEN-MEDICARE A-GAS ONLY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 439150 | OXYGEN-HOSPICE-GAS ONLY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 439160 | OXYGEN-RESPITE-GAS ONLY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 439170 | OXYGEN-VETERANS-GAS ONLY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 439180 | OXYGEN-HMO/OTHER-GAS ONLY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 439190 | OXYGEN - MANAGED CARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 441110 | NUTRITIONAL THERAPY PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 441120 | NUTRITIONAL THERAPY MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 441130 | NUTRITIONAL THERAPY MEDICARE A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 441140 | NUTRITIONAL THERAPY MEDICARE B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 441150 | NUTRITIONAL THERAPY HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 441160 | NUTRITIONAL THERAPY RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 441170 | NUTRITIONAL THERAPY VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 443190 | DME /Equip Rent Managed | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 444110 | Incontinent Supplies Private | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 444130 | Incontinent Supplies Med A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 446130 | IV Therapy MCR A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 446140 | IV Therapy Mgd Care RUG | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 450200 | DISCOUNTS EARNED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 450210 | MEALS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 450220 | VENDING | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 450240 | DONATIONS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Community: Bucks SNF | | | | | | | | | | | | | 15.00 |
| | | Location: Pennsylvania | | | | | | | | | | | | | 5,475 |
| Resident Days | | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 2026 |
| | | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 2026 | PRD |
| G / L # | DESCRIPTION | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | |
| 450260 | BEAUTY/BARBER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 450215 | PERSONAL PURCHASES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 450280 | UNIFORM REVENUE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 450290 | TELEPHONE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 450500 | INTEREST INCOME | (379) | (379) | (379) | (379) | (379) | (379) | (379) | (379) | (379) | (379) | (379) | (379) | (4,547) | |
| 450999 | COVID REVENUE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 480100 | CNA CLASS REVENUE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 480200 | MISC INCOME (COVID) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | ***Total Ancillary Revenue*** | ***(176,357)*** | ***(176,357)*** | ***(176,357)*** | ***(176,357)*** | ***(176,357)*** | ***(176,357)*** | ***(176,357)*** | ***(176,357)*** | ***(176,357)*** | ***(176,357)*** | ***(176,357)*** | ***(176,357)*** | ***(2,116,279)*** | **(386.53)** |
| | **CONTRACTUALS** | | | | | | | | | | | | | | |
| 510119 | C/A PRIVATE CERTIFIED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 510129 | C/A MEDICAID CERTIFIED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 510130 | C/A MEDICARE A | (23,136) | (23,136) | (23,136) | (23,136) | (23,136) | (23,136) | (23,136) | (23,136) | (23,136) | (23,136) | (23,136) | (23,136) | (277,631) | |
| 510159 | C/A HOSPICE CERTIFIED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 510169 | C/A RESPITE | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 31 | 373 | |
| 510170 | C/A VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 510189 | C/A HMO/INSURANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 510190 | C/A MANAGED CARE | (10,967) | (10,967) | (10,967) | (10,967) | (10,967) | (10,967) | (10,967) | (10,967) | (10,967) | (10,967) | (10,967) | (10,967) | (131,609) | |
| 531110 | C/A RADIOLOGY PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 531120 | C/A RADIOLOGY MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 531130 | C/A RADIOLOGY MEDICARE A | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 94 | 1,125 | |
| 531140 | C/A RADIOLOGY MEDICARE B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 531150 | C/A RADIOLOGY HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 531160 | C/A RADIOLOGY RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 531170 | C/A RADIOLOGY VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 531180 | C/A RADIOLOGY HMO/INSURANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 531190 | C/A RADIOLOGY - MANAGED CARE | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 84 | 1,013 | |
| 532110 | C/A LAB PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 532120 | C/A LAB MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 532130 | C/A LAB MEDICARE A | 255 | 255 | 255 | 255 | 255 | 255 | 255 | 255 | 255 | 255 | 255 | 255 | 3,065 | |
| 532140 | C/A LAB MEDICARE B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 532150 | C/A LAB HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 532160 | C/A LAB RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 532170 | C/A LAB VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 532180 | C/A LAB HMO/OTHER INSURANCE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 532190 | C/A LAB - MANAGED CARE | 241 | 241 | 241 | 241 | 241 | 241 | 241 | 241 | 241 | 241 | 241 | 241 | 2,891 | |
| 533110 | C/A PHYSICAL THERAPY PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 533120 | C/A PHYSICAL THERAPY MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 533130 | C/A PHYSICAL THERAPY MCARE A | 15,388 | 15,388 | 15,388 | 15,388 | 15,388 | 15,388 | 15,388 | 15,388 | 15,388 | 15,388 | 15,388 | 15,388 | 184,657 | |
| 533140 | C/A PHYSICAL THERAPY MCARE B | 20,938 | 20,938 | 20,938 | 20,938 | 20,938 | 20,938 | 20,938 | 20,938 | 20,938 | 20,938 | 20,938 | 20,938 | 251,261 | |
| 533150 | C/A PHYSICAL THERAPY HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 533160 | C/A PHYSICAL THERAPY RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 533170 | C/A PHYSICAL THERAPY VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 533180 | C/A PHYSICAL THERAPY HMO/OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 533190 | C/A PHYSICAL THERAPY MGD CARE | 29,027 | 29,027 | 29,027 | 29,027 | 29,027 | 29,027 | 29,027 | 29,027 | 29,027 | 29,027 | 29,027 | 29,027 | 348,326 | |
| 534110 | C/A O.T. PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 534120 | C/A O.T. MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 534130 | C/A O.T. MEDICARE A | 14,278 | 14,278 | 14,278 | 14,278 | 14,278 | 14,278 | 14,278 | 14,278 | 14,278 | 14,278 | 14,278 | 14,278 | 171,337 | |
| 534140 | C/A O.T. MEDICARE B | 16,962 | 16,962 | 16,962 | 16,962 | 16,962 | 16,962 | 16,962 | 16,962 | 16,962 | 16,962 | 16,962 | 16,962 | 203,547 | |
| 534150 | C/A O.T. HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 534160 | C/A O.T. RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 534170 | C/A O.T. VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 534180 | C/A O.T. HMO/OTHER INS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 534190 | C/A OCCUP.THER - MANAGED CARE | 27,146 | 27,146 | 27,146 | 27,146 | 27,146 | 27,146 | 27,146 | 27,146 | 27,146 | 27,146 | 27,146 | 27,146 | 325,756 | |
| 535110 | C/A SPEECH THERAPY PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 535120 | C/A SPEECH THERAPY MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 535130 | C/A SPEECH THERAPY MEDICARE A | 4,846 | 4,846 | 4,846 | 4,846 | 4,846 | 4,846 | 4,846 | 4,846 | 4,846 | 4,846 | 4,846 | 4,846 | 58,147 | |
| 535140 | C/A SPEECH THERAPY MEDICARE B | 2,435 | 2,435 | 2,435 | 2,435 | 2,435 | 2,435 | 2,435 | 2,435 | 2,435 | 2,435 | 2,435 | 2,435 | 29,216 | |
| 535150 | C/A SPEECH THERAPY HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 535160 | C/A SPEECH THERAPY RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 535170 | C/A SPEECH THERAPY VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 535180 | C/A SPEECH THERAPY HMO/OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 535190 | C/A SPEECH THERAPY-MANAGED CR | 7,050 | 7,050 | 7,050 | 7,050 | 7,050 | 7,050 | 7,050 | 7,050 | 7,050 | 7,050 | 7,050 | 7,050 | 84,595 | |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Community: Bucks SNF | | | | | | | | | | | | | | |
| | Location: Pennsylvania | | | | | | | | | | | | | | 15.00 |
| Resident Days | | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 5,475 |
| | | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 2026 | 2026 |
| G / L # | DESCRIPTION | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | PRD |
| 536110 | C/A AUDIOLOGY PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 536120 | C/A AUDIOLOGY MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 536130 | C/A AUDIOLOGY MEDICARE A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 536140 | C/A AUDIOLOGY MEDICARE B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 536150 | C/A AUDIOLOGY HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 536160 | C/A AUDIOLOGY RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 536170 | C/A AUDIOLOGY VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 536180 | C/A AUDIOLOGY HMO/OTHER INS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 536190 | C/A AUDIOLOGY - MANAGED CARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 537110 | C/A MEDICAL SUPPLIES PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 537120 | C/A MEDICAL SUPPLIES MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 537130 | C/A MEDICAL SUPPLIES MCARE A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 537140 | C/A MEDICAL SUPPLIES MCARE B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 537150 | C/A MEDICAL SUPPLIES HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 537160 | C/A MEDICAL SUPPLIES RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 537170 | C/A MEDICAL SUPPLIES VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 537180 | C/A MEDICAL SUPPLIES HMO/OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 537190 | C/A MEDICAL SUPPLIES-MGD CARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 538110 | C/A PHARMACY PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 538120 | C/A PHARMACY MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 538130 | C/A PHARMACY MEDICARE A | 5,389 | 5,389 | 5,389 | 5,389 | 5,389 | 5,389 | 5,389 | 5,389 | 5,389 | 5,389 | 5,389 | 5,389 | 64,670 | |
| 538150 | C/A PHARMACY HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 538160 | C/A PHARMACY RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 538170 | C/A PHARMACY VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 538180 | C/A PHARMACY HMO/OTHER INS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 538190 | C/A PHARMACY - MANAGED CARE | 7,421 | 7,421 | 7,421 | 7,421 | 7,421 | 7,421 | 7,421 | 7,421 | 7,421 | 7,421 | 7,421 | 7,421 | 89,050 | |
| 539110 | C/A OXYGEN PRIVATE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 539120 | C/A OXYGEN Various | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 539130 | C/A OXYGEN MEDICARE A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 539150 | C/A OXYGEN HOSPICE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 539160 | C/A OXYGEN RESPITE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 539170 | C/A OXYGEN VETERANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 539180 | C/A OXYGEN HMO/OTHER INS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 539190 | C/A OXYGEN - MANAGED CARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 541110 | C/A NUTRITIONAL THERAPY PVT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 541120 | C/A NUTRITIONAL THERAPY MCAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 541130 | C/A NUTRITIONAL THER MCARE A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 541140 | C/A NUTRITIONAL THER MCARE B | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 541150 | C/A NUTRITIONAL THERAPY-HOSPIC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 541160 | C/A NUTRITIONAL THERAPY-RESPIT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 541170 | C/A NUTRITIONAL THERAPY-VET | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 541180 | C/A NUTRITIONAL THERAPY-HMO/OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 543120 | C/A DME/Equipment Rent-Med | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | *Total Contractuals* | 117,482 | 117,482 | 117,482 | 117,482 | 117,482 | 117,482 | 117,482 | 117,482 | 117,482 | 117,482 | 117,482 | 117,482 | 1,409,789 | 257.50 |
| | NET REVENUE | (238,495) | (236,391) | (255,411) | (249,071) | (255,411) | (249,071) | (255,411) | (255,411) | (249,071) | (255,411) | (249,071) | (255,411) | (3,004,638) | (548.79) |

| | Community: Bucks SNF | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Location: Pennsylvania | | | | | | | | | | | | | 15.00 |
| Resident Days | | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 5,475 |
| | | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 2026 | 2026 |
| G / L # | DESCRIPTION | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | PRD |
| | **EXPENSES** | | | | | | | | | | | | | | |
| | ***Wellness*** | | | | | | | | | | | | | | |
| 601100 | NL Wellness Admin | 10,266 | 10,266 | 10,266 | 10,266 | 10,266 | 10,266 | 10,266 | 10,266 | 10,266 | 10,266 | 10,266 | 10,266 | 123,188 | **22.50** |
| 601200 | MD MDS COORDINATOR SALARIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 601800 | MC Medical Concierge | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 601802 | MC Medical Concierge Holiday | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 601803 | MC Medical Concierge Training | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 601804 | MC Medical Concierge OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 601400 | RN RN SALARIES | 31,958 | 31,958 | 31,958 | 31,958 | 31,958 | 31,958 | 32,746 | 32,746 | 32,746 | 32,746 | 32,746 | 32,746 | 388,225 | **70.91** |
| 601401 | RN RN SALARIES PTO | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 8,824 | **1.61** |
| 601402 | RN RN SALARIES Holiday | 2,206 | 0 | 0 | 0 | 0 | 2,206 | 2,206 | 0 | 2,206 | 0 | 0 | 4,412 | 13,236 | **2.42** |
| 601403 | RN RN SALARIES Training | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 1,471 | **0.27** |
| 601404 | RN RN SALARIES Overtime | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 601500 | LP LPN SALARIES | 24,511 | 24,511 | 24,511 | 24,511 | 24,511 | 24,511 | 24,511 | 24,511 | 24,511 | 24,511 | 24,511 | 24,511 | 294,130 | **53.72** |
| 601501 | LP LPN SALARIES PTO | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 735 | 8,824 | **1.61** |
| 601502 | LP LPN SALARIES Holiday | 2,206 | 0 | 0 | 0 | 0 | 2,206 | 2,206 | 0 | 2,206 | 0 | 0 | 4,412 | 13,236 | **2.42** |
| 601503 | LP LPN SALARIES Training | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 123 | 1,471 | **0.27** |
| 601504 | LP LPN SALARIES Overtime | 490 | 490 | 490 | 490 | 490 | 490 | 490 | 490 | 490 | 490 | 490 | 490 | 5,883 | |
| 601600 | CN CNA SALARIES | 22,519 | 22,519 | 22,519 | 22,519 | 22,519 | 22,519 | 23,066 | 23,066 | 23,066 | 23,066 | 23,066 | 23,066 | 273,507 | **49.96** |
| 601601 | CN CNA SALARIES PTO | 684 | 684 | 684 | 684 | 684 | 684 | 684 | 684 | 684 | 684 | 684 | 684 | 8,205 | **1.50** |
| 601602 | CN CNA SALARIES Holiday | 2,051 | 0 | 0 | 0 | 0 | 2,051 | 2,051 | 0 | 2,051 | 0 | 0 | 4,103 | 12,308 | **2.25** |
| 601603 | CN CNA SALARIES Training | 114 | 114 | 114 | 114 | 114 | 114 | 114 | 114 | 114 | 114 | 114 | 114 | 1,368 | **0.25** |
| 601604 | CN CNA SALARIES Overtime | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 601700 | RE RESTORATIVE SALARIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 601702 | RE RESTORATIVE SALARIES-HOLIDAY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 601703 | NL RESTORATIVE SALARIES-TRAINING | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 601704 | NL RESTORATIVE SALARIES-OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 601704 | POOL RN SALARIES | | | | | | | | | | | | | 0 | - |
| 602400 | POOL LPN SALARIES | | | | | | | | | | | | | 0 | - |
| 602500 | POOL CNA SALARIES | | | | | | | | | | | | | 0 | - |
| | ***Total Wellness*** | ***98,720*** | ***92,257*** | ***92,257*** | ***92,257*** | ***92,257*** | ***98,720*** | ***100,055*** | ***93,592*** | ***100,055*** | ***93,592*** | ***93,592*** | ***106,519*** | ***1,153,674*** | **210.75** |
| | | | | | | | | | | | | | | | 0 |
| | ***SDC*** | | | | | | | | | | | | | | |
| 603100 | SC SDC SALARIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 603130 | SC SDC SUPPLIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | ***Total SDC*** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | - |
| | ***Connections*** | | | | | | | | | | | | | | |
| 605100 | CC CONNECTIONS SALARIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 605101 | CC CONNECTIONS SALARIES-PTO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 605102 | CC CONNECTIONS SALARIES-HOLIDAY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 605103 | CC CONNECTIONS SALARIES-TRAINING | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 605104 | CC CONNECTIONS SALARIES-OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 605130 | CC CONNECTIONS SUPPLIES | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 47 | **0.01** |
| 605135 | CC CONNECTIONS VAN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 605142 | RE CONNECTIONS-RESIDENT TRANSPORTATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 605145 | CC CONNECTIONS- CONT SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 605155 | CC Connections-Outings | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 605160 | CA Cable TV | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | ***Total Connections*** | ***4*** | ***4*** | ***4*** | ***4*** | ***4*** | ***4*** | ***4*** | ***4*** | ***4*** | ***4*** | ***4*** | ***4*** | ***47*** | **0.01** |
| | ***Social Services*** | | | | | | | | | | | | | | |
| 606100 | SC SOCIAL SERVICES SALARIES | 1,926 | 2,033 | 2,033 | 2,033 | 2,033 | 1,926 | 1,975 | 2,083 | 1,975 | 2,083 | 2,083 | 1,868 | 24,052 | **4.39** |
| 606102 | SC SOCIAL SERVICES SALARIES-HOLIDAY | 107 | 0 | 0 | 0 | 0 | 107 | 107 | 0 | 107 | 0 | 0 | 215 | 644 | **0.12** |
| 606104 | SC SOCIAL SERVICES SALARIES-OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 606130 | SC SOCIAL SERVICES SUPPLIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 606135 | SC SOCIAL SERVICES CONT SVCS/Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | ***Total Social Services*** | ***2,033*** | ***2,033*** | ***2,033*** | ***2,033*** | ***2,033*** | ***2,033*** | ***2,083*** | ***2,083*** | ***2,083*** | ***2,083*** | ***2,083*** | ***2,083*** | ***24,696*** | **4.51** |

| | | Community: Bucks SNF | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Location: Pennsylvania | | | | | | | | | | | | | 15.00 |
| Resident Days | | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 5,475 |
| | | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 2026 | 2026 |
| G / L # | DESCRIPTION | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | PRD |
| | ***TRANSPORTATION*** | | | | | | | | | | | | | | |
| 607100 | TR TRANSP SALARIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 607101 | TR TRANSP PTO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 607102 | TR TRANSP HOLIDAY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 607103 | TR Transp Training | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 607104 | TR TRANSP OVERTIME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 607120 | TR Transp Maint | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 607130 | TR TRANSP GAS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 607140 | TR TRANSP Insurance Auto | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 1,649 | 0.30 |
| 607145 | TR TRANSP OTHER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | ***TOTAL TRANSPORTATION*** | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 137 | 1,649 | 0.30 |
| | ***Medical Records*** | | | | | | | | | | | | | | |
| 608100 | ME MEDICAL RECORDS SALARIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 608102 | ME MEDICAL RECORDS SALARIES HOLIDAY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 608104 | ME MEDICAL RECORDS SALARIES OVERTIME | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 608130 | ME MEDICAL RECORDS SUPPLIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 608158 | MEDICAL EXP - NON COVERED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 608140 | ME MEDICAL DIRECTOR CONTRACTED | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 1,375 | 16,500 | 3.01 |
| 608150 | PS PSYCH CONSULTANT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 608155 | PH PHARMACY CONTRACTED SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 608160 | WE WELLNESS CONT SERVICES | 2,708 | 2,708 | 2,708 | 2,708 | 2,708 | 2,708 | 2,708 | 2,708 | 2,708 | 2,708 | 2,708 | 2,708 | 32,492 | 5.93 |
| | ***Total Medical Records*** | 4,083 | 4,083 | 4,083 | 4,083 | 4,083 | 4,083 | 4,083 | 4,083 | 4,083 | 4,083 | 4,083 | 4,083 | 48,992 | 8.95 |
| | ***Ancillary Medical Services*** | | | | | | | | | | | | | | |
| 620100 | RA RADIOLOGY CONTRACTED SVCS | 272 | 272 | 272 | 272 | 272 | 272 | 272 | 272 | 272 | 272 | 272 | 272 | 3,263 | 0.60 |
| 620200 | LA LAB CONTRACTED SERVICES | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 91 | 1,088 | 0.20 |
| 620300 | PH PHYSICAL, THER CONT SERVICES - Part A | 15,329 | 15,329 | 15,329 | 15,329 | 15,329 | 15,329 | 15,329 | 15,329 | 15,329 | 15,329 | 15,329 | 15,329 | 183,950 | 33.60 |
| 620350 | PH PT SUPPLIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 620400 | OC OCCUPATIONAL THER CONT SVCS | 13,705 | 13,705 | 13,705 | 13,705 | 13,705 | 13,705 | 13,705 | 13,705 | 13,705 | 13,705 | 13,705 | 13,705 | 164,456 | 30.04 |
| 620450 | OT OT SUPPLIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 620500 | SP SPEECH THERAPY CONT SERVICES | 8,148 | 8,148 | 8,148 | 8,148 | 8,148 | 8,148 | 8,148 | 8,148 | 8,148 | 8,148 | 8,148 | 8,148 | 97,771 | 17.86 |
| 620550 | ST AUDIOLOGY CONTRACTED SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 620700 | IV IV THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 620800 | O3 Oxygen | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 620805 | O3 OXYGEN MEDICAID | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 620806 | O3 OXYGEN VA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 620900 | DM DME-Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | ***TOTAL ANCILLARY MEDICAL SERVICES*** | 37,544 | 37,544 | 37,544 | 37,544 | 37,544 | 37,544 | 37,544 | 37,544 | 37,544 | 37,544 | 37,544 | 37,544 | 450,528 | 82.29 |
| | ***ANCILLARY SERVICES*** | | | | | | | | | | | | | | |
| 621100 | WE WELLNESS SUPPLIES BILLABLE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 621150 | WE WELLNESS SUPPLEMENTS BILLABLE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 621200 | WE WELLNESS SUPPLIES NON BILLABLE | 3,138 | 3,138 | 3,138 | 3,138 | 3,138 | 3,138 | 3,138 | 3,138 | 3,138 | 3,138 | 3,138 | 3,138 | 37,660 | 6.88 |
| 621300 | IN INCONTINENT SUPPLIES BILLABLE | 540 | 540 | 540 | 540 | 540 | 540 | 540 | 540 | 540 | 540 | 540 | 540 | 6,475 | 1.18 |
| 621310 | IN INCONTINENT SUPPLIES NON BILLABLE | 725 | 725 | 725 | 725 | 725 | 725 | 725 | 725 | 725 | 725 | 725 | 725 | 8,698 | 1.59 |
| 621320 | PH Pharmacy Expense (see pharmacy consultant) | 858 | 858 | 858 | 858 | 858 | 858 | 858 | 858 | 858 | 858 | 858 | 858 | 10,299 | 1.88 |
| 621350 | MI MINOR EQUIPMENT-DIRECT HLT CR | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 621355 | OT Other Health Services Non Allowable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 621400 | DT NON-PRESCRIPTION DRUGS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 621600 | PR PRESCRIPTIONS - MEDICARE | 5,586 | 5,586 | 5,586 | 5,586 | 5,586 | 5,586 | 5,586 | 5,586 | 5,586 | 5,586 | 5,586 | 5,586 | 67,032 | 12.24 |
| 621601 | PR PRESCRIPTIONS - MEDICAID | 0 | | | | | | | | | | | | 0 | - |
| 621602 | PR PRESCRIPTIONS-SKILLED advantage/managed | 7,225 | 7,225 | 7,225 | 7,225 | 7,225 | 7,225 | 7,225 | 7,225 | 7,225 | 7,225 | 7,225 | 7,225 | 86,694 | 15.83 |
| 621603 | PR PRESCRIPTIONS-VA | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 621604 | PR PRESCRIPTIONS-HOSPICE | 0 | | | | | | | | | | | | 0 | - |
| 650230 | SP SPA EXPENSE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 650299 | B (B & B Salary | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 650300 | BE Beauty and Barber Expense | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | NUTRITIONAL THERAPY-Non-Billable | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | ***Total Ancillary Services*** | 18,072 | 18,072 | 18,072 | 18,072 | 18,072 | 18,072 | 18,072 | 18,072 | 18,072 | 18,072 | 18,072 | 18,072 | 216,858 | 39.61 |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Community: Bucks SNF | | | | | | | | | | | | | |
| | | Location: Pennsylvania | | | | | | | | | | | | | 15.00 |
| Resident Days | | | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 5,475 |
| | | | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 2026 | 2026 |
| G / L # | | DESCRIPTION | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | PRD |
| | | | | | | | | | | | | | | | | |
| | | *Dietary* | | | | | | | | | | | | | | |
| 735100 | DI | DIETARY SALARIES | 9,555 | 9,652 | 9,652 | 9,652 | 9,652 | 9,555 | 9,796 | 9,894 | 9,796 | 9,894 | 9,894 | 9,698 | 116,690 | **21.31** |
| 735101 | DI | DIETARY SALARIES PTO | 293 | 293 | 293 | 293 | 293 | 293 | 293 | 293 | 293 | 293 | 293 | 293 | 3,518 | **0.64** |
| 735102 | DI | DIETARY SALARIES Holiday/ | 880 | 0 | 0 | 0 | 0 | 880 | 880 | 0 | 880 | 0 | 0 | 1,759 | 5,277 | **0.96** |
| 735103 | DI | DIETARY SALARIES Training | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 49 | 586 | **0.11** |
| 735104 | DI | DIETARY SALARIES Overtime | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 735500 | RF | RAW FOOD | 3,953 | 3,570 | 3,953 | 3,825 | 3,953 | 3,825 | 3,953 | 3,953 | 3,825 | 3,953 | 3,825 | 3,953 | 46,536 | **8.50** |
| 735505 | NU | NUTRITIONAL SUPPLEMENTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 735530 | DI | DIETARY SUPPLIES | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 1,664 | 19,967 | **3.65** |
| 735535 | DI | DIETARY CONTRACT SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | | ***Total Dietary*** | ***16,393*** | ***15,228*** | ***15,611*** | ***15,483*** | ***15,611*** | ***16,265*** | ***16,634*** | ***15,852*** | ***16,506*** | ***15,852*** | ***15,725*** | ***17,416*** | ***192,577*** | **35.17** |
| | | | | | | | | | | | | | | | | 0 |
| | | *Housekeeping* | | | | | | | | | | | | | | |
| 737100 | HE | HOUSEKEEPING SALARY | 2,707 | 2,707 | 2,707 | 2,707 | 2,707 | 2,707 | 2,775 | 2,775 | 2,775 | 2,775 | 2,775 | 2,775 | 32,890 | **6.01** |
| 737101 | HE | HOUSEKEEPING SALARY PTO | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 82 | 987 | **0.18** |
| 737102 | HE | HOUSEKEEPING SALARY Holiday/ | 247 | 0 | 0 | 0 | 0 | 247 | 247 | 0 | 247 | 0 | 0 | 493 | 1,480 | **0.27** |
| 737103 | HE | HOUSEKEEPING SALARY Training | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 14 | 164 | **0.03** |
| 737104 | HE | Housekeeping Salary -Ot | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 737530 | HE | HOUSEKEEPING SUPPLIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 737535 | HE | HOUSEKEEPING & LAUND PURCH SVC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 737540 | LA | LAUNDRY SUPPLIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 737545 | LI | LINEN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | | ***Total Housekeeping*** | ***3,050*** | ***2,803*** | ***2,803*** | ***2,803*** | ***2,803*** | ***3,050*** | ***3,117*** | ***2,871*** | ***3,117*** | ***2,871*** | ***2,871*** | ***3,364*** | ***35,521*** | **6.49** |
| | | | | | | | | | | | | | | | | |
| | | *Administration* | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Community: Bucks SNF** | | | | | | | | | | | | | | |
| | | **Location: Pennsylvania** | | | | | | | | | | | | | | 15.00 |
| **Resident Days** | | | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 5,475 |
| | | | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | **2026** | **2026** |
| | | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | **Total** | **PRD** |
| **G / L #** | | **DESCRIPTION** | | | | | | | | | | | | | | |
| 738050 | MI | Management Direct Cost Administrtor | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 4,508 | 54,092 | **9.88** |
| 738055 | | Administrator PC & SNF | 2,091 | | | | | | | | | | | | | |
| 738075 | SA | Salary-Other Business Office | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738100 | SA | BUSINESS OFFICE SALARIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738102 | AC | BUSINESS OFFICE Holiday | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738103 | AC | BUSINESS OFFICE Training | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738104 | AC | BUSINESS OFFICE OT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738200 | AC | ADMISSIONS SALARIES/Move in | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 1,000 | 12,000 | **2.19** |
| 738230 | AC | Admissions Supplies | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738235 | AC | Admission Contracted Serv | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738310 | CC | Admin Contracted Accounting/Reporting | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 851 | 10,214 | **1.87** |
| 738315 | CC | Contracted HR/Payroll | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 298 | 3,571 | **0.65** |
| 738330 | OF | Office Supplies | 360 | 360 | 360 | 360 | 360 | 360 | 360 | 360 | 360 | 360 | 360 | 360 | 4,319 | **0.79** |
| 738340 | MI | MINOR EQUIPMENT ADM | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738345 | PA | Adm Contracted Payroll Fees | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 46 | 549 | **0.10** |
| 738350 | PO | ADMIN POSTAGE AND MAIL | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 16 | **0.00** |
| 738400 | TE | TELEPHONE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738410 | TR | TRAVEL - Community | 44 | 44 | 44 | 44 | 44 | 44 | 44 | 44 | 44 | 44 | 44 | 44 | 530 | **0.10** |
| 738415 | MI | Management Travel | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 26 | 310 | **0.06** |
| 738420 | LI | DUES & SUBSCRIPTIONS & Licenses | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 667 | **0.12** |
| 738424 | EC | ED Conference | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 78 | 940 | **0.17** |
| 738425 | BA | BANK CHARGES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738426 | LA | LATE FEES | 1 | | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 8 | **0.00** |
| 738427 | CR | Credit Card Fees | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 739 | 8,863 | **1.62** |
| 738430 | LE | LEGAL FEES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738435 | AC | TAX & AUDIT FEES | 723 | 723 | 723 | 723 | 723 | 723 | 723 | 723 | 723 | 723 | 723 | 723 | 8,676 | **1.58** |
| 738436 | CC | CORC Contracts | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738440 | AC | ADMINISTRATIVE CONTRACT SERVICE (prof) | 7,335 | 7,335 | 7,335 | 7,335 | 7,335 | 7,335 | 7,335 | 7,335 | 7,335 | 7,335 | 7,335 | 7,335 | 88,025 | **16.08** |
| 738445 | CC | Copying and Printing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 738450 | CC | Admin Computer Cost | 853 | 853 | 853 | 853 | 853 | 853 | 853 | 853 | 853 | 853 | 853 | 853 | 10,235 | **1.87** |
| 738600 | PR | Provider Fee Tax | 1,780 | 1,780 | 1,780 | 1,780 | 1,780 | 1,780 | 1,780 | 1,780 | 1,780 | 1,780 | 1,780 | 1,780 | 21,361 | **3.90** |
| | | INCOME TAX | | | | | | | | | | | | | 0 | - |
| 738428 | | SALES/USE TAX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 739310 | | INSURANCE - OTHER PN BOND | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | | ***Total Administration*** | ***20,789*** | ***18,698*** | ***18,698*** | ***18,698*** | ***18,698*** | ***18,698*** | ***18,698*** | ***18,698*** | ***18,698*** | ***18,698*** | ***18,698*** | ***18,698*** | ***224,376*** | **40.98** |
| | | | | | | | | | | | | | | | | |
| 739120 | PA | PAYROLL TAXES- ADMIN | | | | | | | | | | | | | 0 | - |
| 739130 | PA | PAYROLL TAXES- FICA | 9,192 | 8,619 | 8,619 | 8,619 | 8,619 | 9,192 | 9,322 | 8,748 | 9,322 | 8,748 | 8,748 | 9,895 | 107,642 | **19.66** |
| 739140 | PA | Payroll Taxes-Unemployment | 2,163 | 2,028 | 2,028 | 789 | 789 | 841 | 487 | 457 | 487 | 229 | 229 | 259 | 10,786 | **1.97** |
| 739150 | PA | Payroll Taxes Other | | | | | | | | | | | | | 0 | - |
| 739160 | WO | WORKER'S COMP INSURANCE | 2,103 | 1,972 | 1,972 | 1,972 | 1,972 | 2,103 | 2,132 | 2,001 | 2,132 | 2,001 | 2,001 | 2,263 | 24,624 | **4.50** |
| 739165 | WO | WORKER'S COMP INSURANCE deductibles | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 739200 | HE | EMPLOYEE Health INSURANCE | 525 | 525 | 525 | 525 | 525 | 525 | 525 | 525 | 525 | 525 | 525 | 525 | 6,300 | **1.15** |
| 739300 | LI | PROF LIABILITY/MALPRACTICE INS | 1,345 | 1,345 | 1,345 | 1,345 | 1,345 | 1,345 | 1,345 | 1,345 | 1,345 | 1,345 | 1,345 | 1,345 | 16,134 | **2.95** |
| 739305 | IN | Insurance Specialist(n liability ins)/Crime | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 131 | **0.02** |
| 739310 | IN | Insurance-Other PN Bond | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 739320 | 40 | 401K RETIREMENT EXPENSE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 739325 | UN | UNIFORMS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 739340 | OT | OTHER TAXES/BENEFITS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 739350 | BL | Bus Pass Deduction | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | | ***Total Admin Taxes/Benefits*** | 15,338 | 14,499 | 14,499 | 13,260 | 13,260 | 14,016 | 13,822 | 13,088 | 13,822 | 12,859 | 12,859 | 14,297 | 165,617 | 30.25 |
| | | | | | | | | | | | | | | | | |
| | | ***Admin Employee Expense*** | | | | | | | | | | | | | | |
| 740200 | ME | MEMBERSHIPS/PROFESSIONAL | 0 | 5,200 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5,200 | **0.95** |
| 740300 | EC | EDUCATION-ADMIN( all departments | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 2,750 | 33,000 | **6.03** |
| 740350 | EN | Employee Appreciation | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 | 2,500 | 2,000 | 2,000 | 2,000 | 2,000 | 2,500 | 25,000 | **4.57** |
| 740375 | As | Associate Survey/LS Training | 500 | 500 | 500 | 500 | 500 | 1,960 | 500 | 500 | 500 | 500 | 500 | 500 | 7,460 | **1.36** |
| 740400 | EN | EMPLOYMENT ADS & BACKGROUND DRUG TEST | 1,895 | 1,895 | 1,895 | 1,895 | 1,895 | 1,895 | 1,895 | 1,895 | 1,895 | 1,895 | 1,895 | 1,895 | 22,740 | **4.15** |
| 740450 | EN | Employee License/Permits | | | | | | | | | | | | | 0 | - |
| | | ***Total Admin Employee Expense*** | 7,145 | 12,345 | 7,145 | 7,145 | 7,145 | 8,605 | 7,645 | 7,145 | 7,145 | 7,145 | 7,145 | 7,645 | 93,400 | 17.06 |

| | Community: Bucks SNF | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Location: Pennsylvania | | | | | | | | | | | | | 15.00 |
| Resident Days | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 5,475 |
| | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 2026 | 2026 |
| G / L # DESCRIPTION | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | PRD |
| ***Community Relations*** | | | | | | | | | | | | | | |
| 745100 CC CR Salary | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 745200 CC Contracted CR | 335 | 335 | 335 | 335 | 335 | 335 | 335 | 335 | 335 | 335 | 335 | 335 | 4,019 | **0.73** |
| 745300 HC Home Office Marketing | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 80 | 959 | **0.18** |
| 745400 AC ADVERTISING/marketing | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 144 | **0.03** |
| 745450 RE Referral Fees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 745500 MA Marketing Travel | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| ***Total Community Relations*** | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 427 | 5,122 | 0.94 |
| ***Maintenance*** | | | | | | | | | | | | | | |
| 750100 MA Maintenance SALARIES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 750102 PL Plant-Holiday | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 750103 PL Plant-Training | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 750104 PL Plant -Overtime | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 750150 CC Plant-Contracted Regional | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 294 | 3,529 | **0.64** |
| 750230 MA Plant Supplies | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 750235 MA Room renovations | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 750250 PL Trash Removal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 750255 PL Medical Waste | 251 | 251 | 251 | 251 | 251 | 251 | 251 | 251 | 251 | 251 | 251 | 251 | 3,011 | **0.55** |
| 750300 PL Plant Snow Removal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 750350 PL Plant Lawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 750400 RE PLANT REPAIR & MAINTENANCE | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 277 | **0.05** |
| 750500 PL PLANT CONTRACTED SERVICES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| ***Total Plant*** | 568 | 568 | 568 | 568 | 568 | 568 | 568 | 568 | 568 | 568 | 568 | 568 | 6,817 | 1.25 |
| ***PROPERTY*** | | | | | | | | | | | | | | |
| 800200 UT PLANT UTILITIES-Oil/Gas | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 800205 UT Plant Utilities-Electric | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 800210 UT Water | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 800215 UT Utilities - Other | | | | | | | | | | | | | 0 | - |
| 800300 IN PROPERTY INSURANCE | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 10,654 | **1.95** |
| 800400 PE PROPERTY TAX | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 800500 EQ EQUIPMENT LEASE/RENTAL-ADMIN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 800550 EQ EQUIPMENT LEASE/RENTAL-OHC | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 800600 LA LAND LEASE | | | | | | | | | | | | | | |
| ***Total Property*** | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 888 | 10,654 | 1.95 |
| ***MANAGEMENT FEES*** | | | | | | | | | | | | | | |
| 801500 MA MANAGEMENT FEES | 13,891 | 13,711 | 14,814 | 14,446 | 14,814 | 14,446 | 14,814 | 14,814 | 14,446 | 14,814 | 14,446 | 14,814 | 174,269 | **31.83** |
| 801600 Co MGMT FEE - DIRECT HEALTH CARE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| ***Total Managment Fees*** | 13,891 | 13,711 | 14,814 | 14,446 | 14,814 | 14,446 | 14,814 | 14,814 | 14,446 | 14,814 | 14,446 | 14,814 | 174,269 | 32 |
| ***INTEREST*** | | | | | | | | | | | | | | |
| 803500 MO MORTGAGE INTEREST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 803550 FA Facility Lease | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 180,000 | **32.88** |
| 803601 IN Interest Capital Lease (Cap Exp | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| ***Total Interest*** | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 180,000 | 32.88 |
| 852825 LAND IMPROVEMENTS-DEPRECIATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 852835 BUILDING DEPRECIATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 852845 BUILDING IMPROVEMENT-DEPREC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 852855 FIXED EQUIPMENT-DEPRECIATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 852865 MOVEABLE EQUIPMENT-DEPRECIATIO | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 852875 LEASEHOLD IMPROVEMENT-DEPREC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 853115 ORGANIZATIONAL COST AMORTIZATI | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 852830 DEFERRED FINANCING COST AMORT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 852840 Amort. Exp. Goodwill | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| ***Total*** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| Other Expenses | | | | | | | | | | | | | | |

Juniper Village at Brookline-SNF
2026 Budget

| | Community: Bucks SNF<br>Location: Pennsylvania | | | | | | | | | | | | | | 15.00 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Resident Days | | 465 | 420 | 465 | 450 | 465 | 450 | 465 | 465 | 450 | 465 | 450 | 465 | 5,475 | 5,475 |
| | | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 15.00 | 2026 | 2026 |
| G / L # | DESCRIPTION | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total | PRD |
| 860200 | Other Professional Fees | | | | | | | | | | | | | 0 | - |
| 860300 | Administrative Services | | | | | | | | | | | | | 0 | - |
| 860400 | Taxes (USE TAX) | | | | | | | | | | | | | 0 | - |
| 860500 | Bad Debt Expense | | | | | | | | | | | | | 0 | - |
| 860999 | COVID 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| 860900 | Prior Period Adjustment | | | | | | | | | | | | | 0 | - |
| | Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | **TOTAL EXPENSES** | **254,081** | **248,297** | **244,582** | **242,848** | **243,343** | **252,556** | **253,590** | **244,864** | **252,595** | **244,635** | **244,140** | **261,557** | **2,984,997** | **545.20** |
| | **Cap Ex HUD** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **0** | - |
| | **PROFIT/LOSS** | **(14,586)** | **(11,905)** | **10,829** | **6,224** | **12,068** | **(3,485)** | **1,821** | **10,547** | **(3,524)** | **10,776** | **4,931** | **(6,146)** | **19,641** | **3.59** |
| | Deduct Cap Ex | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | Principle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - |
| | **CASH FLOW** | **(14,586)** | **(11,905)** | **10,829** | **6,224** | **12,068** | **(3,485)** | **1,821** | **10,547** | **(3,524)** | **10,776** | **4,931** | **(6,146)** | **19,641** | **3.59** |

# JUNIPER VILLAGE AT BUCKS COUNTY

## EXHIBIT "K-1"

Residence & Care Agreement (Life Care Plan)

Juniper Village at Bucks County (the "Community"), is an Independent Living Community. The Community is owned by Juniper Village at Bensalem Operations, L.L.C., a Delaware L.L.C., trading and doing business as "Juniper Village at Bucks County", and managed by Juniper Management L.L.C. The Community is located at 3200 Bensalem Blvd, Bensalem, PA 19020.

This Residence and Service Agreement is entered into based on the information provided to the Community in the Admissions Application and any attachments thereto. The operation of the Community is non-discriminatory with equal services to all, regardless of race, color, sex, religion, physical disability, and/or natural ancestry. The purpose of this Agreement is to provide a statement of the services that will be provided to the Resident and to set forth the obligations, both financial and non-financial, of the parties to this Agreement. This is a legal document and as such, should be carefully reviewed by the Resident and/or Resident's legal counsel.

## I. PARTIES

This Residence and Service Agreement is being entered into by Juniper Village at Bucks County, L.L.C. ("Community") and _____ ("You or "Resident") and _____ ("You or "Resident") and _____ ("Responsible Party"), if applicable and _____ ("Resident's Guarantor") if applicable, collectively the ("Parties"). If more than one person is signing this Agreement, these terms refer to each of you jointly and severally.

a. Responsible Person. Responsible Person may be required to enter into and sign a separate "Responsible Person Agreement" to evidence Responsible Person's financial obligations. When applicable, Responsible Person shall be responsible to pay from Resident's financial resources and shall be liable only up to the amount of Resident's resources.

b. Guarantor. Guarantor may be required to enter into and sign a separate "Guaranty and Suretyship Agreement" to evidence Guarantor's financial obligations. When applicable, Guarantor shall be jointly and severally liable for all of Resident's financial obligations under this Agreement and shall guarantee payment in the event Resident does not pay Community for all charges incurred under this Agreement within thirty (30) days of the payment due date.

## II. ACCOMMODATIONS

a. Your Apartment. You may occupy and use **Apartment Number** _____ at the Community subject to the payment of the monthly fee, which is detailed in *Section VII* of this Agreement. If you later move to another Apartment your monthly fee may change.

b. Use of Premises. Juniper Village at Bucks Count Independent Living is an over 55

community. Individuals not specifically named on this contract cannot reside in the unit. The premises shall be used solely as a private residence by the resident(s) named in this Agreement. The resident shall not engage in any illegal activities on the premises, nor shall the premises be used for any commercial purposes.

c. Utilities. Your Apartment will be furnished with water, electricity, heating/cooling, basic cable, and Guest Wifi.

c. Pets. You may keep a pet in your Apartment if it is approved by the Community. If approved, you will be required to 1) sign a separate Pet Agreement with the Community, 2) adhere to the policies regarding pets that are set forth in the Resident Handbook; and 3) make a non-refundable deposit in the amount of **$800.00** to cover any damages that may be caused by your pet.

d. Maintenance. The Community shall provide all maintenance/repairs to the Apartment necessitated by normal wear and tear. You shall be responsible for any maintenance/repair caused by your negligence or the negligence of your guests. You shall be solely responsible for maintenance/repair of your personal furnishings and belongings.

e. Alterations. You may make minor physical modifications to your Apartment if you receive written permission from the Community. These modifications, if approved must be made at your sole expense. If the Community approves your request to make the modifications, it is your obligation to restore the Apartment to original condition upon termination of your tenancy.

f. Common Facilities. You may use the common areas of the Community which include the main dining room, café, and community room subject to the rules and regulations set forth in the Resident Handbook.

g. Responsibility for Your Property.

i. Maintenance of Resident's Insurance. You understand that you are responsible for maintaining at all times your own health insurance, personal property, liability, and other insurance coverage in adequate amounts, determined by the Community, including insurance for the contents of the Apartment or in storage.

ii. Limitation on Liability. The Community is not liable for any personal injury or property damage (including, without limitation, damages to or loss or theft of automobiles or personal property, including valuables, suffered by you, your agents, guests, or invites, unless the injury or damage is caused by the gross negligence or willful misconduct of the Community or its employees or agents.) You hereby release the Community from liability for any personal injury or property damage suffered by you or your agents, guest, or invites, unless caused by the gross negligence or willful misconduct of the Community or its employees or agents.

h. Liability and Release.

i. Non-Recourse Obligation. Neither the Community, nor any officer, director, shareholder, employee or agent of the Community, shall have any personal liability for the payment of any money under this Agreement or for the performance of any obligation under or arising pursuant to this Agreement, and you shall look only to the property of the Community for such payment or performance.

ii. Outside Services. Subject to the prior written approval of the Community, when you wish to employ an outside service contractor or other personnel (i.e., private duty nurse, companion, or other contractor), you agree to cooperate with the Community to have the contractor provide evidence of insurance and sign such documents as counsel for the Community may from time to time require. The Community will require that the third-party provider comply with the rules and standards of the Community. You will assume all responsibility for and release the Community from liability for any personal injury or property damage suffered by you or your agents, guests, or invitees, the third-party provider or the third-party provider's agents, guests, or invitees. You are solely responsible for payment of third-party services and the Community will not be an intermediary regarding services or payment. The Community is not responsible for withholding allotments, Worker's Compensation, or liability arising out of activities in connection with services independently provided to you outside the scope of this Agreement. The Community does not perform any background check or other material verification concerning such individuals or monitor their services. You agree not to hire any Community employee for direct services without the Community's prior written approval, and if such approval is given, the Community assumes no responsibility for the services of such persons.

## III. BASIC SERVICES INCLUDED IN MONTHLY RENT

a. Planned Activities. The Community provides various social and recreational activities in which you are encouraged to participate. Most of the activities are included in your monthly fee, but some events may have an additional cost. You will be provided with a monthly calendar of events.

b. Security and Fire Protection. The main entrance to Juniper Village at Bucks County is monitored 24 hours a day. All other entrance and exit doors are locked 24 hours a day.

The Residence is also equipped with a Class A fire and smoke detection system. This will operate even if there is an electric power failure. This alarm is monitored 24-hours a day. The smoke detectors are very sensitive and can be set off by dust, smoke or a malfunction.

The Residence is additionally equipped with an emergency pendant system. Residents can also activate the emergency call system by pulling the call cord on their wall unit, located in every bathroom and bedroom.

c. Observation. The Residence will provide 24-hour availability of assistance in case of medical emergencies. This is accessed via the emergency call system outlined above.

d. Meals. The Residence will provide a monthly meal allowance which is outlined in Appendix B. There is no carry over of this allowance from month to month.

## IV. Ancillary Services

The Community will make certain ancillary services available to you at an additional charge. These services include transportation, housekeeping, meals and beauty and barber services. Appendix B lists the optional services currently available at the Community and their corresponding charges for same. The Community may modify the list of optional services and the charges for same, upon giving you 30 days written notice.

## V. Excluded Health-Related Services

The Community shall not be responsible for furnishing or paying for any health care items or services not expressly included in this Agreement, including but not limited to, physician services, surgery, hospital or third party care, ambulance service, treatment or examination of eyes or teeth, medications, vitamins, eyeglasses, contact lenses, hearing aids, orthopedic appliances, prosthetic devices, laboratory tests, x-ray services, physical, speech or occupational therapy, personal toiletries and personal supplies.

## VI. Term and Monthly Fees

a. Term. The term of this Agreement is month to month beginning on _____, 20____ and shall remain in force until terminated by either party giving 30 days written notice prior to the end of the month of termination, (except as provided in Section VIII of this Agreement).

REMAINDER OF THIS PAGE INTENTIONALLY BLANK

b. Total Monthly Fees. At the time of execution of this agreement, the monthly fee for your Suite and monthly recurring charges is as follows:

Suite Rental

| | |
|---|---|
| Monthly Rate (long-term) | $_____ |
| Second Person Fee | $_____ |

Other Recurring Monthly Ancillary Charges

| | |
|---|---|
| Laundry | $_____ |
| Housekeeping | $_____ |
| Technology Package | $_____ |
| Cable or Phone Charge | $_____ |
| Pet Care | $_____ |
| Other: _____ | $_____ |
| Other: _____ | $_____ |

Financial Details

_____

_____

**TOTAL MONTHLY CHARGES** **$_____**

Community Fee

| | |
|---|---|
| Community Fee Total | $_____ |
| Community Fee Deposit Paid | $_____ |
| Community Fee Outstanding | $_____ |

Payment is due on or before the 1st day of each month. A late charge of $250.00 will be imposed on any payment not received by the 5th day of the month when due.

Checks shall be made payable to Juniper Village at Bucks County. Payments may be tendered Payments may be tendered at the drop boxes located in each building or mailed to Juniper Village at Bucks County L.L.C., 3200 Bensalem Blvd, Bensalem, PA 19020.

c. Failure to Make Payments. You understand and agree that your right to use and occupy your Apartment and to receive services at the Community is contingent upon your timely payment of the monthly fee and all other applicable charges and fees under this Agreement. You will be required to make all payments when due. If you fail to pay your monthly fee or other outstanding charges by the twentieth (20th) day of each calendar month, the Community may, in its discretion, terminate this Agreement under Section IX below, upon thirty (30) days written notice to you. Additionally, you are responsible for any and all bank charges associated with a returned check.

d. Fee Adjustments. You will receive 30 days written notice of any changes in your monthly fee with the exception of changes as set forth in Section VII a., changes required by the Pennsylvania Department of Public Welfare, or changes in your plan or Apartment. You will also receive 30 days written notice of any changes in the list of optional services available at the Community, and/or the charges for optional services available at the Community.

e. Modification of Services. The Community may make modifications to the services included in each service plan upon 30 days written notice to you, provided that the services do not fall below the standards established by the Pennsylvania Department of Public Welfare.

f. Deposits and Fees. Community Fee. A one-time Community Fee of $_____ will be charged to maintain the Community and gracious grounds in pristine condition. This fee is non-refundable.

g. Refunds. Upon any termination of this Agreement described in Section IX, you or your estate shall remain liable for the Monthly Fee minus any additional service not being provided until your Apartment is vacated.

Within thirty (30) business days after your Apartment has been vacated, your property has been removed from it, and it has been restored to its original clean condition, the Community shall provide to you a written account and pay you a refund equal to any unused portion of your final Monthly Fee, minus: 1) the amount of any unpaid Monthly Fee or other charges that you owe under this Agreement; 2) the costs of any repairs to your Apartment not caused by normal wear and tear; 3) the cost of any repairs to the Community's property that was damaged by you or your guests; 4) any expense incurred by the Community to remove and/or store any of your property that was not removed when you vacated your Apartment.

h. Apartment Holds. The charge to hold your Apartment during hospitalization or other extended absence is the same as your regular monthly fee.

## VII. Transfers From Apartment or Change in Level of Services

a. Transfer or Change for More Appropriate Care. The Community is intended to be an environment in which residents maintain the highest possible level of personal independence for as long as possible. You may remain in your Apartment as long as it is conducive to your needs for personal independence, your safety and well-being, and the safety and well-being of the other residents. If you transfer to a new Apartment, you shall

pay the Monthly Fee applicable to that Apartment. In that event, you and/or your responsible party shall sign a brief addendum to this Agreement evidencing the change of plan and or Apartment.

## VIII. TERMINATION

a. Termination by Resident. You may terminate this Agreement at any time, with or without cause, by giving the Community thirty (30) days notice prior to the end of the month of termination. Your notice must identify the date when the termination is to become effective, which date must be at least thirty (30) days after the date of the notice.

b. Termination by the Community. The Community may terminate this Agreement at any time upon thirty (30) days' written notice to you, if in its discretion, any of the following events occurs.

(i) You fail to pay the monthly Fee within twenty (20) days after the due date.
(ii) You fail to comply with state or local law after receiving written notice of a violation.
(iii) The use of the Community is changed.
(iv) You are engaging in behavior which is a threat to the mental or physical health or safety of any other resident or employee of the Community. (The Community is only required to give you up to three (3) days notice in this situation.)
(v) The Community is planning to close. A copy of the closing statement will be provided to you.

c. Resident's Right to Appeal. You have the right to appeal any involuntary discharge from the Community to the Executive Director. The appeal must be in writing and a copy shall be included in the Resident's record with the disposition or resolution of the appeal. You have the right to retain legal counsel, at your expense, to assist you with your appeal.

d. Wrongful Holdover. If you remain in possession without the Community's consent after expiration of the term of this Agreement or its termination, the Community may bring an action against you for possession. You will be responsible for all costs associated with same.

e. Destruction of Premises. If the Community is damaged by fire, the elements, terrorist acts, acts of war, or other causes, it shall be repaired with reasonable diligence by the Community and your Monthly Rent shall continue. If the Community is rendered untenantable by such damage, not caused by you, then this Agreement shall terminate, upon payment of any amounts that you owe. You shall be liable for your Monthly Fee up to the date of termination. If the damage is caused by you, you shall be liable for all damages and shall indemnify and hold harmless the Community for same.

## IX. MISCELLANEOUS

a. Right of Entry. For your safety and comfort, the Community staff must be permitted to enter your Apartment to perform basic housekeeping services, respond to emergencies, and make repairs and improvements, as the Community deems necessary or advisable.

Therefore, additional locks are not permitted on the entrance door to your Apartment unless you receive written permission from the Community. If you receive permission, you must provide the Community with a key to the additional lock. Whenever feasible, the Community's staff will attempt to give you reasonable notice before entering your Apartment.

b. Couples. If you are a couple, and one of you is unable to continue to reside in your Apartment, this Agreement shall continue in full force and the Monthly Fee of your Apartment shall apply.

c. Surveillance Equipment. You, your family or the Responsible Party are not permitted to install or maintain any video, audio or other surveillance equipment in your Suite without first providing prior written request to the Community Executive Director advising of the intent to use such equipment and acknowledging your understanding that such equipment is being used. Equipment must be pre-approved in writing by the Executive Director. Equipment is not permitted to violate the workplace privacy of any associate or privacy of any other resident. Surveillance Equipment connected to wifi network may result in an assessed daily charge.

d. Accuracy of Application Documents. As part of your application to the Community, you have filed with the Community an application form, which is attached to this Agreement incorporated by reference into this Agreement and made an express part of it. You and/or the Responsible Party understand that knowingly making inaccurate disclosures in the Application Information will be considered a material breach of this Agreement. You and/or the Responsible Party further understand and agree that you and/or the Responsible Party have a continuing obligation under this Agreement to update the information which has been provided. You and/or the Responsible Party agree to notify the Community of any material and adverse change in your physical, financial, or mental condition prior to, or subsequent to, the execution of this Agreement. You and/or the Responsible Party agree to complete any financial disclosure forms or provide such other information as may be reasonably requested by the Community to establish/confirm your eligibility as a resident.

e. Notices. All Notices required to be given to the Community under this Agreement shall be given in writing and shall be addressed to the Community at Juniper Village at Bucks County L.L.C., 3200 Bensalem Blvd, Bensalem, PA 19020. Any notices required to be given to you under this Agreement shall be given in writing and shall be addressed to you at your Apartment, or to the Responsible Party, or to the Resident Guarantor, as set forth below. Such notices shall be effective when personally delivered, placed in your mailbox, emailed or when deposited in the US mail, first class postage prepaid.

Responsible Party: _____
(Name) (Relationship)

Presently residing at: _____

Phone: _____

Email: _____

Guarantor (if any): _____
(Name) (Relationship)

Presently residing at: _____

Phone: _____

Email: _____

f. Assignment. The Community reserves the right to assign this Agreement to any successor-in-interest selected by it. Resident does not have the right to assign or otherwise transfer this Agreement and any purported assignment or other transfer will be of no force or effect.

g. Costs and Attorneys' Fees. If the Community files a legal action or other proceeding to enforce or interpret any provision of this Agreement or to enforce any remedy for the breach of the Agreement, the Community shall be entitled to recover reasonable attorneys' fees and costs actually incurred in connections therewith.

h. Binding. This Agreement shall be binding on you and your estate, as well as the Responsible Party and the Resident Guarantor, to the extent dictated by the Agreement.

i. Entire Agreement. This Agreement including any Appendices, Addenda, Acknowledgements, the Resident and Family Handbook and the Notice of Privacy Practices shall be the entire agreement and understanding between the Parties and may be amended from time to time only by a written instrument signed by you and/or the Responsible Party, and by an authorized representative of the Community. If any part of this Agreement is held to be invalid or unenforceable, the rest of the Agreement shall remain valid and enforceable. You acknowledge that in entering into this Agreement you have not relied on any representations, warranties or covenants other than those set forth herein. Nothing in this Agreement shall be construed to give any person or entity other than the Parties hereto any rights or remedies.

j. Waiver. The waiver of any breach of a term, condition, promise, or obligation of this Agreement by any Party shall not be considered to be a waiver of that or any other term, condition, promise or obligation, or of any subsequent breach thereof.

k. Change in Terms. You understand that the Community may change any or all terms and conditions of this Agreement at any time, by serving appropriate notice to you and/or the Responsible Party and/or Resident Guarantor together with the offer of a revised Agreement or an addendum revising the existing Agreement. This written notice and offer must be given at least thirty (30) days prior to the effective date of the change. Within ten (10) days of receipt of such notice, you understand that you must either accept the modified terms and conditions by executing the offered revised Agreement or addendum, or reject the modified terms and conditions by giving the Community written notice in accordance with this Agreement of your intention to terminate the Agreement. Such termination shall be effective as of the date upon which the modification was to become effective as stated in the modification notice and all provisions of this Agreement concerning transfer or discharge shall apply. Failure by you to execute the modification shall be a material breach of this Agreement.

l. Governing Law. This Agreement shall be governed by the laws of the State of Pennsylvania.

m. Health Care Provider Notification and Emergency Medical Treatment. You authorize the Community to call 911 in the case of an emergency and to contact responsible parties, health care providers and/or other persons listed in your records:

(1) If the Community determines it is necessary to advise them of your situation.
(2) In case of an emergency. If you have a life-threatening emergency, the Community will contact an emergency rescue service.

If your designated healthcare provider(s) are unavailable, you authorize the Community to arrange for the services of other health care providers.

n. Rescission. You have the right to rescind this contract for up to 72 hours after the initial dated signature of the contract and pay only for services received. Rescission of the contract must be addressed to the Community in writing.

o. COVID-19 / Novel Communicable Disease Disclaimer. The Community is a personal care community or an independent living Community and is a restraint free community. This community provides a private living space as well as multiple common space environments in which the resident lives. Residents are free to move about the community but are encouraged to remain in their room during stay-at-home orders. Residents are further encouraged to follow all CDC guidelines and wear a mask and wash hands to reduce potential transmission. Residents whom move about the community into common spaces may encounter other residents and staff and are encouraged to maintain proper social distancing wherever possible. The Community can provide guidance and safeguards for but cannot restrict personal behavior or any other volitional action of individuals that increase potential for transmission. The Community is not constructed, designed, operated or programmed for extended isolation precautions, social distancing or virus containment and prevention. It is not possible to prevent any and all transmissions for communal living arrangements. Therefore, any person may be subject to a potential exposure and would have risk of transmission and it is your informed choice to reside in this congregate setting and you hereby release the Community from all

liability, claims, damages, both directly or indirectly as the result of a transmitted virus event.

## X. Grievance/Complaint Procedure

a. Reporting Complaints. If Resident or Designated Person, if any, believe(s) that Resident is being mistreated in any way or Resident's rights have been or are being violated by staff or another resident or in any other way, Resident, and/or Designated Person may file a complaint with Community. Resident and/or Designated Person may also file a complaint with the Pennsylvania Department of Health, local ombudsman or law enforcement agency. The procedure for filing a complaint with Community or one of the aforementioned entities is described in the "Notice of Complaint Procedures", which is attached to this Agreement as Appendix F. The complaint procedures described in Appendix do not impose any contractual obligations on the Community nor do they grant any private contractual rights to Resident.

b. Voluntary Mediation. Mediation is a form of alternative dispute resolution whereby an impartial person facilitates communication between the parties. The goal of mediation is to resolve the dispute promptly, amicably, and without incurring significant time and expense. Mediations are non-binding in nature. This Agreement provides for voluntary mediation whereby the parties may, upon mutual agreement, engage in mediation before resorting to arbitration. If the parties mutually agree to mediate any dispute that may arise between them, then the mediation will be conducted at a site selected by Community, which shall be at Community or at a site within a reasonable distance of Community. If the parties are unable to resolve their dispute through mediation, then the dispute can only be resolved by arbitration as provided in this Agreement. If the parties do not mutually agree to mediate any dispute that may arise between them, then they must proceed directly to arbitration. The costs of the mediation shall be borne equally by each party, and each party shall be responsible for their own legal fees.

c. Mandatory, Binding Arbitration. Arbitration is a specific process of dispute resolution utilized instead of the traditional state or federal court system. Instead of a judge and/or jury determining the outcome of a dispute, a neutral third party ("Arbitrator(s)") chosen by the parties to this Agreement renders the decision, which is binding on both parties. Generally an Arbitrator's decision is final and not open to appeal. The Arbitrator will hear both sides of the story and render a decision based on fairness, law, common sense and the rules established by the Arbitration Association selected by the parties. When Arbitration is mandatory, it is the only legal process available to the parties. Mandatory Arbitration has been selected with the goal of reducing the time, formalities and cost of utilizing the court system.

d. Contractual and/or Property Damage Disputes. Unless resolved or settled by mediation, any controversy, dispute, disagreement or claim of any kind or nature, arising from, or relating to this Agreement, or concerning any rights arising from or relating to an alleged breach of this Agreement, with the exception of (1) guardianship proceedings resulting from the alleged incapacity of the Resident; (2) collection actions initiated by the Community for non-payment of stay or failure of Responsible Person or Guarantor to fulfill their obligations under this Agreement, the

Responsible Person Agreement or the Guaranty and Suretyship Agreement, which results in a financial loss to the Community; and (3) disputes involving amounts in controversy of less than Twelve Thousand Dollars ($12,000), shall be resolved exclusively by arbitration. This means that the Resident will not be able to file a lawsuit in any court to resolve any disputes or claims that the Resident may have against the Community. It also means that the Resident is relinquishing or giving up all rights that the Resident may have to a jury trial to resolve any disputes or claims against the Community. It also means that the Community is giving up certain rights that it may have to a jury trial or to bring claims in a court against the Resident. Subject to the provisions of Section X(i) the Arbitration shall be administered by ADR (Alternative Dispute Resolution) Options, Inc., in accordance with the ADR Options Rules of Procedure, and judgment on any award rendered by the arbitrator(s) may be entered in any court having appropriate jurisdiction. Resident and, if applicable, Designated Person and/or Responsible Person or Guarantor acknowledge(s) and understand(s) that there will be no jury trial on any claim or dispute submitted to arbitration, and Resident and, if applicable, Designated Person and/or Responsible Person or Guarantor relinquish and give up their rights to a jury trial on any matter submitted to arbitration under this Agreement.

e. Personal Injury or Medical Malpractice. Unless resolved or settled by mediation, any claim that the Resident may have against the Community for any personal injuries sustained by the Resident arising from or relating to any alleged medical malpractice, inadequate care, or any other cause or reason while residing in the Community, shall be resolved exclusively by arbitration. This means that the Resident will not be able to file a lawsuit in any court to bring any claims that the Resident may have against the Community for personal injuries incurred while residing in the Community. It also means that the Resident is relinquishing or giving up all rights that the Resident may have to a jury trial to litigate any claims for damages or losses allegedly incurred as a result of personal injuries sustained while residing in the Community. Subject to the provisions of Section X(i), the Arbitration shall be administered by ADR Options, Inc., in accordance with the ADR Options Rules of Procedure, and judgment on any award rendered by the arbitrator(s) may be entered in any court having appropriate jurisdiction. Resident, and if applicable, Designated Person and/or Responsible Person or Guarantor acknowledge(s) and understand(s) that there will be no jury trial on any claim or dispute submitted to arbitration, and Resident, and if applicable, Designated Person and/or Responsible Person or Guarantor relinquish and give up the Resident's right to a jury trial on any claims for damages arising from personal injuries to the Resident which are submitted to arbitration under this Agreement.

f. Exclusion From Mandatory Arbitration. Those disputes which have been excluded from mandatory arbitration (i.e., guardianship proceedings, collection actions initiated by the Community, and disputes involving amounts in controversy of less than $12,000) may be resolved through the use of the judicial system. In situations involving any of the matters excluded from mandatory arbitration, neither Resident nor the Community are required to use the arbitration process. Any legal actions related to those matters may be filed and litigated in any court which may have jurisdiction over the dispute.

g. Right to Legal Counsel. Resident has the right to be represented by legal counsel, at his/her own cost, in any proceedings initiated under this arbitration provision. Because this arbitration provision addresses important legal rights, the Community encourages and recommends that Resident obtain the advice and assistance of legal counsel to review the legal significance of this mandatory arbitration provision prior to signing this Agreement.

h. Location of Arbitration. The Arbitration will be conducted at a site selected by the Community, which shall be at the Community or at a site within a reasonable distance of the Community.

i. Time Limitation for Arbitration. Any request for arbitration of a dispute must be requested and submitted to ADR Options, Inc., with notice to the other party, prior to the lapse of two (2) years from the date on which the event giving rise to the dispute occurred or before the expiration of the applicable statute of limitations for the dispute, whichever is earlier. Determination of the lapse of two (2) years from the date on which the event giving rise to the dispute occurred and determination of the applicable statute of limitations shall be made by the arbitrator as part of the arbitration process. In the event ADR Options, Inc., is unable or unwilling to serve, then the request for Arbitration must be submitted to Community within thirty (30) days of receipt of notice of ADR Options, Inc.'s, unwillingness or inability to serve as a neutral arbitrator. Community shall select an alternative neutral arbitration service within thirty (30) days thereafter and the selected Arbitration Agency's procedural rules shall apply to the arbitration proceeding. The failure to submit a request for Arbitration to ADR Options, Inc., or an alternate neutral arbitration service selected by Community, within the designated time (i.e., two (2) years or the applicable statute of limitations, whichever is earlier) shall operate as a bar to any subsequent request for Arbitration, or for any claim for relief or a remedy, or to any action or legal proceeding of any kind or nature, and the parties will be forever barred from arbitrating or litigating a resolution to any such dispute. Contact information for ADR Options, Inc., is as follows:

1800 John F. Kennedy Blvd.
Suite 1110
Philadelphia, PA 19103
Phone: (215) 564-1775 / (800) 364-6098
Fax: (215) 564-1822
Website: www.adroptions.com

j. Allocation of Costs for Arbitration. The costs of the arbitration shall be borne equally by each party, and each party shall be responsible for their own legal fees.

k. Limited Resident Right to Rescind this Mandatory Arbitration Clause (Section X of this Agreement). Resident or, in the event of Resident's incapacity, Resident's authorized representative have the right to rescind this arbitration clause by notifying the Community in writing within thirty (30) days. Such notice must be sent via certified mail to the attention of the Executive Director of the Community, and the notice must be postmarked within thirty (30) days of the execution of this Agreement. The notice may also be hand-delivered to the Administrator within the same thirty (30) day

period. The filing of a claim in a court of law within the thirty (30) days provided for above will automatically rescind the arbitration clause without any further action by Resident or Resident's authorized representative.

l. Not a Condition of Move-in or Continued Stay. Mandatory arbitration is not required as a condition of move-in or continued stay in the Community.

m. Confidentiality. Resident agrees that, at all times, Resident will keep any information regarding the arbitration proceeding, including rulings, decisions and awards by the arbitrator, confidential and will not disclose voluntarily to any third party, except to the extent required by law. Resident is permitted to disclose that the matter has been resolved, without disclosing the results of the arbitration proceeding.

n. Severability of Arbitration Clause (Section X of this Agreement). If any provision of this arbitration clause is determined by a judicial or administrative tribunal of proper jurisdiction to be invalid or unenforceable, such provision shall be severed and the balance of this arbitration clause shall remain in full force and effect.

o. Law Governing Arbitration Clause. This arbitration clause shall be governed by and interpreted under the Federal Arbitration Act, 9 U.S.C. Sections 1-16.

**IN WITNESS WHEREOF, the parties, intending to be legally bound, have signed this Agreement on the date written below.**

_____
Resident

_____
Resident

_____
Responsible Party/Designated Person

_____
Resident Guarantor, if any

_____
Juniper Village at Bucks County L.L.C.

## Apartment Pricing

| | Private |
|---|---|
| Studio | $3,400 |
| One Bedroom | $3,970 |
| One Bedroom Deluxe | $4,420 |
| Two Bedroom | $4,420 |
| 2nd Person | $1,500 |
| Community Fee | $10,000 |

## Administrative Services

| | |
|---|---|
| Replacement Keys - Room Key | $50 per key |
| Replacement Keys - Mailbox Lock and Key | $100 per set |
| Photocopies and fax service | $0.25 per page |
| Notary service | $25 per form |
| Package delivery to suite | $10 per delivery |
| Late payment fee - after the 5th of the month | $250 per time |
| Storage unit rental | $35 per month |

## Around the House

| | |
|---|---|
| Maintenance charges | *(30 minute minimum apt)* $55 per hour |
| Room transfer/furniture move | $500 per move |
| Heavy duty carpet cleaning | *(price dependent on suite size)* $250-$450 |
| Housekeeping | (one hour minimum) $45 per hour |
| Daily apartment tidy | (trash removal, bed making, straightening) $370 per month |
| Linen change | (wash and change sheets and towels) $25 per change |
| Laundry service | |
| Level 1 | *(average four loads)* $110 per month |
| Level 2 | *(average eight loads)* $185 per month |

## Connect4Life with Medical Concierge

| | |
|---|---|
| Full-service care coordination | $60 per hour |

## Dining

| | |
|---|---|
| Restaurant-style dining | (included in rent) $400 per month credit |
| Premium menu items available | $Varies |
| See restaurant for menu pricing | |
| Room Service | $12 per delivery |
| *(no additional charge up to 3 days during periods of illness as directed by MD or Wellness Nurse)* | |
| Take-out Service | $3 per pick-up |
| Guest Meals | |
| Restaurant style menu and pricing | $Varies |
| Nutritional Supplements | $Varies |

## Events

| | |
|---|---|
| Private Space Rental | $Varies |
| Catering | (Varies based on menu) $12 to $28 per person |

## Fitness Center

| | |
|---|---|
| Exercise Room, Gym, Pool | $Included |
| Premium or Specialty Classes | $Varies |
| Guest day fee *(use of equipment without supervision)* | $10 per day |
| Guest Fitness/Wellness Classes | $Varies |
| Personal Wellness Planning *(if available)* | $50 per hour |
| Personal Training *(if available)* | $50 per hour |

**Guest Apartment** $200 per day

**Personal Wellness Service**

| | | |
|---|---|---|
| Personal Service Assistant | *(1 hour minimum/30 minute increments thereafter)* | $30 per hour |
| Licensed Wellness Support | *(1 hour minimum/30 minute increments thereafter)* | $60 per hour |
| Medication reminders | | $9 per time |

**Pet Care**

| | | |
|---|---|---|
| Pet Fee | | $800 one-time fee |
| Pet Care – as needed | *(15 minute minimum)* | $30 per hour |
| Pet Care – monthly | | $725 per month |

**Removal of Property** $1000 minimum

Upon move-out, the community will charge for any property that is not removed when you vacate your suite, plus any other accrued charges for disposal of large items: i.e. mattress, large furniture, TVs, etc.

**Salon Services**

All charges set by third party operator. The most current schedule and list of services will be provided upon request from the salon.

**Technology**

| | |
|---|---|
| Technology Package | $125 per month |
| Tech Support (including lost or reprogram remote) | $50 per hour |
| Replacement of Alexa device | $200 per unit |

**Transportation, Escort, and Shopping Service**

| | | |
|---|---|---|
| Car service – transport only | | $35 per hour |
| Escorted car service – medical or other | *(2 hour minimum required)* | $75 per hour |
| Scheduled group transportation | | $Included |
| Wheelchair transport assist | *(one round-trip per day within community)* | $110 per month |
| Grocery, various shopping, pick-ups | *(performed for you)* | $38 per hour |
| Gift Packages delivered to suite | *(call to order, five days in advance)* | $75 per package |

- Just Because
- Happy Birthday
- Mother's Day
- Father's Day
- Valentine's Day

The following is a description of services available within this community that is included within the basic monthly fee:

a. Utilities including individually controlled heat, central air-conditioning, hot water, sewer, and electricity
b. Personal emergency call buttons you can signal for help.
c. Priority access to Personal Care Home Services.
d. All grounds maintenance.
e. All interior and exterior maintenance of your apartment including maintenance of your appliances.
f. Trash removal and recycling.
g. Leaf and snow removal.
h. Property insurance and taxes.
i. Full time, on site management.
j. Building security and lighted parking.
k. Recreational services: Opportunities for daily scheduled individual and group socialization.
l. Walking paths and garden areas.
   Community Center with dining and recreational facilities.
m. Group transportation to local shopping, restaurants, cultural events and community services.

This "Notice of Complaint Procedures" shall not be construed as imposing any contractual obligations on the Community or granting any private contractual rights to Resident.

Residents, their family, their legal representative, or an advocate has the right to file a grievance or complaint with the community without fear or threat of reprisal or retaliation. Our community investigates all written grievances and complaints filed.

1. When a grievance exists, any resident, family member, or resident advocate should submit the grievance within seven (7) days of the incident to the Grievance Officer (Executive Director). A copy is also sent to the corporate offices of Juniper Management, the Management Company for Juniper Village at Bucks County, at 400 Broadacres Drive, 4th Floor, Bloomfield, NJ 07003, 973-661-8300.
2. Grievances must be in writing and include a date and signature. A formal grievance form is available but is not required. Should you need assistance in writing the grievance, the community staff will provide assistance to you.
3. Utilizing input from Juniper Communities, the Executive Director will review the findings and, along with the community staff, will determine any corrective actions.
4. Within two (2) business days after the submission of the written grievance, a status report shall be provided by the Executive Director to the individual with the grievance. The status report will indicate the steps that the community is taking to investigate and address the grievance.
5. Within seven (7) days the Executive Director will provide a written report to the individual with the grievance, the designated person, if applicable as well as Juniper Management. The report will explain the investigation findings and the plans of action necessary to resolve the grievance.
6. A copy of the initial complaint and the associated corrective action will be filed in the Executive Director's office.
7. If the individual with the grievance and/or the designated person, if applicable, is dissatisfied with the investigation and associated remedies, the person may request a personal phone meeting with Juniper Management or file the grievance with the Grievance Office listed below:

   Grievance Officer (Executive Director of Community): 215-752-2370

Juniper Village at Bucks County offers two convenient ways to pay your monthly rent, level of care, and ancillary service charges. The first is via ACH/electronic debit from your checking or savings account. The second is via monthly credit card charge. Please select your choice for payment by completing the appropriate section below and signing this document.

**ACH/Electronic Debit**

I authorize Juniper Village at Bucks County to initiate electronic debit entries from my checking or savings account for payment of my monthly service fees on the 3rd of each month. I understand that, if necessary, an adjusting debit or credit entry may be made to correct a draft made in error. I also authorize the financial institution name below to credit and/or debit the same such account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until either I have or my legal representative has cancelled it in writing. It is further provided written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act.

Resident Name: _____ Apartment/Suite #_____

POA/Sponsor Name: _____

Account # _____

Account type: Checking Account _____ Savings Account _____

Routing # _____

Name on Account _____

ATTACH COPY OF VOIDED CHECK HERE

**Credit Card Payment**

I authorize Juniper Village at Bucks County to initiate automatic charges to my credit card for payment of my monthly service fees on the 3rd of each month. I understand that there is a 3.5% processing fee for each monthly charge. I understand that, if necessary, an adjusting debit or credit entry may be made to correct a charge made in error. I also authorize the financial institution name below to credit and/or debit the same such account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement. This authority will remain in effect until either I have or my legal representative has cancelled it in writing. It is further provided written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act.

Resident Name: _____ Apartment/Suite #_____

POA/Sponsor Name: _____

Credit Care# _____

Expiration Date _____ Security Code _____

Name on Account _____

_____ _____

Authorized Signature Date

_____

Print Name

Juniper understands that health information about you and your health is personal. We are committed to protecting health information about you. We create a record of the care and services you receive from us. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by this community, whether made by nursing team, care team, therapy or other providers. This notice will tell you about the ways in which we may use and disclose health information about you. We also describe your rights to the health information we keep about you, and describe certain obligations we have regarding the use and disclosure of your health information.

We are required by law to:

- Make sure that health information that identifies you is kept private
- Give you this Notice of our legal duties and privacy practices with respect to health information about you; and follow the terms of the Notice that is currently in effect.

How we may use and disclose health information about you:

- For care, service, and treatment
- For payment
- For health care operations
- For appointment reminders
- As required by Law
- To avert a serious threat to health and safety
- As required by the Military or Veterans and Workers Compensation
- Public Health risks
- Health oversight activities
- Lawsuits and disputes
- Law enforcement
- Coroners, health examiners and funeral directors
- National Security and Intelligence activities
- Protective Services for the President and others

Your rights regarding Health Information about you:

- Right to Inspect and copy
- Right to Amend
- Right to an Accounting of Disclosures
- Right to Request Restrictions
- Right to Request Confidential Communications
- Right to a Paper copy of this Notice (full Notice is available upon request)

Changes to this Notice:

We reserve the right to change this Notice. We will post a copy of the current Notice in our community with the current effective date on the first page.

Complaints:

If you believe that your privacy rights have been violated, you may file a complaint with us. All complaints must be in accordance with the procedures outlined in Appendix F.

Acknowledgement of Receipt of this Notice:

We request that you sign this form acknowledging you have received a copy of this notice. This acknowledgement will become part of your records. This acknowledgment provides that you have access to the Complete Notice and have declined the Complete Notice of Privacy Practices. We post a copy of the current Complete Notice of Privacy Practices at www.junipercommunities.com

I _____ acknowledge and agree that I
(Name of Resident)

have reviewed the Short Form Notice above and understand I can further review the Complete Notice should I choose.

I _____ acknowledge and agree that I
(Name of Resident)

have reviewed the Short Form Notice above and understand I can further review the Complete Notice should I choose.

_____ _____
Resident Signature Date

_____ _____
Resident Signature Date

_____ _____
Resident Legal Representative (if applicable) Date

_____ _____
Print Name of Legal Representative Relationship to Resident

**Photo Release and Consent**

Resident acknowledges and understands that photographs, videotapes, digital or other images may be recorded for identification purposes or to document aspects of care. Additionally, Community may take photographs, videotapes, digital or other images during activities and events at the Community as well as activities and events outside the community. These photos may be shared throughout the Community as well as in digital or other media.

I hereby consent to be photographed at Community under the following circumstances. ("Photograph" includes video or still photography, in digital or any other format, and any other means of recording or reproducing images.)

| | |
|---|---|
| For identification only | ❑ Y ❑ N |
| To document care | ❑ Y ❑ N |
| During activity events at the community | ❑ Y ❑ N |
| During activity events outside of the community | ❑ Y ❑ N |

I hereby consent for photographs taken during agreed upon activity events noted above to be shared as follows:

| | |
|---|---|
| With myself only | ❑ Y ❑ N |
| With approved family members or friends | ❑ Y ❑ N |
| On the community portal | ❑ Y ❑ N |
| On social media | ❑ Y ❑ N |

Resident understands that Community will retain ownership rights to these photographs, videotapes, digital or other images, but that Resident will be allowed to access them or obtain copies in accordance with Community's policy. Community will store the images in a secure manner to protect Resident's privacy in a manner consistent with applicable law. The images will be destroyed after a period of time consistent with Community's record retention policies. Community will not release or disclose the images outside of Community except as permitted above or required by law. Resident may revoke at any time Community's authorization to photograph or record Resident.

**Portal Access and Release**

Community offers a community portal that includes and displays various Community information such as menus, activity calendars, birthday greetings, and other announcements, as well as ability to make service requests and communicate with the resident, and a private record of resident's transactions and billing information. Resident can designate who has access to these capabilities.

*I hereby provide authorization for the following individual(s) to have access to the following functions in the Community Portal:*

| Name of Approved Person | General Information | Resident Communication | Service Requests | Financial Transactions |
|---|---|---|---|---|
| _____ | ❑Y ❑N | ❑Y ❑N | ❑Y ❑N | ❑Y ❑N |
| _____ | ❑Y ❑N | ❑Y ❑N | ❑Y ❑N | ❑Y ❑N |
| _____ | ❑Y ❑N | ❑Y ❑N | ❑Y ❑N | ❑Y ❑N |

Resident may change, add, or revoke approved persons at any time.

_____

Date

_____

Resident

_____

Responsible Person, if any

_____

Guarantor, if any

_____

Designated Person, if any

# Acknowledgement of Receipt of Residency Agreement Addendums

I have received a copy of the:

Residency and Service Agreement: _____
Initials

Grievance Process _____
Initials

HIPAA Short-form _____
Initials

I understand and agree to the above as described herein.

_____ _____
Resident Signature Date

_____ _____
Resident Signature

_____ _____
Responsible Party Signature Date

_____ _____
Community Representative Signature Date

# RESIDENCE AND SERVICE AGREEMENT

## Type C




3200 Bensalem Boulevard
Bucks County, PA 19020

**Resident Name:** _____

**Apartment #:** _____

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Effective Date: 1/1/2025
Revision Date: 12/23/2024

**THIS RESIDENCE AND CARE AGREEMENT** is made as of the Effective Date (defined in Article II below) by and between JUNIPER VILLAGE AT BENSALEM OPERATIONS, LLC, a Delaware limited liability company, trading and doing business as "Juniper Village at Bucks County", hereinafter referred to by the words "we," "us" and "our" and the individuals identified at the conclusion of this Agreement hereinafter referred to by the words "you" and "your." (If husband and wife, or two other persons sign this Agreement, the word "you" and "your" shall apply to them jointly and severally, where the context permits.)

We maintain and operate in the vicinity of Bensalem, Pennsylvania, a continuing care retirement community called "Juniper Village at Bucks County" (the "Community"). You have applied for entry to the Community and have been accepted, subject to the execution of this Agreement.

**NOW, THEREFORE**, in consideration of the mutual covenants, agreements and undertakings hereinafter contained it is agreed as follows.

## I. General Agreements

**1.01 Occupancy Date and Effective Date**. By execution of this Agreement by both of us, you are accepted and guaranteed entrance to Community in accordance with the terms of this Agreement; however, you are not entitled to receive the benefits of this Agreement until the later of these occurs 1) the payment of the first Monthly Charge or 2) the Occupancy Date.

**1.02 Fees.**

A. Entrance Fee. For the use of the Residential Living Facility and the provision of the services identified herein, you agree to pay us an Entrance Fee of $_____ upon the execution of this Agreement.

B. Monthly Charge. For the services rendered by us, you agree to pay us each month a Monthly Charge, the payment of which will begin as of the Occupancy Date. The first full Monthly Charge payment shall be made prior to or on the Occupancy Date. If the Occupancy Date is determined to fall on other than the first day of a month, a pro rata adjustment based on the number of days from (and

including) the Occupancy Date to the end of the month in which the Occupancy Date occurs will be made on the following Monthly Charge payment.

You may occupy and use **Apartment Number** _____ at the Community, subject to the payment of the monthly charge of $_____. (This rate may be different from that outlined in Appendix A.) If you later move to another Apartment your monthly charge may change.

C. General. For the care and services as provided in this Agreement, you agree to pay us the Entrance Fee, the Monthly Charge each month, and the fees and charges for Ancillary Services (as specified in this Agreement). Except as otherwise provided in this Agreement, the amounts described in the foregoing sentence shall be all that you are required to pay for the services which we specifically agree to provide under this Agreement. Charges for care paid in one lump sum shall not be increased or decreased during the duration of the agreed upon care, except for changes required by State or Federal assistance programs, or except in instances where you elect to move to a Residential Living Facility with a greater Entrance Fee. In accordance with Section 6.08 below, the Entrance Fee and Monthly Charge do not include future health care services.

**1.03 Agreement to Provide Care**. From the Occupancy Date until your death or the earlier termination of this Agreement, we will furnish to you access to medical care, services and facilities as provided in this Agreement. You shall have the right to occupy and use the Residential Living Facility subject to the further terms and provisions of this Agreement.

**1.04 Agreement to Pay Fees**. You agree to pay the fees specified above, and to abide by the terms of this Agreement and the written, reasonable Rules and Regulations applicable at the Community established and modified from time to time. A copy of the Rules and Regulations currently in effect is attached to this Agreement.

**1.05 Entire Agreement**. This Agreement and all schedules attached hereto constitute the entire agreement between you and us. No amendments to this Agreement will be valid unless in writing and signed by both of us. Capitalized terms used herein shall have the meanings set forth in Article II of this Agreement.

**1.06 Assignment**. Neither this Agreement, nor any living facility provided to you pursuant to this Agreement, may be assigned by you without our prior written consent, which consent may be withheld at our sole discretion.

## II. DEFINITIONS

The following terms as used in this Agreement shall have the meanings set forth below.

**"Ancillary Services"** shall mean those services specified in Article V of this Agreement which are not included in the Monthly Charge, made available by us through our staff, or by outside providers under contract with us, the costs of which are to be paid by you as additional expenses.

**"Community"** shall mean the location or locations made available by us or by our outside providers under contract with us, for Residential Living, Personal Care, Nursing Care or Ancillary Services.

**"Daily Rate"** shall mean the daily charge for Nursing Care in the Nursing Center. The Daily Rate does not include charges for ancillary or miscellaneous services.

**"Effective Date"** shall mean the date on which both of us have executed this Residence and Care Agreement.

**"Entrance Fee"** shall mean the total fee paid for entrance to the Community.

**"Executive Director"** shall mean our chief operating manager or his designee, as appointed by our management company.

**"Medical Director"** shall mean a licensed physician officially designated by us as the person responsible for the direction and control of medical services offered at the Community.

**"Monthly Charge"** shall mean the amount of money payable to us by you for each and every month during your occupancy at the Community and more specifically defined under Article VII herein.

**"Monthly Rate"** shall mean the monthly charge for Personal Care in the Personal Care Center. The Monthly Rate does not include charges for ancillary or miscellaneous services.

**"Nursing Care"** shall mean living with the provision of needed medical care and personal care and service in an environment licensed to provide such level of care.

**"Nursing Center"** shall mean the Nursing Care facility and appurtenant facilities at the Community.

**"Occupancy Date"** shall mean the date when you have chosen to assume residence in the Community.

**"Personal Care"** shall mean living with the provision of needed assistance and support in the activities of daily living in an environment licensed to provide such level of services.

**"Personal Care Center"** shall mean that portion of the Community licensed for Personal Care and comprised of the Personal Care units and appurtenant facilities.

**"Residential Living Facility"** shall mean that portion of the Community designated for residential living use as provided in Article II hereof or, as appropriate, the particular Residential Living Facility occupied by you.

**"Rules and Regulations"** shall mean the written, reasonable rules of the Community, which contractually bind you and may be amended from time to time.

**"Special Service Facility"** shall mean any off-site health care facility.

**"Transfer Date"** shall mean the date you occupy a smaller Residential Living Facility.

**"Your Physician"** shall mean any physician selected by you to render primary medical care.

## III. FACILITIES AND CLASSIFICATION OF CONTRACTS

Living facilities at the Community currently include studio, one- and two-bedroom apartments (referred to herein as "Residential Living Facility"); a Personal Care Center and a Nursing Center. We offer a Residence and Care Agreement for the Residential Living Facility, a separate admission agreement for the Personal Care Center based on your ability to function with minimal need for assistance in the activities of daily living and a separate admission agreement for the Nursing Center for comprehensive nursing care in an environment licensed to provide such level of care.

## IV. RESIDENTIAL LIVING

Facilities necessary for residential living will be provided at the Community as follows:

**4.01 Residential Living Facilities.** You have the right to occupy and use the Residential Living Facility designated in this Agreement subject to change as provided in this Agreement.

A. Furnishings and Appliances. We will furnish wall-to-wall carpeting, window treatments, a stove, a sink, a disposal, a microwave and a frost-free refrigerator in the kitchen area, optional dishwasher, bathroom with shower, individual thermostatic control for heating and air-conditioning, telephone jacks, an emergency call system, and basic TV service. You are responsible to provide all other furnishings (including telephone).

B. Structural Changes. No structural or physical change of any kind to the Residential Living Facility will be made except upon the prior written consent of the Executive Director. The cost of any change requested by you shall be at your expense and may include the expense of our supervision and direction. Approval of such change may be conditioned upon you agreeing to bear the cost of restoring the Residential Living Facility to its original condition upon termination of this Agreement.

C. Redecoration. Redecoration of any Residential Living Facility other than that scheduled by us will require the approval of the Executive Director and will be at your expense. Any change or replacement of furnishings or equipment provided by us will be subject to the approval of the Executive Director and title thereto will vest in us unless otherwise agreed in writing.

**4.02 Storage**. Limited storage facilities may be available to residents residing in the apartments for an additional charge. Use of such common storage facilities shall be subject to the direction and supervision of the community. You bear the risk of loss for property in such areas. We recommend that residents using such areas carry, at their expense, personal property insurance on the property stored.

## V. SERVICES and AMENITIES

**5.01 Food and Meals.**

A. Dining Services. Dining Services are available daily at multiple dining venues within the campus from 7:30 am to 8:00 pm. All residents are required to

participate in a monthly flex meal program which provides a monthly dollar allowance to be utilized for food purchased in various dining venues.

B. Guest Meals. You may invite guests to any meal. Guest meal charges will be billed on an individual charge basis.

**5.02 Common Facilities**. You may use, in common with others, the facilities provided by us for express general use of all residents, which currently include: the dining venues, lounges and lobbies, library and music room, shop, craft room, fitness center, gardening areas, computer area, social and recreational rooms, individual mailboxes centrally located, special lounges for club groups and other facilities including those outdoors. Common facilities for which an additional charge may be made for services include the beauty parlor and barbershop. An additional charge also may be made for supplies used in connection with social and recreational activities.

**5.03 Housekeeping**. You are required to maintain the Residential Living Facility in clean, sanitary, and orderly condition and will perform or furnish all usual light housekeeping tasks. Once a year we will perform heavier housekeeping, including window washing and refrigerator and oven cleaning. Additional housekeeping services may be contracted for on an individual charge basis. If you do not maintain the Residential Living Facility in a proper manner, we have the right to provide additional housekeeping services and you will be billed for the cost of such. We will provide trash disposal on a regular basis from trash rooms located on each floor. An additional charge applies if you desire trash removal from your Residential Living Facility.

**5.04 Maintenance, Repair and Security**. We will perform necessary repairs, maintenance and replacement of Community property and equipment. Repairs, maintenance and replacement of property provided by you will be your responsibility.

**5.05 Buildings and Grounds**. We will maintain all buildings and grounds including lawn service.

**5.06 Parking**. Open parking is available for you and your guests at no additional charge. You will be assigned a parking sticker and one (1) parking space per apartment.

**5.07 Utilities**. We will pay for water, heat, light, power and air conditioning, trash disposal, and basic cable television. You are required to pay for all telephone services.

**5.08 Local Transportation**. We will provide local transportation to scheduled events at no additional charge to you. Transportation for special, personal or medical needs is available on an individual charge basis.

**5.09 Taxes**. We will pay all taxes assessed to the Community.

**5.10 Programs**. We will provide programs for social and recreational activities. Religious services as arranged by us are available to all interested residents.

**5.11 Scope of Services Included in the Monthly Charge**. We reserve the right to add or delete certain services and to adjust the Monthly Charge appropriately. We will provide thirty (30) days advance notice of any changes in services.

**5.12 Other Ancillary Services**. Services not specifically listed above are, therefore, not included as part of the services received under the Monthly Charge for the Residential Living Facility occupied by you. Ancillary Services may be made available to you at an additional charge.

## VI. NURSING AND RELATED SERVICES

**6.01 Personal Care and Nursing Care**. We will furnish Personal Care in the Personal Care Center and Nursing Care in the Nursing Center for temporary or permanent stays on a priority access basis when and as needed as determined in accordance with the terms of this Agreement; will arrange for on-site clinical services; and will coordinate on your behalf with other providers for other health care needs. You shall bear, except as specifically relieved by the provisions of this Agreement, the full cost of such services. Priority access to the Personal Care Center and the Nursing Center is conditioned on you satisfying the financial and all other requirements for admission. If you are permanently transferred to the Personal Care Center or the Nursing Center, this Agreement shall terminate and you shall sign an admission agreement for the provision of Personal Care or Nursing Care services.

**6.02 Use of Physicians**. You may employ the services of any physician, at your own cost. Use of the services of a physician will be on condition that such physician is appropriately licensed and in good professional standing and on condition that such physician agrees to abide by established rules, regulations and policies at the Community. You agree to indemnify and save us harmless from any cost or

expense resulting from such care and shall bear the cost of medical, surgical, hospital and nursing care and prescription and over-the-counter medication ordered by any such physician.

**6.03 Hospital Referrals, Personal Care and Nursing Center.**

A. Hospital Referral. Should hospital care be appropriate in the judgment of Your Physician, Your Physician will recommend transfer to the hospital that Your Physician feels is suited to the condition requiring hospitalization.

B. Personal Care or Nursing Care. If you are identified as needing Personal Care or Nursing Care, we will recommend transfer to the Personal Care Center or the Nursing Center, as appropriate.

C. Space Availability. We cannot guarantee the availability of hospital space, space in the Personal Care Center or space in the Nursing Center. Should space within the Personal Care Center or Nursing Center not be available when needed, we will arrange on your behalf with licensed outside facilities for appropriate medical services or living facilities to be provided. You will be financially responsible for the cost of such services. If you transfer to such facilities, you may return to the Community as soon as the appropriate facilities are available in the Residential Living Facility, Personal Care Center or Nursing Center.

**6.04 Medical and Surgical Insurance.**

A. Your Obligation. You are required to pay for any health insurance and health care services or charges that are not covered or not fully paid for by your health insurance.

B. Participation in Medicare Program. We are a Medicare certified facility able to receive Medicare reimbursement; however, we reserve the right to discontinue such certification if we deem such discontinuance to be in the best interests of the Community.

C. Non-Participation in the Medicaid Program. The Community currently is not certified to participate in the Medicaid program and does not anticipate becoming certified to participate in the Medicaid program in the future.

**6.05 Condition, Dangerous Disease or Other Circumstances.** The Community is not designed to care for persons who are dangerous to themselves

or others. If it is determined that your condition is such that your continued presence at the Community is either dangerous or detrimental to your health or safety or the health or safety of others, then we have the right to recommend your transfer to a facility that can provide the appropriate care. (See Article VIII of this Agreement.)

**6.06 Illness or Accident away from the Community**. If an accident or illness occurs while you are traveling or visiting away from the Community, you should make every reasonable effort to notify the Community and arrange to return to the Community as soon as possible. After your return to the Community, injuries or illness so incurred or resulting will be considered and treated in accordance with the terms of this Agreement.

**6.07 Consent to Release of Medical Information**. We will maintain your protected health information in accordance with Federal and State laws governing the confidentiality and disclosure of medical records. Therefore, when required for treatment, payment, or health care operations, you hereby consent to the release of medical information to us by any physician, hospital or other medical provider providing any medical services or consultation to you, and by us to any physician, hospital or other medical care provider providing any medical services or consultation to you. You further consent to the release of medical information and records by us to various entities, including managed care companies, insurance companies, Federal and/or State agencies and regulatory bodies to the extent necessary to: (i) obtain payment; (ii) coordinate and facilitate your care; (iii) participate in reviews or audits of services rendered by us; and (iv) otherwise comply with all applicable laws, rules and regulations.

**6.08 Liability for Health Care Services.** A resident shall not be liable to a health care provider for services rendered under a resident's agreement if the health care services rendered are services which a continuing care provider agreed to furnish to a resident in consideration of the resident's payment of entrance and periodic fees. No future health care services are covered by your payment of the Entrance Fee or Monthly Charge.

## VII. MONTHLY CHARGE

**7.01 Your Financial Obligations; Adjustments**. In addition to other payments required by this Agreement, you will pay to us a Monthly Charge as set forth on the attached Schedule. The Monthly Charge as determined by us in accordance with this Agreement may be adjusted to reflect changes in the cost of providing services consistent with operating on a sound financial basis and maintenance of

the quality of our services. We will give you at least thirty (30) days prior written notice of Monthly Charge adjustments.

A. Monthly Charge. A Monthly Charge will be assigned to each type and size Residential Living Facility described in this Agreement (for single and for double occupancy, where appropriate). The costs of Personal Care and Nursing Care are at an additional charge and are not included in the Monthly Charge. You shall pay the Monthly Rate when you reside in the Personal Care Center and the Daily Rate when you reside in the Nursing Center.

B. Adjustment in Monthly Charge for Permanent Change. If you permanently transfer to the Personal Care Center or the Nursing Center, you will no longer be responsible for the Monthly Charge for the Residential Living Facility but shall pay either the applicable Monthly Rate for Personal Care or the Daily Rate for Nursing Care. In situations where two residents have signed this Agreement, and one co-resident permanently transfers to the Personal Care Center or the Nursing Center and the other resident continues to reside in the Residential Living Facility, such resident shall pay the single occupancy Monthly Charge on behalf of the resident remaining in the Residential Living Facility, and either the applicable Monthly Rate for Personal Care or the Daily Rate for Nursing Care. If both residents transfer on a permanent basis to the Personal Care Center or the Nursing Center, then each resident shall pay the then current Monthly Rate for Personal Care or the Daily Rate for Nursing Care, as may be adjusted from time to time.

C. Adjustment in Monthly Charge for Short Term Personal Care or Nursing Care. Subject to availability, you may stay in the Personal Care Center or the Nursing Center on a short term or temporary basis when such care is prescribed by Your Physician. During such stays, you shall continue to pay the Monthly Charge designated for your Residential Living Facility as well as the Monthly Rate applicable to the Personal Care Center (based on level of care) or the Daily Rate applicable to the Nursing Center, as appropriate, but shall receive a credit for one meal per day. If two persons sign this Agreement and both are temporarily residing in the Personal Care Center or Nursing Center, then in addition to the Monthly Charge designated for the Residential Living Facility, there shall be paid on behalf of each of you the applicable Monthly Rate for the Personal Care Center or the applicable Daily Rate for the Nursing Center, but both shall receive a credit for one meal per day.

D. Adjustment in the Event of Marriage. In situations where a single resident marries while at the Community, the resident's spouse will be permitted

to enter the Community, subject to him or her meeting all qualifications of residency under this Agreement. Upon admission to the Community, you shall be required to pay the difference between the Entrance Fee for single occupancy already paid and the then current Entrance Fee for double occupancy as well as all other charges then in effect. In the event both parties co-reside in a Residential Living Facility, such residents shall pay the double occupancy Monthly Charge. Otherwise, the Monthly Charge will be determined as set forth above. If the resident's spouse does not satisfy the requirements for admission, then said spouse may request admission under such other terms and conditions as may be acceptable to us, or you may exercise your option to terminate this Agreement.

E. Co-Resident's Fee Responsibility. In situations of double occupancy, you shall be jointly and severally liable for each other's financial obligations and for all payments due under this Agreement. If one co-resident dies or leaves the Community, both co-residents and/or their estates remain jointly and severally liable for all financial obligations incurred by either co-resident under this Agreement. In the event one co-resident transfers to the Nursing Center, this provision shall not be construed as a third-party guarantee nor shall it impair such co-resident's eligibility for Medicare benefits.

**7.02 Time of Payment**. The first Monthly Charge payment shall be paid to us on or before the Occupancy Date and thereafter on or before the fifth (5th) day following delivery of the Monthly Charge statement. We will furnish monthly statements to you showing the amount due for the Monthly Charge less any allowance for credits and plus any additional sums which are chargeable to you.

**7.03 Policy of Community Regarding Financial Inability of Resident**.

A. You represent and warrant that no gift or transfer for less than fair market value of real or personal property has been made by you in contemplation of the execution of this Agreement. You agree that no such gift or transfer for less than fair market value will be made subsequent to the execution of this Agreement, which would impair your ability (or the ability of your estate) to satisfy your financial obligations under this Agreement. If you are unable to meet such financial obligations, you will make every reasonable effort to obtain assistance through all available means.

B. If the sole reason for your non-payment of the Monthly Charge is insufficient funds resulting from causes beyond your control, it is our policy, within the limits of our financial resources, not to terminate this Agreement and require you to leave the Community. If you are unable to pay the Monthly Charge due to

insufficient funds, the matter will be reviewed by us with you. If you are not relocated to a different Residential Living Facility with respect to which you could afford to pay a lower Monthly Charge, and if you present to us facts which, in our sole opinion, justify special financial consideration, we will subsidize the Monthly Charge in part on terms and conditions determined solely by us, provided that the subsidy can be granted or continued without impairing our ability to maintain the standard of services we endeavor to provide at the Community while operating on a sound financial basis. All determinations made by us concerning the grant, continuance or termination of special financial consideration shall be final. All matters related to your financial situation shall be treated by us, to the extent possible (except for reports required to be made to regulatory or other governmental authorities), in a confidential manner. If you fail to provide financial statements, tax returns, or other relevant financial information to us as required by Section 7.03(D) below, or if any such statement, tax return or other information contains false or misleading information, we shall not consider subsidizing your Monthly Charge under any circumstances.

C. If any Monthly Charge or other payments required to be made by you hereunder are subsidized in part by us:

(1) You shall not sell or otherwise transfer any property without our written consent;

(2) You, upon termination of this Agreement (or your estate, if this Agreement is terminated by your death), shall be liable to us upon demand for an amount equal to the amount of the subsidized Monthly Charges and other payments, together with interest on the amounts subsidized at the applicable Federal rate;

(3) If at any time prior to termination of this Agreement, you regain sufficient financial resources to pay the Monthly Charge, we shall no longer subsidize the Monthly Charge, and you shall be liable to us, upon demand and to the extent of your financial resources which exceed the income and assets reasonably needed by you to pay future Monthly Charges, for any subsidized Monthly Charges and other payments due to us, together with interest on the amounts subsidized at the applicable Federal rate;

(4) Your obligations and our rights under this Section 7.03 shall survive termination of this Agreement, and, if not sooner paid, at the time of your death, we shall be entitled to reimbursement from your estate in an amount equal to the amount of the Monthly Charges and other payments subsidized by us, together with interest on the amount subsidized at the applicable Federal rate; and

(5) In the event any Monthly Charge or other payments required to be made by you hereunder are subsidized in part by us, you shall execute a Security Agreement granting to us a security interest in all of your personal property, and appropriate Uniform Commercial Code Financing Statements required in order to perfect such security interest, upon our request to do so. Such a security interest may be imposed by us as a condition for providing any subsidy to you.

D. In order for us to equitably administer our policy regarding financial inability of you to pay the Monthly Charge and other sums due hereunder, you agree to furnish to us, on an annual basis, your financial statements, copies of your tax returns and other relevant financial information.

## VIII. CHANGES IN LIVING FACILITY

**8.01 Request for Change by Resident**. You may request a change in your Residential Living Facility at any time from that currently being occupied and we will consider such request subject to the availability of alternate Residential Living Facilities and your agreement to pay the difference, if any, between the current Entrance Fee for the requested Residential Living Facility and the Entrance Fee paid for the Residential Living Facility being occupied. Such relocation shall be at your expense and shall include any costs of preparing your then Residential Living Facility for occupancy by a new resident. We may require you to enter into a new Residence and Care Agreement for the new Residential Living Facility or into an addendum to this Agreement.

**8.02 Relocation or Transfer for Your Benefit.**

A. Temporary Emergency Transfers. We may temporarily transfer you to another living facility, a hospital or other appropriate facility in an emergency (a situation giving rise to imminent danger of serious harm to your health or safety or the health or safety of other residents). Advance notice of such transfer will be provided to the extent practicable. In the case of a temporary emergency transfer to an outside facility, you will be responsible for charges associated with your alternate facility. You will continue to be responsible for all charges due under this Agreement during a temporary transfer. A temporary emergency transfer to an outside facility shall not, in and of itself, establish Just Cause for termination under Section 9.02(B).

B. Relocation or Transfer within the Community. You may be asked to relocate to another Residential Living Facility or transfer to a living facility in the

Nursing Center or the Personal Care Center, if we determine that such a move should be made for your benefit in accordance with the standards set forth herein. You will be asked to relocate only to protect your health or safety or for the general and economic welfare of the other residents of the Community (which may include consideration of your financial condition). Except in an emergency (discussed at Section 8.02(A)), you may not be transferred to a higher level of care within the Community without your consent (or, if you are not competent, the consent of an authorized representative).

C. To Special Service Facilities. You may be asked to transfer to a Special Service Facility on a temporary or permanent basis if we determine that such a move should be made for your benefit in accordance with the standards set forth herein. Except in an emergency (discussed at Section 8.02(A)), you may not be transferred to another facility without consent. You will be asked to transfer to a Special Service Facility on a temporary basis only to protect your health or safety or for the general and economic welfare of other residents of the Community. If you transfer on a temporary basis, we shall not be responsible for charges associated with the Special Service Facility, and you will continue to be responsible for all charges due under this Agreement during a temporary transfer. You will be asked to transfer to a Special Service Facility on a permanent basis only if your health status or behavior constitutes a substantial threat to your health or safety or the health or safety of other residents. In such event, you will be provided with a request to transfer at least sixty (60) days prior to the transfer date. If you transfer on a permanent basis, we will not be responsible for charges associated with your alternate facility and the appropriate provisions of Section 8.04 and Articles IX and X will apply.

D. Procedure. When you are felt to be at risk due to inability to function independently or are evaluated appropriate for relocation in accordance with the foregoing, in the absence of an emergency, a committee meeting will be held to share professional assessments regarding the individual's present status and prognosis. This committee (the "Resident Care Committee") will consist of: the Executive Director or the Executive Director's designee, Your Physician, and such other of its staff as we may determine appropriate such as the Director of Wellness. Concurrently, discussion will occur with you and relevant family members or responsible agents to invite expression of opinions and feelings in order to arrive at a plan that will meet the needs of all concerned. If the transfer is to a higher level of care within the Community (for example, from Residential Living to Personal Care), except in the case of an emergency, we shall obtain your consent (or, if you are not competent, your legal guardian of the person or other party able

to give an effective substituted consent for you) prior to such transfer as required by law.

**8.03 Failure to Consent to Transfer**. Your refusal to consent to a recommended transfer that otherwise requires your consent may be Just Cause for Termination of this Agreement by us if your health status or behavior constitutes a substantial threat to your health or safety or the health or safety of other residents. (See Section 9.02(B)).

**8.04 Permanent Transfer to Personal Care or Nursing Center or to Special Service Facility**. We may declare your living facility vacant if you transfer (pursuant to the procedures of Section 8.02 above) to a personal care facility or nursing facility including, but not limited to, the Nursing Center or the Personal Care Center) or Special Service Facility for health conditions which require permanent or prolonged occupancy of such quarters. Arrangements by you or your representative shall be made to remove your personal belongings from the living facility from which you transfer within twenty-one (21) days after it has been determined that the transfer will be of a permanent or prolonged nature. If, after your living facility has been so released, your condition improves so that you are able to resume residency outside the facility to which you had been transferred, we agree to provide you a living facility appropriate to your condition as soon as one shall become available.

**8.05 Transfer Made by One of Two Co-Residents**. In the event that one of the two co-residents sharing a Residential Living Facility permanently transfers to a personal care or nursing facility (including, but not limited to, the Personal Care Center or the Nursing Center) or Special Service Facility, the remaining resident may continue to occupy the Residential Living Facility, or if for medical or financial reasons as approved by the Executive Director, may move to a smaller Residential Living Facility when one becomes available. (See Section 8.01 above.)

## IX. TERMINATION

**9.01 Prior to Occupancy Date**. Prior to the Occupancy Date, this Agreement shall be terminated under any of the following circumstances:

A. You give written notice to us to terminate this Agreement for any reason.

B. We, on the advice of the Medical Director or other physician, determine that you are no longer eligible for admission due to a change in health status and give you written notice of termination.

C. In the event of your death, illness, injury or incapacity prior to the Occupancy Date, this Agreement shall automatically terminate.

D. If one of two co-residents die prior to the Occupancy Date, the remaining resident may, but is not required to, terminate this Agreement.

Additionally, under Pennsylvania law, you have the right to terminate this Agreement, without penalty or forfeiture, within seven (7) days after making an initial deposit or executing this Agreement and you shall not be required to move into the Community prior to the expiration of said seven (7) day period. You shall receive a refund of the Entrance Fee in accordance with Section 10.01 of this Agreement.

**9.02 On and After Occupancy Date and Prior to Death.**

A. Termination by You. On and after the Occupancy Date, you have the right at any time prior to death to terminate this Agreement by delivering to us a thirty (30) day written notice of intent to do so. The written notice need not cite a specific reason for the termination but it shall state a date when the termination is to become effective, at or prior to which you will move from the Community and release your living facility. On the effective date of such termination and release of the Residential Living Facility, your obligation to continue Monthly Charge payments shall cease.

B. Termination by Us. We may not terminate this Agreement on or after the Occupancy Date except for "Just Cause" which shall include but not be limited to:

(1) A material breach of this Agreement or the reasonable written rules of the Community that contractually bind you.

(2) A good faith determination in writing signed by our Medical Director and Executive Director that your health status or behavior constitutes a substantial threat or danger to your life, health or safety, or to the life, health, safety or peaceful enjoyment of other residents or persons in the Community.

(3) A default in payment.

(4) The submission of any materially false information.

In any such case, we will serve upon you written notice of termination to be effective not less than sixty (60) days nor later than one hundred twenty (120) days after the date of notice. In the event of an emergency, however, we may temporarily transfer you in accordance with the provisions of Section 8.02(A) herein. On or before the termination date specified in any such notice, you are required to move from and release your living facility. After any such removal, your obligation to continue Monthly Charge payments shall cease and you will be entitled to receive a refund of the Entrance Fee subject to the limitations provided herein. In the event of termination by us of one co-resident from the living facility contracted for by two co-residents, the resident not terminated may terminate this Agreement and receive a refund of the Entrance Fee in accordance with Section 10.03 of this Agreement.

**9.03 Termination Upon Permanent Transfer**. If you are permanently transferred to the Nursing Center, Personal Care Center or another facility, this Agreement shall terminate. Any applicable refund shall be paid in accordance with the refund provisions of this Agreement. In the case of double occupancy, this Agreement shall terminate only as to the transferred co-resident. The co-resident remaining in the Residential Living Facility shall pay the Monthly Charge for single occupancy. No refund shall be due so long as the remaining co-resident continues to reside in the Residential Living Facility and until all other conditions for a refund have been satisfied.

**9.04 Termination by Death**. Unless sooner terminated by its own provisions, this Agreement shall terminate at your death (or at the death of the last of joint residents where this Agreement was executed by two people), whereupon all of our obligations, other than those relating to removal of personal property and refunds as provided herein, shall cease.

**9.05 Removal of Personal Property**. Any of your personal effects in a living facility occupied or held in storage shall, upon termination, be surrendered to you, or, in the event of termination due to death, be surrendered to the personal representative of your estate or to such other person designated in writing by you. In the event of termination due to death, we may require letters of administration for the removal of any such personal effects. We will hold such personal effects for a period of up to twenty-one (21) days at your risk for the estate or persons entitled thereto, subject to ordinary care in safeguarding the same until delivery and removal can be made. Items not removed within twenty-one (21) days of your

termination or death will be removed at your expense or the expense of your estate unless prior arrangements are made with the Executive Director.

**9.06 Vesting of Personal Property; Release upon Termination**. Upon termination of this Agreement, all Entrance Fees vested in us, Monthly Charges paid, and any other assets deposited with us under this Agreement as payment of your obligations hereunder shall thereupon become our permanent property and you release us from any further obligations to you except for the payment of any refund which may be due under this Agreement.

## X. ENTRANCE FEE REFUNDS

The following refunds will be made in the event of certain changes in living facilities in accordance with the provisions of Article VIII or in the event of a termination in accordance with the provisions of Article IX.

**10.01 Prior to Occupancy Date**. Prior to the Occupancy Date, the Entrance Fee will be held in escrow. In the event of your termination of this Agreement prior to the Occupancy Date, you are entitled to a refund (within thirty (30) days of the receipt of notice of such termination) of the Entrance Fee paid; however, in the event of death, illness, injury or incapacity, such refund is subject to deductions for expenses incurred by us at your specific written request.

**10.02 Within Ninety (90) Days of Occupancy Date.**

A. Voluntary Termination or Termination by Death. If you reside in a Residential Living Facility, and you terminate this Agreement for any reason, including death, after the Occupancy Date, such you or your estate is entitled to a full refund of the Entrance Fee provided such termination takes place within the first ninety (90) days after the Occupancy Date. There shall be no refund of the Entrance Fee after the first ninety (90) days of occupancy in the Community. All refunds hereunder are subject to any additional charges outstanding and owing to us through the effective date of termination.

B. Transfer to Smaller Residential Living Facility. If you reside in a Residential Living Facility and transfer to a smaller Residential Living Facility within the first ninety (90) days of the Occupancy Date, you are entitled to a refund of the difference, if any, between the Entrance Fee originally paid on the larger Residential Living Facility and the current Entrance Fee for the smaller Residential Living Facility. There shall be no refunds after the first ninety (90) days of occupancy in the Community. Transfer to a personal care facility, a nursing care

facility or to a Special Service Facility does NOT constitute a transfer to a smaller living facility under this Agreement. All refunds hereunder are subject to any additional charges outstanding and owing to us through the effective date of termination.

C. Transfer from Residential Living Facility to Personal Care or Nursing Center. If you reside in a Residential Living Facility and transfer to the Personal Care Center or the Nursing Center within the first ninety (90) days of the Occupancy Date, you have the right to elect to permanently vacate the Residential Living Facility, in which you are entitled to a full refund of the Entrance Fee provided such termination takes place within the first ninety (90) days after the Occupancy Date. There shall be no refund of the Entrance Fee in the event of a transfer to the Personal Care Center or Nursing Center after the first ninety (90) days of occupancy in the Community. Upon vacating the Residential Living Facility, you will be responsible for all costs incurred with respect to your residency within the Personal Care Center and/or the Nursing Center.

D. Death or Withdrawal of One of Two Residents. In the event of the death or withdrawal from the Community of one of the residents within ninety (90) days after the Occupancy Date, no refund shall be due so long as the remaining resident continues to reside in the Residential Living Facility and until all other conditions for a refund have been satisfied.

**10.03 In the Event of Our Termination.**

A. If we terminate this Agreement pursuant to Section 9.02(B) hereof, you shall be entitled to a refund equal to the refund you would have received under Section 9.02(A).

B. When a refund described in the preceding paragraph is paid because of our dismissal or discharge of one or both residents who originally occupied a single Residential Living Facility, the refund is calculated based on the assumption that the Entrance Fee is attributable in equal shares to each resident. The refund shall be paid in accordance with the provisions of Sections 10.04 and 10.05 below.

**10.04 Time for Payment or Refund.**

A. Termination by You within the First Ninety (90) Days of Occupancy. If you terminate this Agreement by your election or death within the first ninety (90) days of occupancy, then any refund of the Entrance Fee paid by you shall be paid within thirty (30) days after you have ceased to occupy the apartment, all

your possessions have been removed from it, the keys have been turned in, a new person has signed a Residence and Care Agreement and the Entrance Fee of the new resident has been paid in full.

B. Termination by You after the First Ninety (90) Days of Occupancy. If you terminate this Agreement by your election or death after the first ninety (90) days of occupancy, then you or your estate will not be entitled to a refund of any portion of the Entrance Fee.

C. Termination by Us within the First Ninety (90) Days of Occupancy. If this Agreement is terminated by us, payment of the refund shall be made within sixty (60) days after the later of: (1) the effective date of your discharge from the Community or (2) your vacating the living facility.

**10.05 Set-off Against Refund.**

A. Refund Net of Amounts Owed. Any amounts owed by you to us under any other provisions of this Agreement shall be deducted from the refund otherwise due hereunder.

B. Right of Off-Set Subject to Applicable Law. Notwithstanding any of the foregoing provisions, our right to set-off any amounts owed to us by you against any refund of the Entrance Fee due to you are not applicable to the refund amount we are required to make under applicable law in the context where we have terminated this Agreement pursuant to Section 9.02(B).

## XI. MISCELLANEOUS

**11.01 Arrangements for Future Circumstances.**

A. Power of Attorney. You shall discuss with our staff the advisability of appointing an attorney in fact pursuant to a durable power of attorney to act for you in the event it is necessary.

B. Legal Guardian. If you become legally incompetent or are unable properly to care for yourself or your property, and if you have made no other designation of a person or legal entity to serve as guardian, health care agent or durable power of attorney, then you hereby agree that we or our designee may, but are not required to, either act as your legal guardian when qualified according to law or seek the appointment of a legal guardian for you. You agree to pay any attorneys' fees and other expenses incurred in connection with such a guardianship.

C. Waiver of Medically Ordered Restrictions. You acknowledge that our failure to implement medically ordered limits or restrictions at any time to you could expose us to liability claims. In the event, therefore, that you (or your representative or legal guardian) requests that we not implement medically ordered restrictions or limits or not administer medically ordered medications or treatments, you agree to execute (or have executed on your behalf), such waivers as shall reasonably be required by use including a waiver of any claim of negligence for failure by us to implement such restrictions or administer such care, provided that this sentence shall not imply any liability on the part of us if such waivers are not obtained.

D. Funeral Arrangements. You agree to make proper arrangements for funeral and burial.

**11.02 Your Rights and Obligations as to Property.**

A. Right of Entry. You recognize and accept our responsibility to enter your living facility in order to carry out the purpose and intent of this Agreement. Such entry includes but is not limited to (a) performance of scheduled housekeeping duties, (b) response to the medical alert system, (c) response to automatic fire alert system, (d) entry by authorized personnel in the event that you are reported missing or as having not responded to a call, and (e) maintenance procedures. We recognize the right to privacy and our responsibility to limit entry to the Residential Living Facility to legitimate emergencies and, upon notice, for routine housekeeping and maintenance services.

B. Rights to Property. The rights and privileges granted to you by this Agreement do not include any right, title or interest in any part of the personal property, land, buildings, and improvements owned or administered by us. Nothing contained in this Agreement shall be construed to create the relationship of landlord and tenant between us. Your rights under this Agreement are primarily for services, with a contractual right of occupancy. All rights, privileges, or benefits under this Agreement shall be subordinate to any mortgage or deed of trust on any of the premises and to all amendments, modifications, replacements, or refunding of any such mortgage or deed of trust, except as may be limited by rights arising under Pennsylvania law. You agree that upon request you will execute and deliver any documents required by us, or by the holder of any such mortgage or deed of trust, to affect such subordination or to evidence the same.

C. Responsibility for Damages. Any loss or damage to our real or personal property caused by your negligence shall be charged to and paid for by you. If any negligence of another resident or the invitee of another resident results in injury, illness, or damage to you, we assume no responsibility therefor, and you hereby release and discharge us from all liability or responsibility for injury or damage to you or to your personal property caused by the fault or negligence of other residents or their invitees. We shall not be responsible for any direct or consequential damages which result from interruption of services caused by labor disputes, governmental orders and requirements, acts of God, mechanical failures or other circumstances beyond our control.

D. Responsibility for Protection of Your Property. We are not responsible for the loss of any personal property belonging to you due to theft, fire, or any other cause, it being understood that you shall have the responsibility, at your own expense, of providing any insurance desired by you to protect against any such loss.

E. Guests. No person other than you may occupy the living facility except on an occasional basis. During the time of any visit by a guest, you must be present in the living facility. To maintain the security of the Community, guests staying overnight must be registered. Guests staying for more than one week shall require our prior permission. If permission is granted, such persons shall acquire no rights or privileges under this Agreement.

F. Increase in Number of Occupants. Should you desire to have another person live with you with our prior permission, we shall have the right to require such person to meet all normal admission criteria and to charge the difference between the Entrance Fee for single occupancy already paid and the then current Entrance Fee for double occupancy and the double occupancy Monthly Charge in such amounts as we shall establish.

**11.03 Resident's Association and Rules**. Residents who are the named recipients of continuing care agreements with us (including you) shall have the right to organize and operate a residents' association at the Community and to meet privately to conduct business. For the convenience, comfort, safety and security of all residents at the Community, we reserve the right, either directly or through a residents' association, to adopt written, reasonable rules which do not violate this Agreement and to amend them from time to time. You agree to abide by such rules. The provisions contained in the Rules and Regulations, as they may be amended from time to time, hereby are made a part of this Agreement.

**11.04 Miscellaneous**. This Agreement shall be construed in accordance with the laws of the Commonwealth of Pennsylvania; if any provision hereof is declared to be invalid, it shall not affect the validity of its provisions.

**11.05 Tax Advice**. Each person considering executing this Agreement should consult with his/her tax advisor regarding the tax consequences associated with this Agreement, including the possibility that the Internal Revenue Service may impute interest income to a resident as a result of the payment and subsequent refund of the Entrance Fee and, including, but not limited to, the possibility of receiving an income tax credit for the purchase of long-term care insurance.

**11.06 Binding Agreement**. This Agreement shall inure to the benefit of the parties hereto, their successors, heirs, representatives and permitted assigns.

**11.07 Governing Law**. All questions concerning the construction, validity, and interpretation of this Agreement and the performance of the obligations imposed by this Agreement shall be governed by the internal law, not the law of conflicts, of the Commonwealth of Pennsylvania.

**11.08 Average Annual Cost of Providing Services**. The average annual cost of providing care and services during the most recent twelve (12) month period for which a report is available is reflected in our Disclosure Statement, which is made available to you on an annual basis.

**11.09 Non-waiver of the Continuing Care Provider Registration and Disclosure Act of 1984**. No act, agreement, or statement of you, or of an individual purchasing care for you under this Agreement or any agreement to furnish care to you, shall constitute a valid waiver of any provision of the Continuing Care Provider Registration and Disclosure Act of 1984 which is intended for the benefit or protection of you or the individual purchasing care for you.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK
SIGNATURES ON FOLLOWING PAGE]

## Certification and Acknowledgement of Receipt

I, _____ (You), certify that I have read, understand and will comply with the terms of this Agreement, by which Juniper Village at Bucks County and I intend to be legally bound. I also acknowledge receipt of the attached copy of the Juniper Village at Bucks County Guide to Services and Rules and Regulations. I agree to abide by the Community's Regulations, now or as may be amended from time to time in the future.

I declare that this Agreement has been fully explained to me and that I understand its terms. I have had an opportunity to ask any questions and have no further questions.

Signature of Resident: _____

Signature of Co-Resident: _____

Address: _____

_____

_____

ATTEST: JUNIPER VILLAGE AT BENSALEM OPERATIONS, LLC, d/b/a Juniper Village at Bucks County

_____ By: _____

## Residence and Care Agreement

## Notice of Right to Rescind

**Date Notice Delivered**: _____

You may rescind and terminate your Residence and Care Agreement, without penalty or forfeiture, within seven (7) days of the above date. You are not required to move into Juniper Village at Bucks County (the "Community") before the expiration of this seven (7) day period. No other agreement or statement you sign shall constitute a waiver of your right to rescind your Residence and Care Agreement within the seven (7) day period.

To rescind your Residence and Care Agreement, mail or deliver a signed and dated copy of this notice, or any other dated written notice, letter or telegram, stating your desire to rescind to Juniper Village at Bucks County, 3200 Bensalem Boulevard, Bensalem, PA 19020 not later than midnight of

_____

Pursuant to this notice, I hereby cancel my Residence and Care Agreement.

**Your Signature**: _____

**Date**: _____

Effective Date: 1/1/2025
Revision Date: 12/23/2024

## APPENDIX A

### Entrance Fee and Monthly Charge Schedule

| Description | Sq. Footage | Entrance Fee | Monthly Charge |
|---|---|---|---|
| Studio | 400 | $71,100 | $1,875 |
| One Bedroom | 636 | $88,500 | $2,405 |
| Two Bedroom | 800 | $122,500 | $2,605 |
| One Bedroom Deluxe | 840 | $133,900 | $2,795 |
| Two Bedroom Suite | 1275 | $176,700 | $3,605 |
| 2nd Person | | $18,750 | $1,000 |
| | | | |
| Studio Suite | 470 | $74,120 | $1,995 |
| Studio Deluxe | 490 | $74,120 | $1,995 |
| One Bedroom – Demi | 538 | $74,455 | $2,170 |
| One Bedroom DLX Demi | 780 | $118,090 | $2,570 |
| One Bedroom w/Den | 792 | $118,090 | $2,600 |
| One Bedroom Suite | 800 | $122,500 | $2,700 |
| Two Bedroom Deluxe | 999 | $143,400 | $3,165 |
| One Bedroom Suite w/Den | 1036 | $149,050 | $3,190 |
| Two Bedroom Suite/Deluxe | 1436 | $186,275 | $3,605 |
| 2nd Person | | $18,750 | $1,000 |

Effective Date: 1/1/2025
Revision Date: 11/22/2022

# APPENDIX B
## ANCILLARY CHARGES

### Administrative Services

| | |
|---|---|
| Replacement Keys - Room Key | $50 per key |
| Replacement Keys - Mailbox Lock and Key | $100 per set |
| Photocopies and fax service | $0.25 per page |
| Form request | $27 per hour |
| Package delivery to suite | $10 per delivery |
| Late payment fee - after the 5th of the month | $250 per time |
| Storage Unit | $35 per month |

### Around the House

| | |
|---|---|
| Maintenance Charges | *(30 minute minimum apt)* $55 per hour |
| Room transfer/furniture move | $500 per move |
| Heavy duty carpet cleaning | *(price dependent on suite size)* $250-$450 |
| Housekeeping | (one hour minimum) $45 per hour |
| Daily apartment tidy | (trash removal, bed making, straightening) $370 per month |
| Linen change | (wash and change sheets and towels) $25 per change |
| Laundry service | |
| Level 1 | *(average four loads)* $110 per month |
| Level 2 | *(average eight loads)* $185 per month |

### Connect4Life with Medical Concierge

| | |
|---|---|
| Full service care coordination | $60 per hour |

### Dining

| | |
|---|---|
| Restaurant dining | $400 per month credit per resident |
| See restaurant for menu pricing | *(included in rent)* |
| Room Service | $12 per delivery<br>*(no additional charge during periods of illness up to 3 days as directed by MD or Wellness Nurse)* |
| Take-out Service | $3 per pick-up |
| Guest Meals | |
| Restaurant style menu and pricing | $Varies |
| Nutritional Supplements | $Varies |

| | |
|---|---|
| **Events** | |
| Catering | (Varies based on menu) $12 to $28 per person |
| Private Space Rental | Varies<br>*(10% off for member)* |
| **Fees** | $250 late payment |
| **Fitness Center & Pool** | |
| Exercise Room, Gym, Pool | Included |
| Premium or Specialty Classes | $Varies |
| Guest day fee *(use of equipment without supervision)* | $10 per day |
| Guest Fitness/Wellness Classes | $Varies |
| Personal Wellness Planning | $50 per hour |
| Personal Training | $50 per hour |
| **Guest Apartment** | $250 per day |
| **Personal and Wellness Service** | |
| Personal Assistant | $30 per hour |
| Licensed Wellness Support | $60 per hour |
| Medication reminders | $9 per time |
| **Pet Care** | |
| Pet Damage Fee | $800 one-time fee |
| Pet Care – as needed | *(15 minute minimum)* $30 per hour |
| Pet Care – monthly | $725 per month |
| **Removal of Property** | $1000 minimum |

Upon move-out, the community will charge for any property that is not removed when you vacate your suite, plus any other accrued charges for disposal of large items: i.e. mattress, large furniture, TVs, etc.

**Salon Services**

All charges set by third party operator. The most current schedule and list of services will be provided upon request from the salon.

| | |
|---|---|
| **Technology** | |
| Technology Package (includes basic cable and internet) | $75 per month |
| Tech Support (including lost or reprogram remote) | *(15 minute minimum)* $50 per hour |
| Replacement of Alexa device | $200 per unit |

**Transportation, Escort, Shopping Services**

| | | |
|---|---|---|
| Car service – transport only | | $35 per hour |
| Escorted car service – medical or other | *(2 hour minimum required)* | $75 per hour |
| Scheduled group transportation | | $Included |
| Wheelchair transport assist | *(one round-trip per day within community)* | $110 per month |
| Grocery, various shopping, pick-ups | *(performed for you)* | $38 per hour |
| Gift Packages delivered to suite | *(call to order, minimum five days in advance)* | $75 per package |

Just Because
Happy Birthday
Mother's Day
Father's Day
Valentine's Day

Signature of Resident: _____ Date: _____

Signature of Co-Resident: _____ Date: _____

**Effective Date**: 1/1/2025
**Revision Date**: 12/23/2024

## APPENDIX D

## AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS FORM

**Resident Name**: _____
Last Name First Name

**SS#**: _____ **D.O.B.**: _____

I HEREBY REQUEST AND AUTHORIZE THE FOLLOWING:

**Juniper Village at**: _____

**Primary Contact Person**: _____

**Address**: _____

**City**: _____ **State**: _____ **Zip**: _____

**Phone**: _____ **Fax**: _____

**Email**: _____

**To Release to**:

**Name**: _____
**Address**: _____
_____
**Phone**: _____

- ❑ A copy of the above-named patient's medical records, limited to the following information that may be needed for care transition: Most recent (within the last sixty (60) days) assessments, progress notes, social history, medication record, treatment record, labs, therapy notes or assessments.
- ❑ Additional specific information not named above including: _____
- ❑ A completed copy of all of the above-named patient's medical records, including all records relating to mental health, drug or alcohol related conditions, or HIV status, if applicable.

The purpose of this disclosure and release is:

- ❑ Care and coordination of required services
- ❑ Discharge information
- ❑ Request by resident or verified legal guardian, power of attorney, other, *Note requests require at least 48 hours handling and may require payment for processing and shipping of records as applicable to state law.
- ❑ Other: _____

This information has been disclosed to you from records whose confidentiality is protected by state and federal law. Any further disclosure of this information without prior written consent of whom it pertains is strictly prohibited.

This authorization ad request shall be valid until this disclosure is complete or up to 90 days after the date below, after which time is shall expire. This authorization may be revoked by contacting Juniper Communities.

_____ _____
Resident Signature Date Signed

_____ _____
Resident's Responsible Party Witness Signature

Effective Date: 1/1/2025
Revision Date: 12/23/2024

## APPENDIX E

### CONSENT TO PHOTOGRAPH AND AUTHORIZATION FOR USE OR DISCLOSURE

Resident Name: _____

**Consent to Photograph**

I hereby consent to be photographed at Juniper Village at Bucks County under the following circumstances. (The term "photograph" **includes** video or still photography, in digital or any other format, and any other means of recording or reproducing images.)

| | |
|---|---|
| During activity events at the community. | ❑ Y ❑ N |
| During activity events outside of the community. | ❑ Y ❑ N |
| A head-shot for identification. | ❑ Y ❑ N |
| In public areas for monitoring/safety. | ❑ Y ❑ N |
| To document care. | ❑ Y ❑ N |
| Staged publicity photographs. | ❑ Y ❑ N |

**Purpose and Authorization for use or Disclosure**

A. I hereby authorize the use and disclosure of photos taken <u>during activity events at the community</u> – Photographs may be taken during special events, parties, routine community activities, or similar circumstances.
   1. To be disclosed solely within the community – in non-electronic format on community bulletin boards, non-electronic newsletters, non-electronic photo albums within the community. ❑ Y ❑ N
   2. To be disclosed in e-mail newsletters, on the community website or other electronic format. ❑ Y ❑ N
   3. To be used in publicity/marketing materials including mailings, on the community website, or other types of distribution. ❑ Y ❑ N (Responding yes to this authorization for use and disclosure, automatically authorizes #1 and #2)

B. I hereby authorize the use and disclosure of photos taken <u>during activity events outside of the community</u> – Photographs may be taken during community trips, picnics, excursions, or similar circumstances.
   1. To be disclosed solely within the community – in non-electronic format on community bulletin boards, non-electronic newsletters, non-electronic photo albums within the community. ❑ Y ❑ N

2. To be disclosed in e-mail newsletters, on the community website or other electronic format. ❑ Y ❑ N
3. To be used in publicity/marketing materials including mailings, on the community website, or other types of distribution. ❑ Y ❑ N (Responding yes to this authorization for use and disclosure, automatically authorizes #1 and #2)

C. I hereby authorize the use and disclosure of a head-shot (photograph) taken for identification.
1. To be disclosed solely within the community – in non-electronic format on community bulletin boards, non-electronic newsletters, non-electronic photo albums within the community. ❑ Y ❑ N
2. To be disclosed in e-mail newsletters, on the community website or other electronic format. ❑ Y ❑ N
3. To be used in publicity/marketing materials including mailings, on the community website, or other types of distribution. ❑ Y ❑ N (Responding yes to this authorization for use and disclosure, automatically authorizes #1 and #2)
4. To be used solely for identification purposes within the community and in the medical record; as necessary to prevent elopement or to aide in searches or investigations. ❑ Y ❑ N

D. I hereby authorize the use and disclosure of photographs taken in public areas for monitoring/safety. Will be used solely for identification purposes within the community, to prevent and detect safety issues and as necessary to prevent elopement or to aide in searches or investigations. ❑ Y ❑ N

E. I understand that photographs, videotapes, digital, or other images may be recorded to document my care, and I consent to this. I understand that these images will be treated as part of my medical record. I understand that the community will retain the ownership rights to these photographs, videotapes, digital, or other images, but that I will be allowed access to view them or obtain copies. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in the community's policy. ❑ Y ❑ N

F. Staged publicity photographs
1. To be disclosed solely within the community – in non-electronic format on community bulletin boards, non-electronic newsletters, non-electronic photo albums within the community. ❑ Y ❑ N
2. To be disclosed in e-mail newsletters, on the community website or other electronic format. ❑ Y ❑ N
5. To be used in publicity/marketing materials including mailings, on the community website, or other types of distribution. ❑ Y ❑ N

3. (Responding yes to this authorization for use and disclosure, automatically authorizes #1 and #2)

I consent to be photographed and authorize the use or disclosure of such photograph(s) as outlined above in order to assist treatment, safety, public relations, marketing, news media, and/or charitable goals, and I hereby waive any right to compensation for such uses by reason of the foregoing authorization. I and my successors or assigns hereby hold this organization, its employees, my physicians(s), and any other person participating in my care and their successors and assigns harmless from and against any claim for injury or compensation resulting from the activities authorized by this agreement.

**My Rights**

I may request cessation of filming or recording at any time.
I may rescind this Authorization up until a reasonable time before the photograph is used, but I must do so in writing and submit it to the Executive Director.
I may inspect or obtain a copy of the photograph whose use or disclosure I am authorizing.
I may refuse to sign this Authorization. My refusal will not affect my ability to obtain treatment or payment or eligibility for benefits.
I have a right to receive a copy of this Authorization.
Information disclosed pursuant to some aspects of this Authorization could be re-disclosed by the recipient. Such re-disclosure is in some cases not protected by law and may no longer be protected by federal confidentiality law (HIPAA).
I understand that I will not receive any financial compensation.

**Signatures**

Resident Name: _____

Resident Signature: _____ Date: _____

Responsible Party Signature: _____ Date: _____

Responsible Party Email Address: _____

Effective Date: 1/1/2025
Revision Date: 12/23/2024

## APPENDIX G

## PET ADDENDUM

You may keep a household pet in your private suite as described below:

**Resident Name:** _____
**Suite Number:** _____
**Breed:** _____
**Name:** _____
**Color:** _____
**Weight:** _____
**Age:** _____
**Veterinarian:** _____

### I. Resident Responsibilities

You may allow the Pet in lobbies or in common residential areas, except when asked to remove the pet from these areas by another Resident or a Residence staff member. You may not at any time allow the Pet in dining areas of the Residence. You will walk and curb the Pet only in areas designated by the Residence and will be responsible for cleaning up after the Pet. When the Pet is not in the Suite, you will keep it on a leash no longer that five (5) feet or in a cage or other appropriate closed and ventilated container, and in the control of the Resident. If the Pet is a bird, you will keep it caged both in and out of the Suite. If the Pet is a dog or cat, you will ensure that it wears a collar with appropriate identification (we suggest including your telephone number) at all times that it is out of the suite.

The pet shall be on a leash with the owner present or in a cage during the times a Residence staff member is performing service in your Suite. (i.e., housekeeping, maintenance, etc.).

Weight of pets is limited to 20 pounds and under.

All cats must be spayed/neutered, declawed, and be indoor cats only. No exceptions. Cat litter must be disposed of in the appropriate trash receptacle.

You will comply with all vaccination and licensing requirements applicable to the Pet, showing proof of this request and will comply with appropriate standards of care, treatment, and grooming. You will ensure that the Pet does not disturb the right of other residents to the peaceful enjoyment of their Suites and of the

common areas. You will not leave the Pet unattended when the Pet is not in the Suite.

You will be liable for any personal injury or property damage caused by the Pet that is suffered by the Residence, its employees or agents, other residents, guests, or invitees. You will pay all costs and expenses, including reasonable attorney fees and court costs, incurred by the Residence in enforcing any liability of you under this Addendum.

**II. Term and Termination**

This Addendum will continue until the Residency Agreement between the Resident and the Residence is terminated, unless either party terminates this Addendum for any reason by giving fourteen (14) days prior written notice to the other party. The Residence may terminate this Addendum upon twenty-four (24) hours' notice in the event the Resident breaches any of the obligations under this Addendum.

In the event that the Pet is left unattended for more than twenty-four (24) hours, if the Residence determines that you, for any reason, are unable to care for the Pet, if having a pet poses a risk to you or to other Residents of the Residence or is a nuisance to others, the Residence reserves the right to arrange for the Pet to be delivered to:

**Sponsor**:
**Address**:
**Phone**:

This addendum is applicable solely to the pet, which is in possession at the time of signing of this Admission and Service Agreement. In the event of the death of the pet, the pet may not be replaced unless otherwise approved in writing by the Residence.

**BY THEIR SIGNATURES, THE PARTIES EXECUTED THE ADDENDUM TO BE EFFECTIVE _____.**

Residence Representative _____ Title _____

Resident _____ Date _____

Effective Date: 1/1/2025
Revision Date: 12/23/2024

## APPENDIX H

### DESCRIPTION OF SERVICES

The following is a description of services available within this community that is included within the basic monthly fee:

a. All utilities (individually controlled heat, central air-conditioning, hot water, sewer and electricity, basic cable, internet)
b. Personal emergency call buttons you can signal for help.
c. Priority access to Personal Care Home Services.
d. All grounds maintenance.
e. All interior and exterior maintenance of your apartment including maintenance of your appliances.
f. Trash and recycling rooms are available on each floor.
g. Leaf and snow removal from walks, driveways and parking areas.
h. Property insurance and taxes.
i. Full time, on site management.
j. Building security and lighted parking.
k. Recreational services: Opportunities for daily scheduled individual and group socialization.
l. Walking paths and garden areas.
m. Community Center with dining and recreational facilities.
n. Group transportation to local shopping, restaurants, cultural events, community services and local religious services.

Effective Date: 1/1/2025
Revision Date: 12/23/2024

## APPENDIX M

### ARBITRATION AGREEMENT

(1) Contractual and/or Property Damage Disputes. Any controversy, dispute, disagreement or claim of any kind or nature, arising from, or relating to this Agreement, or concerning any rights arising from or relating to an alleged breach of this Agreement, with the exception of guardianship proceedings resulting from the alleged incapacity of the Resident and with the further exception of amounts in controversy of less than Eight Thousand Dollars ($8,000), shall be settled exclusively by arbitration. This means that the Resident will not be able to file a lawsuit in any court to resolve any disputes or claims that the Resident may have against the Residence. It also means that the Resident is relinquishing or giving up all rights that the Resident may have to a jury trial to resolve any disputes or claims against the Residence. This provision is not inclusive of the residence's ability to file civil law suits in the appropriate county in which the Resident resides, or to recover payment for outstanding billing which is not paid by the Resident and/or Responsible Party. The Arbitration shall be administered by a private Arbitration firm selected by the Residence and judgment on any award rendered by the arbitrator(s) may be entered in any court having appropriate jurisdiction. Resident and/or Responsible Party acknowledge(s) and understand(s) that there will be no jury trial on any claim or dispute submitted to arbitration, and Resident and/or Responsible Party relinquish and give up their rights to a jury trial on any matter submitted to arbitration under this Agreement.

(2) Personal Injury or Medical Malpractice. Any claim that the Resident may have against the Residence for any personal injuries sustained by the Resident arising from or relating to any alleged medical malpractice, inadequate care, or any other cause or reason while residing in the Residence, shall be settled exclusively by arbitration. This means that the Resident will not be able to file a lawsuit in any court to bring any claims that the Resident may have against the Residence for personal injuries incurred while residing in the Residence. It also means that the Resident is relinquishing or giving up all rights that the Resident may have to a jury trial to litigate any claims for damages or losses allegedly incurred as a result of personal injuries sustained while residing in the Residence. The Arbitration shall be administered by a private Arbitration firm selected by the Residence and judgment on any award rendered by the arbitrator(s) may be entered in any court having appropriate jurisdiction Resident and/or Responsible Party acknowledge(s) and understand(s) that there will be no jury trial on any claim or dispute submitted to arbitration, and Resident and/or Responsible Party

relinquish and give up the Resident's right to a jury trial on any claims for damages arising from personal injuries to the Resident which are submitted to arbitration under this Agreement.

(3) Right to Legal Counsel. Resident has the right to be represented by legal counsel in any proceedings initiated under this arbitration provision. Because this arbitration provision addresses important legal rights, Residence encourages and recommends that Resident obtain the advice and assistance of legal counsel to review the legal significance of this mandatory arbitration provision prior to signing this Agreement.

(4) Location of Arbitration. The Arbitration will be conducted at a site selected by the Residence, which shall be at the Residence, or at a site within a reasonable distance of the Residence.

(5) Time Limitation for Arbitration. Any request for arbitration of a dispute must be requested and submitted to prior to the lapse of two (2) years from the date on which the event giving rise to the dispute occurred. The failure to submit a request for Arbitration to the private Arbitration firm selected by the Residence within the designated time shall operate as a bar to any subsequent request for Arbitration, or for any claim for relief or a remedy, or to any action or legal proceeding of any kind or nature, and the parties will be forever barred from arbitrating or litigating a resolution to any such dispute

This Resident Agreement, together with the Disclosure Requiring Signatures, Summary of Services, Contract Terms and Other Information contained in the admission agreement and which are incorporated by reference as part of this Resident Agreement, constitutes the entire agreement between the parties, with respect to the subject matter hereof and supersedes, merges and replaces all prior negotiations, offers, representations, warranties and agreements with respect to such subject matter.

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT, THAT I HAVE READ THE PROVISIONS OF THIS AGREEMENT, AND THAT I HEREBY AGREE TO BE BOUND BY ALL OF ITS PROVISIONS.

IN WITNESS WHEREOF, intending to be legally bound thereby we have set our hands and seal this

_____ day of _____, 20____.

_____ _____

Witness Resident

_____ _____

Witness Power of Attorney/Legal Guardian/
Responsible Party/Guarantor

_____ _____

Witness Staff Member

If the RESIDENT is unable to sign, state the reason: _____

_____

_____

_____

_____

If this Agreement is signed by a Power of Attorney, attach a copy of the Power of Attorney.

If this Agreement is signed by a Legal Guardian, attach a copy of the Court Order.

Effective Date: 1/1/2025
Revision Date: 12/23/2024

## APPENDIX T

### GRIEVANCE

Residents, their family, their legal representative, or an advocate has the right to file a grievance or complaint with the residence without fear or threat of reprisal or retaliation. Our community investigates all written grievances and complaints filed.

1. When a grievance exists, any resident, family member, or resident advocate should submit the grievance within seven (7) days of the incident to the Grievance Officer (Executive Director). A copy is also sent to the corporate offices of Juniper Management, the Management Company for Juniper Village at Bucks County, 400 Broadacres Drive, 4th Floor, Bloomfield, NJ 07003, 973-661-8300.

2. Grievances must be in writing and include a date and signature. A formal grievance form is available but is not required. Should you need assistance in writing the grievance, the residence staff will provide assistance to you.

3. Utilizing input from Juniper Communities, the Executive Director will review the findings and, along with the residence staff, will determine any corrective actions.

4. Within two (2) business days after the submission of the written grievance, a status report shall be provided by the Executive Director to the individual with the grievance. The status report will indicate the steps that the residence is taking to investigate and address the grievance.

5. Within seven (7) days the Executive Director will provide a written report to the individual with the grievance, the designated person, if applicable as well as Juniper Management. The report will explain the investigation findings and the plans of action necessary to resolve the grievance.

6. A copy of the initial complaint and the associated corrective action will be filed in the Executive Director's office.

7. If the individual with the grievance and/or the designated person, if applicable, is dissatisfied with the investigation and associated remedies, the person may request a personal phone meeting with Juniper Management or file the grievance with the Grievance Officer listed below.

Grievance Officer (Executive Director of Community): 215-752-2370

Effective Date: 1/1/2025
Revision Date: 12/23/2024

## RESIDENCE RULES

The Resident agrees to abide by the following:

1. **Apartment Maintenance and Upkeep**

**Minimum Requirement**. Apartment residents must maintain their units in a good state of preservation and cleanliness.

**Window Coverings**. Curtains, shades, mini or vertical blinds visible from outside the unit shall be tasteful, standard window coverings.

**Minimum Temperature**. Each Apartment shall be maintained at a temperature or not less than fifty-five degrees (55°) even if the unit is not occupied, i.e. during absences for vacations.

**Water Outlets**. Sinks, toilets, and other water outlets in a unit shall be used only for the purposes for which they were designed. Sweepings, rubbish, rags, sanitary items, or other articles must not be placed in such water outlets. Each apartment resident shall be responsible for the maintenance, repair, or clearing of any water or sewer line that has been obstructed by any foreign items such as those listed above.

**Inflammables**. No flammable, combustible, or explosive material, fluid, chemical, or substance, except those used for normal household maintenance purposes shall be permitted in any unit.

**Exterior Attachments or Protrusions**. No awning, or radio, television, or other electronic antenna or device of any type shall be erected, constructed, placed, or permitted to remain on any of the buildings or other areas of Juniper Village unless the same are approved in writing by Juniper Village. No wiring, light fixtures, water softeners, LP gas tanks, vents, or other apparatus shall be installed on or connected to the exterior of the buildings or be allowed to protrude through the walls or roof of the buildings unless Juniper Village has given prior written approval.

2. **Exterior Maintenance and Upkeep**

**Patios, Front Porches and Decks**. Juniper Village is surrounded by natural beauty! You are welcome to add to the natural beauty of the community with potted plants, bird feeders, and baths. Please be courteous of your neighbors in the placement of these items. Maintenance of the personal items is your sole responsibility. Residents may not store any items on patios, front porches or decks, except for a reasonable amount of lawn furniture,and a reasonable

number of containers for plants. Juniper Village shall have sole authority to determine what is reasonable.

**Lawns, Sidewalks, Walking Paths, Gardens, Parking Areas**. Nothing may be placed, stored, removed, planted, or rearranged in these areas without the prior written approval of Juniper Village.

If you enjoy gardening, there are waist-high gardens and many private gardening spots available at Juniper Village. Contact the connections department for more information about gardening opportunities.

No clothes or any other article may be dried, aired, or hung from any window, patio or deck or any other area visible from the exterior.

Residents may not go onto the roof or enter the attic or crawl space of any apartment.

Residents may not place signage, lawn ornaments, flagpoles, sculptures, or other items on the grounds without the prior written approval of Juniper Village.

All rubbish, trash, garbage, and other waste shall be removed from each unit on a regular basis. Refuse and refuse containers may not be stored on the exterior of the apartments. In addition, apartment residents are individually responsible for arranging and paying for the removal of furniture, appliances, building materials, etc. that are not considered normal or routine household trash.

**3. Repairs/Maintenance**

**Routine Maintenance.** Our environmental services staff is available Monday through Friday from 8:00 AM to 4:30 PM. You may report repairs or problems to the Concierge. Assistance with hanging pictures, mirrors, and moving furniture can also be scheduled with the Concierge.

**Emergency Repairs**. Residents may request emergency repairs by telephoning the front desk at the Community at 215-752-2370, 24 hours a day, and 7 days a week. Emergency repairs include:

Water pipe or other leaks
Interruption of the flow of electricity from the main breaker to a unit's
Circuit breakers
Blockage of sewer line
No water
Loss of heat or air-conditioning

**Repair Authorization**. Juniper Village must authorize all repairs to the interiors and exteriors of the Apartments.

## 4. COVID-19 AND PANDEMIC INFECTION PREVENTION REQUIREMENTS

- Residents are required to follow all infection prevention requirements that may include but are not limited to:
  - Wearing appropriate face masks
  - Following social distancing
  - Proper Hand and cough hygiene
  - Self-isolating in room as instructed

## 5. Parking Regulations

**Vehicle Registration**. All vehicles must be licensed, inspected, registered, in running condition, and used regularly.

**Allowed Vehicles**. With the exception of the Juniper Village van, only passenger cars, vans, and pick-up trucks (up to a length of 18 feet) shall be permitted to park on the property.

**Parking Areas**. Parking is limited to the lined parking areas surrounding the apartments.

**Vehicle Repairs**. No portion of the property may be used for the repair or disassembly of a vehicle.

**Guest Parking**. Guests should be instructed to park in areas not normally used by other residents.

**Boats, Trailers, Recreational and Oversized Vehicles**. Boats, trailers, recreational, and oversized vehicles may be parked for loading and unloading for a maximum of 48 hours during any one-week period. This allowance is not intended for routine use, but it is meant to accommodate special situations such as parking for an extended vacation, moving, or similar situations.

**Violations**. Vehicles that violate these rules may be removed under police direction and impounded subject to payment of storage costs.

## 6. Noise and/or Noxious Activities

**Rights, Comforts and Conveniences**. Apartment residents shall not make or permit any disturbing noises on the premises or in any building. In addition, apartment residents shall not do or permit anything to be done that would interfere with the rights, comforts, or conveniences of other residents. No fireworks or guns may be discharged on any part of Juniper Village. No solicitation of any type is permitted without the prior written consent of Juniper Village.

**Loud noises**. Excessive noises or disturbances are not permitted at any time, and the determination of violation will be at the sole discretion of Juniper Village.

**Bicycles, tricycles, skateboards, in-line skates**, etc. are permitted on paved roads only. Sidewalks and walking paths are reserved for pedestrian traffic. In addition, pedestrian traffic always has the right-of-way throughout Juniper Village.

**Storage of Recreational Equipment**. Any toys, bicycles, in-line skates, or other recreational equipment are to be removed from the common elements between 9 PM and 8 AM daily.

**Damages** resulting from violation of any of the above rules will be billed at full cost to the responsible owner and will automatically become an additional assessment against the unit.

## 7. Pet Policy

**Licensing**. Pets provide benefits to us all. All pets must be licensed, inoculated, and cared for in accordance with local municipal codes. In addition, all pets shall be registered with Juniper Village prior to being brought into Juniper Village.

**Control**. Pets shall be on a leash and under voice control of a responsible person when on the grounds of Juniper Village.

**Tying**. Pets may not be tied, staked, or affixed to any part of the grounds or building exteriors.

**Pet Waste**. Pet owners shall immediately pick up and dispose of any pet wastes on the grounds.

**Nuisance**. Any pet creating a nuisance or unreasonable disturbance shall be permanently removed from the property upon three days written notice from Juniper Village.

## 8. Mail Services

The U.S. Postal Service delivers incoming mail to your mail box Monday through Saturday. Delivery is normally in the late morning.

Outgoing mail is picked up by the U.S. Postal Service when mail deliveries are made. Outgoing mail slots are located in the mail room.

## 9. Smoking Policy

Juniper Village is a 100% tobacco-free community. Tobacco of any kind is prohibited anywhere inside or outside on the premises of Juniper Village including smoking inside a vehicle that is on Juniper Village property. Residents, staff, and visitors will be responsible for maintaining positive relationships with neighboring property owners by not smoking on-site.

Effective Date: 1/1/2025
Revision Date: 12/23/2024

# NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Juniper Village is committed to the privacy of your personally identifiable health information and will use strict privacy standards to protect it from unauthorized use or disclosure. This Notice informs you of Juniper Village's privacy practices and of certain rights available to you under applicable federal and state law.

**Overview of Policies**. Juniper Village is required by law to implement policies designed to ensure the privacy of your personally identifiable health information that is transmitted or maintained by Juniper Village. This Notice refers to such information as Protected Health Information, or "PHI". In addition, Juniper Village is required to make this Notice available to you to inform you about:

- Our policies regarding use and disclosure of your PHI; and
- Your privacy rights and other rights with respect to your PHI, including the right to file complaints with Juniper Village or with the Secretary of the United States Department of Health and Human Services (the "Secretary").

If you have any questions regarding this Notice or our privacy practices, please contact **Juniper Village's Privacy Officer** either (i) in writing at the following address: **400 Broadacres Drive, Bloomfield, NJ 07003**, or (ii) by telephone: **(973) 661-8300**.

**Effective Date**: The effective date of this Notice and of the policies described below is September 9, 2013 (the "Effective Date"). Juniper Village's use or disclosure of your PHI from and after the Effective Date will be governed by the policies described in this Notice.

## I. Use and Disclosure of Protected Health Information

A. *Required Uses and Disclosures*. Juniper Village is required to disclose your PHI as follows:

1. Juniper Village must permit you to inspect and copy your PHI (with certain exceptions) upon request;

2. Juniper Village must disclose your PHI upon request to the Secretary in connection with the investigation of Juniper Village's compliance with federal privacy regulations.

B. ***Uses and Disclosures that are Permitted without Your Consent or Authorization***. Juniper Village is permitted to use and disclose your PHI without obtaining your consent or authorization in connection with certain treatment and payment activities, health care operations, and other limited activities described below. This section describes how Juniper Village will use or disclose your PHI under such circumstances.

1. **Treatment**. *Treatment* is the provision, coordination or management of health care and related services. Juniper Village may use and disclose your PHI in connection with its own treatment-related activities, such as direct medical treatment and activities related to continuity and coordination of care and referrals among Juniper Village and other treating or consulting health care professionals. Juniper Village may also disclose your PHI to other health care professionals who are providing you with medical services for their use in providing you with such services. For example, Juniper Village may disclose your PHI to physician for your medical treatment.

2. **Payment.** *Payment* includes, but is not limited to, the preparation and submission of claims and other actions required to secure payment for health care services provided by Juniper Village (such as billing, claims management, collection activities, reviews for medical necessity and/or appropriateness of care, utilization review and pre-authorization of services). Disclosure of your PHI for payment-related purposes may include disclosure to any person responsible for payment, billing and/or claims processing with respect to Juniper Village's services, including insurance companies, health maintenance organizations, federal, state, local agencies, workers' compensation and no-fault carriers, other third-party payors or your employer, and billing and/or collection companies. For example, Juniper Village may use your PHI to prepare and submit for reimbursement by Medicare, Medicaid, and commercial third-party payors.

3. **Health Care Operations.** *Health Care Operations* include most of Juniper Village's business operations relating to health care or related services. They include (a) quality review and improvement programs; (b) reviewing qualifications and competence of health care providers; (c) case management activities; (d) legal services and auditing; (e) business planning and development; and (f) other general business and administrative functions. Subject to state law, Juniper Village may use and disclose your PHI as needed for its Health Care Operations and for certain operations of other health care providers, health plans and other covered entities. For example, Juniper Village may (i) use PHI as part of its quality review process to confirm that Juniper Village and its associated health care providers are providing you with the highest quality of care and (ii) disclose PHI to clinically integrated networks in which Juniper Village participates for purposes of coordinating, assessing and improving care.

4. **Treatment Alternatives: Related Benefits and Services**. Subject to certain restrictions, Juniper Village may use your PHI to contact you with appointment remainders and to inform you of (i) possible treatment options or alternatives or (ii) health-related benefits or services that may be of interest to you.

C. ***Uses and disclosures to which you have the prior right to agree or disagree.*** Juniper Village is permitted to release your PHI to a close friend, family member or other individual who is involved in your medical care, or who helps pay for your care, if (i) the PHI is directly relevant to the person's involvement with your care and (ii) you have either agreed to the disclosure or have been given an opportunity to object and have not objected. Juniper Village is not required to give you the opportunity to agree or object to disclosure if your condition prevents you from doing so and Juniper Village determines that disclosure is in your best interests. Juniper Village may also disclose PHI to notify your family members, personal representative(s) or other person(s) responsible for your care of your location or condition. **If you object to the use and disclosure of your PHI as described in this Section C, please notify Juniper Village's Privacy Officer in writing at the address set forth above.**

1. **Appointment Reminders.** We may use or disclose your health information for purposes of contacting you to remind you of a health care appointment.

D. ***Use and disclosure for which Juniper Village is not requires to secure your consent or authorization or provide you with the opportunity to object.*** Juniper Village may use or disclose your PHI without your consent or authorization, and without giving you the opportunity to object, as follows:

1. When the use or disclosure is required by or otherwise consistent with law.

2. When permitted for purposes of public health activities, including reports to public health authorities authorized by law to collect or receive information for the purpose of preventing or controlling disease. Juniper Village is also permitted to use or disclose PHI if you have been exposed to a communicable disease or are at risk of spreading disease or condition, if authorized by law.

3. When required or authorized by law to report information about abuse, neglect or domestic violence to public authorities, if Juniper Village reasonably believes that you may be a victim of abuse, neglect or domestic violence. Juniper Village will promptly inform you that such a disclosure has been or will be made unless (i) that notice would cause a risk of serious harm or (ii) notice would be provided to your personal representative and Juniper Village believes your personal representative may be responsible for the abuse, neglect or domestic violence giving rise to the report.

4. Juniper Village may disclose your PHI to a public health oversight agency for health oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure and disciplinary actions; and other activities necessary for appropriate oversight of the health care system or government benefit program (such as Medicare and Medicaid).

5. Juniper Village may disclose your PHI in the course of any judicial or administrative proceeding, as required or authorized by applicable law (e.g., in response to a subpoena or discovery request, subject to certain conditions). One of these conditions is that, if the subpoena or discovery request is not accompanied by a court order, written assurances must be given to Juniper Village that (i) the requesting party has made a good faith attempt to provide written notice to you, together with information sufficient to permit you to raise an objection, and (ii) you did not object or any objections were resolved in favor of disclosure by the court or tribunal.

6. When required for law enforcement purposes, as set forth in privacy regulations (e.g., to report certain types of wounds). Juniper Village may also release certain PHI (i) upon request to law enforcement officials for the purpose of identifying or locating a suspect, material witness or missing person, (ii) about an individual who is or is suspected to be a victim of a crime, if the individual agrees to the disclosure of Juniper Village is unable to obtain the individual's agreement because of emergency circumstances and certain other conditions are met, or (iii) to report certain crimes.

7. To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or performing other duties, as authorized by law.

8. When consistent with state law, if Juniper Village believes in good faith that the use or disclosure of PHI is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

9. In compliance with workers' compensation or other similar programs established by law.

E. ***Uses and disclosures that require your written authorization.*** Uses and disclosures that require your written authorization. Except as otherwise indicated in this Notice, Juniper Village will use and disclose your PHI only with your written authorization. For example, Juniper Village may not use or disclose your PHI for marketing purposes, and may not sell your PHI, without your written authorization. In addition, Juniper Village is generally required to obtain your written authorization before using or disclosing psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversation with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. If you authorize Juniper Village to use or disclose your PHI in a manner described in this paragraph, you have the right re revoke that authorization, in writing, at any time. If you revoke your authorization, Juniper Village will thereafter refrain from using or disclosing your PHI in the manner described in the authorization.

**II. Your Rights Regarding Protected Health Information**

You have certain rights regarding PHI held or maintained by Juniper Village. This section summarizes those rights.

1. ***Right to Request Restrictions on Use and Disclosure.*** You have the right to request restrictions (in addition to those described in this Notice) on our use and disclosure of PHI under Sections I.B and I.C above. Juniper Village is not required to agree with your request. If we do agree, we will comply with your request unless the use or disclosure of the PHI in question is required to provide you with emergency treatment. If you wish to request a restriction or limitation on our use or disclosure of PHI under this paragraph, you must make your request in writing to Juniper Village's Privacy Officer at the address set forth above. Upon receiving your request, we will notify you if we agree to your requested limitations.

   In addition, if you receive services for which you (or your representative) pay out-of-pocket and in full, then upon your written request, Juniper Village will not disclose PHI related to such services to any health plan for purposes of payment or health care operations described in Section I.B, above.

2. ***Right to Receive Confidential Communications***. You have the right to request that you receive communications of PHI from PH in a certain way or at a certain location. For example, you may request that Juniper Village communicate with you only at residence or by mail. To request confidential communications, please submit your request in writing to Juniper Village's Privacy Officer at the address set forth above. You are not required to provide a reason for your request, and Juniper Village will accommodate all reasonable requests. Please be sure to specify how and where you wish to be contacted.

3. ***Right to Inspect and Copy Medical Information***. Subject to certain limitations, you have the right to inspect and obtain a copy of your PHI. This includes most PHI maintained by Juniper Village, except for information compiled by Juniper Village in anticipation of legal proceedings. If you wish to inspect and copy your PHI, you must submit a written request to Juniper Village's Privacy Officer at the address set forth above. You may request either a paper or electronic copy of your PHI. You may also request a paper copy of your medical record at Juniper Village. Juniper Village may charge a fee to cover the cost of providing you with a copy of your PHI. Juniper Village is also permitted to deny your request to inspect and copy PHI under certain very limited circumstances. If we deny your request, you may (under most circumstances) request that the denial be reviewed by a licensed health care professional selected by Juniper Village. We will thereafter comply with the decision of the reviewing official. Juniper Village will respond to all

requests for access to PHI under this paragraph within (15) days by (i) providing the requested access and/or copies of the requested information; (ii) notifying you in writing of our denial of your request and the reasons for our denial; or (iii) notifying you in writing that we are not able to respond within 15 days and of the date on which you may expect a response.

In addition, you have the right to request that Juniper Village transmit your PHI to a third party. Your request must include your signed authorization and must be submitted in writing to Juniper Village's Privacy Officer at the address set forth above. Juniper Village may charge a fee to cover the cost of making a copy of and transmitting your PHI to a third party.

4. ***Right to Amend PHI***. You have the right to request that Juniper Village amend PHI if you believe that such information is inaccurate or incomplete, but you are not entitled to have any information deleted from your PHI. Your request must be in writing and directed to Juniper Village's Privacy Officer at the address set forth above. Your request must contain your reason for believing that such information is inaccurate or incomplete. Juniper Village may deny your request for amendment if it determines that the information at issue is accurate and complete or that it (1) was not created by Juniper Village, unless you submit evidence providing a reasonable basis to believe that the originator of the PHI is not available to make the amendment; (2) is not part of the medical information maintained by Juniper Village; or (3) is not part of the PHI that you have the right to inspect and copy (as described in Section II, C, above).

   Juniper Village will respond to all requests under this paragraph within sixty (60) days by either (a) agreeing to make the requested amendment(s); (b) notifying you in writing of the denial of your request and the reasons for denial; or (c) notifying you in writing that we are not able to respond within 60 days and of the date on which you may expect a response. If Juniper Village denies your request, you have (i) the right to submit a written statement disagreeing with our denial, which will become part of your PHI, and (ii) certain additional rights. Your additional rights and the manner in which a statement of disagreement should be submitted will be described in greater detail in Juniper Village's denial of your request.

5. ***Right to an Accounting of Juniper Village's Use and Disclosure of Your PHI***. You have the right to request an "accounting" or list, of all disclosures by Juniper Village of your PHI *other than* disclosures that are (i) described in Sections I.A(1), I.B, I.C or I.E of this Notice; (ii) made for national security or intelligence purposes; (iii) made to correctional institutions or law enforcement officials; or (iv) incidental disclosures. If changes in federal law and regulations require Juniper Village to include additional information in any accounting, we will do so. Your request for an accounting must be submitted in writing to Juniper Village's Privacy Officer at the address set forth above. We are not required to list disclosures occurring outside the period required by law. Juniper Village will respond to all requests under this paragraph within sixty (60) days by either (a) providing you with the requested accounting or (b) notifying you in writing of our inability to respond within 60 days and of the date on which you may expect a response. If you request more than one accounting within a twelve (12) month period, we will impose a fee to cover our costs in providing the requested information.

6. ***Right to Paper Copy***. You have the right to receive a paper or electronic copy of the Notice by submitting a written request to Juniper Village's Privacy Officer or requesting a copy at any Juniper Village center.

III. **Other Requirement with respect to PHI**.

A. ***Minimum Necessary Standard***. When using or disclosing PHI or when requesting PHI from another covered entity, Juniper Village will limit such use, disclosure or request to the minimum

amount of PHI necessary to accomplish its intended purpose, taking into account practical and technological limitations. However, the "minimum necessary" standard described in this paragraph does not apply to: (i) disclosures to or requests by a health care provider for treatment purposes; (ii) disclosures made to or authorized by you; (iii) disclosures to the US Department of Health and Human Service; or (iv) uses or disclosures that are required by law or for Juniper Village to comply with the law.

B. ***Personal Representatives***. You may generally exercise your rights through a personal representative, who will be required to produce evidence of his/her authority to act on your behalf before being given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms: (1) a power of attorney for health care purposes, notarized by a notary public; (2) a court order appointing the person as your conservator or guardian; (3) valid identification of an individual who is the parent of a minor child; or (4) any other form permitted by state law.

Juniper Village retains the discretion to deny access to PHI to a personal representative in order to protect any person who depends on others to exercise his or her rights and who may be subject to abuse or neglect.

C. ***De-identified Information***. This Notice does not apply to information that does not identify an individual if there is no reasonable basis to believe that the information can be used to identify an individual.

D. ***Maintenance and Destruction of Records***. Juniper Village will maintain your records for a minimum of seven (7) years following your last date of service. Juniper Village retains the right to keep and maintain records for a longer period of time to meet the applicable requirements of state or federal law (e.g., laws governing the medical records of minor patients) or otherwise in its discretion. Records eligible for destruction will be disposed of in a manner that fully protects patient confidentiality.

IV. **Changes to this Notice**.

Juniper Village is required by law to maintain the privacy of your PHI; to make this Notice available to you; and to notify you following any breach of your unsecured PHI. For so long as this Notice remains in effect, Juniper Village is required by law to comply with the terms of this Notice.

However, we reserve the right to change this Notice at any time and in any manner that is permitted under applicable law and to make the new Notice provisions effective for all of your PHI that we possess on the dates of such amendment or thereafter receive or generate. If we change the contents of this Notice, we will promptly post a copy of the revised Notice in a clear and prominent location at our centers and make copies of the review Notice available. In addition, you may always request a copy of the current Notice at any time, as described above.

V. **Complaints**

You have the right to file a complaint with Juniper Village and/or with the Secretary if you believe that your privacy rights have been violated. If you wish to file a complaint with Juniper Village, please contact Juniper Village's Privacy Officer in writing at 400 Broadacres Drive, Bloomfield, NJ 07003. All complaints must be submitted in writing. Juniper Village will not penalize, retaliate or discriminate against you in any matter if you choose to file a complaint.

**Effective Date** 1/1/2025
**Revision Date** 12/23/2024

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I _____, acknowledge and agree that I
(Name of Resident)

have received a copy of the **NOTICE OF PRIVACY PRACTICES.**

_____ _____
Resident Signature Date

_____ _____
Resident Legal Representative (if applicable) Date

_____ _____
Print Name of Legal Representative Relationship to Resident

Juniper Communities made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices:

# JUNIPER VILLAGE AT BUCKS COUNTY

## EXHIBIT "K-2"

Residence & Care Agreement (Rental Fee for Service)

# JUNIPER VILLAGE AT BUCKS COUNTY

## EXHIBIT "K-3"

Residence & Care Agreement (Skilled Nursing)

## *Receipt*

The undersigned hereby acknowledges delivery and receipt of Juniper Village at Bucks County Disclosure Statement dated April 2026 and all attachments including a copy of the Residence and Care Agreement and the Notice of Right to Rescind.

_____

Signature of First Resident

_____

Signature of Co-Resident

_____

Signature of Responsible Party/Family Member (if applicable)

_____

Date