February 9, 2016

Mr. Chris LaVigne Office of CON and Rate Setting Department of Social Services 25 Sigourney Street Hartford, CT 06106

Dear Chris:

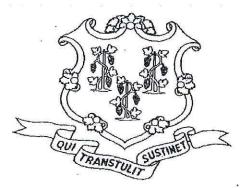
Enclosed please find the 2015 Medicaid Cost Report for Church Home of Hartford, Inc. d/b/a Seabury.

In preparing this cost report, we did not perform any disallowances for the owner/operator or administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review, other than noted on page 29. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We have allocated out of the cost report all costs related to pharmacy, lab, x-ray, billable supplies and nursing for individuals in the independent units. We have also allocated out of the cost report all costs for meals, laundry and the medical director not relating to the nursing facility. We have removed all legal expenses and dues related to non-nursing facility costs. We have removed all marketing costs of the facility.

Costs to be amortized and accumulated amortization on pages 23 and 24 are for the full organization. On both pages, amortization for the year is only related to CCH and RCH portions. In line with this, the costs on page 23 and 24 are not able to be rolled forward due to the costs to be amortized and the corresponding accumulated amortization being for the entire organization. Amortization for the year per the report only relates to the CCH and RCH portions

We believe the preparation methodology discussed above is in compliance with the rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed)	Read Street Street			
Church Home of Hartford, Inc. (DBA Sea	abury)	and the second data and the second		the second se
Address (No. & Street, City, State, Zip Co	ode)			
200 Seabury Drive, Bloomfield, CT 06002	2			
Type of Facility	DIB			
Chronic and Convalescent Nursing Home only (CCNH)		Rest Home with Nursing Supervision only (RHNS)	Ø	Residential Care Home
Report for Year Beginning 10/1/2014	[]	Report for Year Ending 9/30/2015		

License Numbers:	CCNH 2103C	RHNS	Residential Care Home 1830HA	Medicare Provider 07-5383
Medicaid Provider Numbers:	CC	NH	RHNS	ICF-IID

For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received
			7 		

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the second	General In	formation			
Name of Facility (as licensed)	License 1		ort for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabu	ry) 2103C	9/30	/2015	1	37
AG MISREPRESENTATION OR F COST REPORT MAY BE PUN FEDERAL LAW. I HEREBY CERTIFY that I hav Cost Report and supporting sche	ALSIFICATION OF ISHABLE BY FINE re read the above state	AND/OR IMPRISION	MENT UNDER ST	ATE OR	
name], for the cost report period the best of my knowledge and be and records of the provider(s) in	beginning October 1, lief, it is a true, correc	2014 and ending Septem et, and complete statement	nber 30, 2015, and	that to	
I hereby certify that I have directed to of Resident Statistics, Statements of this Facility in accordance with the specified above.	Reported Expenditure	s, Statements of Revenues a	and the related Baland	ce Sheet of	
I have read this Report and hereb knowledge under the penalty of p this Report as a basis for securing incurred to provide resident care been retained as required by Con-	erjury. I also certify g reimbursement for T in this Facility. All s	that all salary and non-sa Fitle XIX and/or other St upporting records for the	lary expenses prese ate assisted resident expenses recorded	ented in ts were	
igned (Administrator)	Date	Signed (Owner)	ſ	Date	
rinted Name (Administrator) nne Erickson		Printed Name (Own	er)		
ubscribed and Sworn State o before me:	f Date	Signed (Notary Pub	lic) C	Comm. Exp	oires
ddress of Notary Public				/	1
(Notary Seal)					

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

Data Required for Real Wage Adjustment					of 37
Name of Facility		Period Cov	ered:	From	То
Church Home of Hartford, Inc. (DBA Seabury)	-		100	10/1/2014	9/30/2015
Address of Facility 200 Seabury Drive, Bloomfield, CT 06002					- 11
Report Prepared By Blum Shapiro & Company	repared By Phone Number		Date 2/9/2016		
Item		Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				9797 - Tron 2007
5. All other wages paid	\$				
6. Total Wages Paid	\$				н н
7. Total salaries paid	\$	lana and) 		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire Type of Facility - Organization Structure

		hone No. of Fac 60-286-0243	cility	Report for Yea 9/30/2015	r Ended	Page 2	of 37
Name of Facility (as shown on license)	E	Address (No		Street, City, Stat			and provide the
Church Home of Hartford, Inc. (DBA Seabury)				ve, Bloomfield, (
CCNE	I	RHNS		dential Care Ho	me		Provider No.
License Numbers: 2103C			1830	OHA		07-5383	
Type of Facility (Check appropriate box(es))							
Chronic and Convalescent Nursing Home only (CCNH)		est Home with upervision only			Residenti	ial Care Hon	ne
Type of Ownership (Check appropriate box)							-
O Proprietorship O LLC O Partnership	o (O Profit Corp.		Non-Profit Corp.		Government	O Trust
If this facility opened or closed during report year prov	vide:		Date	Opened I	Date Clos	sed	
Has there been any change in ownership			J				
or operation during this report year?	(O Yes	\odot	No I	f"Yes,"	explain fully	<i>'</i> .
4.3				<u></u>			
Administrator Name of Administrator			-	Nursing Hor			
Anne Erickson				Administrato	r's	1804	
Other Operators/Owners who are assistant administrat	ors (fi	Il or part time)	of this				
Name	0.0 (in or part sinter		License No	o.:		
N/A							
l na na su na s	i kali		- 14 A I				
				<u></u>	+	<u></u>	

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General Information and Questionnaire Partners/Members

Name of Facility Church Home of Hartford, Inc. (DBA !	License No.Seabury)2103C	Report for Year Ended 9/30/2015	Page of 3 37
Legal Name of Partnership/		State(s) a	and/or Town(s) in h Registered
N/A			
Name of Partners/Members	Business Address	Title	% Owned
N/A			
			11 11
			6 11 120 12 12 12 12 12 12 12 12 12 12 12 12 12
	6		
			-

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General Information and Questionnaire Corporate Owners

Name of Facility Church Home of Hartford, Inc. (DBA Seabur	License No. 2103C	Page of 3A 37					
If this facility is owned or operated as a corpo	9	9/30/2015 ne following informati	on:				
Legal Name of Corporation		ness Address		nich Incorporated			
Church Home of Hartford, Inc. (DBA Seabury)	the second s	ive, Bloomfield, CT	Connecticut				
Name of Directors, Officers	Busin	ess Address	Title	No. Shares Held by Each			
See Attached							
Names of Stockholders Owning at Least 10% of Shares							
N/A		······					
	a na a la cara a car		Biere Biere bei				

Seabury Boards 2014 -2015

CHHI Board 2014-2015 (20)	
Andersen Thomas E.	
Armstrong, Doris, Resident Director	
Austin, Wilborne A., BISHOP'S REP	
Babbitt, Bradford S. (replaces Bette-Jane Hardersen, who re	esigned)
Jain, Connie, SECY	
Bridburg, Richard M.	
Briggs II, Paul R RESIGNED AUGUST 2015	
Dixon, Jonathan A.	
ouglas, The Right Rev. Ian T.,	
Galluzzo, Donna R.	
Slover III, Paul W.	
leath, Richard C., Executive VP & CEO	
Aadorin , A. Raymond, PRES	
Aattison, Gale, VP	
ives III, Harold L.	
tanwood, Robert	1.00
hompson, William J., TREASURER	
rall, Jim, Resident Director	
iets, Priscilla B., ASST. SECY	
Vadsworth, John R.	
SAHI Board 2014-2015 (10)	
riggs II, Rev. Paul R RESIGNED AUGUST 2015	
ugan, Rev. Jeffrey S., President	
alluzzo, Donna R.	
ranger, Winifred	and the second second
eath, Richard, Vice President	~~~~~
earns Ill, John F.	
1adorin, A. Raymond	
lerritt, Joseph P., Secretary	
tanwood, Robert, Treasurer	
heriault, Ronald	~~~
SCF Board 2014-2015 (11)	
eeching, Barbara, Secretary	
rock, Ken, Asst. Secy	
arle, KathArine	
lover III, Paul W.	
ranger, Winifred, VP	
ardersen, Bette-Jane	
ladorín, A. Raymond	
anwood, Robert, Treasurer	
nompson, William J.	
iets, Priscilla	
/inship, Ann, President	

State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2015	Page o 3B 3
If this facility is owned or operated as an individu			nation:
Ov	wner(s) of Facility		
N/A			
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			and the second
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and the second			
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			:4
		23 23	
Charles Martin States	19 <u>11</u>	·····	
	N		
	**********	andro nnen ¹⁷ New ron w	And the second second
		1 (MARCO) (1997) (1997) (1997) (1997)	
	Children	1.55.15 (Managerova)	
		-3 ²	

State of Connecticut Annual Report of Long-Term Care Facility CSP-4 Rev. 10/2005

General Information and Questionnaire **Related** Parties*

Name of Facility Church Home of Hartfor	d, Inc. (DBA Seabury)	License	No. 2103C		Report for Year Ended 9/30/2015		Page 4	of 37
CONTRACTOR 1992 080800000000000000000000000000000000	iving compensation from the fa ol, ownership, family or busin	E.C.		-	Yes O No	If "Yes," provide th complete the inform		
including the rental of pr related through family as	ompanies which provide goods coperty or the loaning of funds ssociation, common ownership owners, operators, or officials	to this fa , control,	acility, , or busi	ness	O Yes O No	If "Yes," provide th	e following	information:
Name of Related Individual or Company	Business Address	Good	so Provid Is/Servic Related H	ces to	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
Richard C. Heath	200 Seabury Drive, Bloomfield CT 06002	0	0	/0	Executive Vice President and CEO	page 10 A-1	102,747	102,747
	100 York Street, Unit 12-P, New Haven CT 06511	•	0		Electronic monitoring devices, hardward and		605	102,747
Anne M. Sevick	96 Reverknolls, Avon, CT, 06001	0	•		Administrative Employee	page 10 A11b	7,724	7,724
		0	0					1
	26 12	0	0					
		0	0					s
		0	0					
		0	0					
		0	0					

* Use additional sheets if necessary.

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

Church Home of Hartford, Inc. (DBA Seabury)	License No.Report for Year EndedPageof2103C9/30/2015537
	provides AIDS or TBI services with special Medicaid rates, costs
must be allocated to CCNH and RHNS as follow Item	Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs
The preparer of this report must answer the follow	wing questions applicable to the cost information provided.
	If "No," explain fully why such allocation was
1. In the preparation of this Report, were all costs allocated as required?	O Yes ⊙ No If "No," explain fully why such allocation was not made.
 In the preparation of this Report, were all costs allocated as required? See Cover Letter 	

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for	Report for Year Ended			
Church Home of Hartford, Inc. (DBA Seabur	y)		2103C	9/30/2015	ī		6 37
Name and Address of Lessor	Ow: Oper	ed * to ners, ators, icers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
Pitney Bowes, 2225 American Drive, Neenah, MI 54956- 1005	0	0	Postage Machine	04/04/15	39 Months	268	134
Pitney Bowes, 2225 American Drive, Neenah, MI 54956- 1005	0	0	Postage Machine	09/09/11	39 Months	120	59
Marlin Leasing, PO Box 13604, Philadelphia, PA 19101- 3604	0	0	Two Copiers	01/19/11	60 Months	3,614	3,614
G E Ricch USA, Inc., 70 Valley Stream Parkway, Malvem, PA 19355	0	0	One Copier	01/14/14	36 Months	332	332
G E Ricch USA, Inc., 70 Valley Stream Parkway, Malvem, PA 19355	0	0	One Copier - Marketing	06/18/15	36 Months	1,040	260
GE Capital, PO Box 642111, Pittsburgh, PA 15264-2111	0	0	Digital Copier System	10/03/13	60 Months	328	328
	0	0					
	0	0					
	0	0					
	0	0					Y
Is a Mileage Log Book Maintained for All Le	eased V	ehicles	? © 1	Zes O	No	Total ***	4,727

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

		4216982 008	Agreement Number
Your Business Inf	the second secon		060293500
CHURCH HOME O		DDA News of Leaves	unterferrenten an er alle andere en einigen versten er bereitigen geren be
Full Legal Name of Lessee		DBA Name of Lessee	Tax ID # (FEIN/TIN) CT 06002-265
200 SEABURY DR		BLOOMFIELD	
Billing Address: Street	· ·	Cíty	State Zip+4
		(21815041864
Billing Contact Name	3	Billing Contact Phone #	Billing CAN #
200 SEABURY DR		BLOOMFIELD	CT 06002-26
Installation Address (If diffe	rent from billing address) : Street	City	State Zip+4
CHRIS HEALY		(860) 286 0243 ext	15335383889
Installation Contact Name		Installation Contact Phone #	Installation CAN #
Invoice Attention To		Lessee PO #	
Your Business Nee	eds management of the second		
Qty Business Soluti	on Description	Check additional items to be included in	n client's payment
Mail Stream Solut	A	X Service Level Agreement	
1 DM100 Desktop N	and the second state of the second state and the second state of the	Standard - Provides maintenance and	support for equipment
1 IntelliLink Interface			ms apply) - Provides revision updates & lectrical assistance
1 Basic Accounting	the second		ns apply - Provides revision opubles & recimized assistance
1 2 lb Integrated We		X Meter Rental	
1 Integrated Weighin 1 pbSmartPostage F		() Value Based Services (not inclu	uling USPS fees which will be charged separately)
	lation for DM100/DM125		viding a convenient way to mail now and pay Inter.
	ﻣﯩﻨﺪﺭﺕ ﺧﻪﺕ ﭘﺎﺭﻩﺭﻩ, ﻣﻪﺕ ﻣﻪﺭﻩ, ﻣﻪﺕ ﻣﻪﺭﻩ, ﻣﻪﺕ ﻣﻪﺭﻩ, ﻣﻪﺕ ﻣﻪﺭﻩ, ﻣﻪﺭﻩ, ﻣﻪﺕ ﻣﻪﺭﻩ, ﻣﻪﺭﻩ, ﻣﻪﺭﻩ, ﻣﻪﺭﻩ, ﻣﻪﺭﻩ, ﻣﻪﺭﻩ, ﻣﻪﺕ ﻣﯩﻨﺪﺭﺕ ﺧﻪﺕ ﭘﺎﺭﻩ, ﻣﻪﺕ ﻣﻪﺭﻩ, ﻣﻪﺭﻩ, ﻣﻪﺭﻩ, ﻣﻪﺕ ﻣﻪﺭﻩ, ﻣﻪ		hage and supplies under one account see terms
1 IntelliLink Subscrip	Dilon		· · · · · · · · · · · · · · · · · · ·
1 Digital Access Cor	nection Accepted		Protection in case of loss or damage to leased equipment
	nection Accepted		Protection in casa of loss or damage to Jeased equipment We equipment replacement program of Insurance within the next 30 days as noted in Section
1 Digital Access Cor Your Payment Plan Initial Term : 39	mection Accepted months	& conditions & conditions Conditions Conditions Conditions Conditions Conditions Conditions Condition Condit Condition Condition Condition Condition Co	Protection in case of loss or damage to leased equipment we equipment replacement program of Insurance within the next 30 days as noted in Section k of \$() received
1 Digital Access Con Your Payment Plant Initial Term : 39 Number Of Months First 39	months Monthly Amount \$75 \$225	de conditions Equipment Replacement Program - P () Yres I want to enroll in the ValueMAD (v) No Enrollment (I will provide proof o L9) () Required advance check () Tax Exempt Certificate A () Tax Exempt Certificate A	Protection in casa of loss or damage to leased equipment we equipment replacement program of insurance within the next 30 days as noted in Section k of \$() received Attached
1 Digital Access Con Your Payment Plan Initial Term : 39 Number Of Months First 39 'Does not include any applicable saft Your Signature Belor By signing below, you ag at www.pb.com/termsc/ Pitney Boxwes Terms) for and documentation appl	months Monthly Amount \$75 s, use, or properly faxes which will be billed separately; payment plans bo		Protection in case of loss or damage to leased equipment we equipment replacement program of Insurance within the next 30 days as noted in Section k of \$() received Attached Not Required Bowes Terms (Version 9/14), which are ay cell the Lense (as defined in Section Gf binding on us after we have completed out
1 Digital Access Cor Your Payment Plant Initial Term : 39 Number Of Months First 39 'Does not include any applicable sat Your Signature Below By signing below, you agg at www.pb.com/termsch Pitney Bowes Terms) for and documentation applicable Pitney Bowes Terms) for and documentation applicable E-Signed : 04/17/20	months Monthly Amount Billed Quarterly At* \$75 \$225 es, use, or properly taxes which will be billed separately; payment plans be DW reacto be bound by all the terms of this Agreement panditions and are incomporated by reference. You wany reason and that all payment obligations a royal process and have signed below. The Leas rogram (see Section L9 of the Pitney Bowes Term 15 12:244 PM COT.		Protection in case of loss or damage to leased equipment we equipment replacement program of Insurance within the next 30 days as noted in Section k of \$() received Attached Not Required Bowes Terms (Version 9/14), which are av cel the Lease (as clefined in Section G4 binding on us after we have completed num of of Insurance or participate in the Valu
1 Digital Access Cor Your Payment Plant Initial Term : 39 Number Of Months First 39 'Does not include any applicable sold Your Signature Beloc By signing below, you aget www.pb.com/termscat Pitney Bowes Terms) for and documentation applicable sold E-Signed : 04/17/20 Rtchard C. Herr	months Monthly Amount Billed Quarterly At ⁴ \$75 \$225 es, use, or properly faxes which will be billed separately; payment plans bo W rese to be bound by all the terms of this. Agreement, <u>orditions</u> and are incorporated by reference. You w any reason and that all payment obligations a oval process and have signed below. The Leas regram (see Section L9 of the P itney Bowes Term 15 12:44 PM COT		Protection in case of loss or damage to leased equipment we equipment replacement program of Insurance within the next 30 days as noted in Section k of \$() received Attached Not Required Bowes Terms (Version 9/14), which are av cel the Lease (as clefined in Section G4 binding on us after we have completed num of of Insurance or participate in the Valu
1 Digital Access Con Your Payment Plan Initial Term : 39 Number Of Months First 39 *Does nel include any applicable sel Your Signature Beloc By signing below, you ag at www.pb.com/termsca Pitney Bowes Terms) for and documentation appr equipment replacement p E-Signed : 04/17/20 Rtchard C. Herr grahamfong@ssaburyIII	months Monthly Amount Billed Quarterly At ⁴ \$75 \$225 es, use, or properly faxes which will be billed separately; payment plans bo W rese to be bound by all the terms of this. Agreement, <u>orditions</u> and are incorporated by reference. You w any reason and that all payment obligations a oval process and have signed below. The Leas regram (see Section L9 of the P itney Bowes Term 15 12:44 PM COT		Protection in case of loss or damage to leased equipment we equipment replacement program of Insurance within the next 30 days as noted in Section k of \$() received Attached Not Required Bowes Terms (Version 9/14), which are av cel the Lease (as clefined in Section G4 binding on us after we have completed num of of Insurance or participate in the Valu
1 Digital Access Cor Your Payment Plant Initial Term : 39 Number Of Months First 39 'Does not include any applicable sold Your Signature Beloc By signing below, you agest www.pb.com/termscat Pitney Bowes Terms) for and documentation applicable applicable and documentation applicable and commentation applicable applicable and commentation applicable appli	months Monthly Amount Billed Quarterly At ⁴ \$75 \$225 es, use, or properly faxes which will be billed separately; payment plans bo W rese to be bound by all the terms of this. Agreement, <u>orditions</u> and are incorporated by reference. You w any reason and that all payment obligations a oval process and have signed below. The Leas regram (see Section L9 of the P itney Bowes Term 15 12:44 PM COT	 & conditions Equipment Replacement Program - F () Yes I want to enrol in the ValueMAD (y) No Enrolment (I will provide proof o L9) () Tax Exempt Certificate A () Tax Exempt Certificate f () Tax Exempt Certificate f () Tax Exempt Certificate f acknowledge that you may not can are unconditional. The Lease will be le erquires you either to provide proof so for an additional fee. Salaratane, Pott 	Protection in case of loss or damage to leased equipment we equipment replacement program of Insurance within the next 30 days as noted in Section k of \$() received Attached Not Required Bowes Terms (Version 9/14), which are av cel the Lease (as clefined in Section G4 binding on us after we have completed num of of Insurance or participate in the Valu
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RICOH

Ricoh USA, Inc. 70 Valley Stream Parkway Malvern. PA 19355

Number:

This Image Management Plus Agreement (this "Agreement") has been written in clear, easy to understand language. Please take time to review the terms. When we use "Customer," "you" or "your," we are referring to you, our Customer. When we use "we," "us" or "our," we are referring to Ricoh USA, Inc. ("Ricoh") or, if we assign this Agreement pursuant to Section 3 below, the Assignee (as defined below). Our corporate office is located at 70 Valley Stream Parkway, Malvern, PA 19355.

CUSTOMER INFORMATION

	CHURCH HOME OF HARTFORD I Full Legal Name 200 SEABURY DR	NCORPORATED		<u> </u>	Graham Fong Billing Contact 1 200 SEABURY			
	Equipment Location Address BLOOMFIELD	СТ	06002-2	2659		(if different from location a	address) CT	06002-265
1	City Count	ty State	Zip		City	County	State	Zip
5	Federal Tax JD No. (Do Not Intert Social Security No.)	Billing Contact Telephon (860)243-608		Billing C	ontact Facsimile No.	Billing Contact E-Mail . grahamfong@seal		.com

EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make & Model	Qty	Equipment Description: Make & Model
1	RICOH MPC3503		
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	and the second s		

PAYMENT SCHEDULE

Minimum Term (months) 36	Minimum Payment (Without Tax) \$ 290,58	Minimum Paymen Monthly Ouarterly Other:	at Billing Frequency	Advance Payment] ^a Payment] ^a & Last Payment] Other:
Guaranteed	Minimum Images*0	Cost of Addit	tional Images ^o	Meter Reading/Billing Frequency
Black/White	Color	Black/White	Color	Monthly
0	0	\$0.0080	\$0.0520	Quarterly Other:

* Based upon Minimum Payment Billing Frequency

" Based upon standard 81/2" x 11" paper size. Paper sizes greater than 81/2" x 11" may count as more than one image.

ADDITIONAL PROVISIONS (list here, if any): _

Sales Tax Exempt: Yes (Attach Exemption Certificate)	Customer Billing Reference Number (P.O.#, etc.)
Addendum Attached: Yes (Check if yes and indicate total number of pa	aes.)

TERMS AND CONDITIONS

- 1. Use of Equipment: Term. You agree to use the equipment listed above ("Equipment") and pay the sums described above. THIS AGREEMENT IS UNCONDITIONAL AND NON-CANCELABLE. You agree to use this Equipment for the Minimum Term indicated above. You agree that the Equipment will be used solely for lawful business purposes and not for personal, family, or household purposes and the "Equipment Location" is a business address. To the extent the Equipment includes intangible property or associated services such as periodic software licenses and prepaid data base subscription rights, such intangible property shall be referred to as the "Software." The manufacturer of the tangible Equipment shall be referred to as the "Manufacturer." Our signature below will indicate our acceptance of this Agreement.
- Location of Equipment. You will keep the Equipment at the Equipment Location. You must obtain our written permission, which will not be unreasonably withheld, to
 move the Equipment. With reasonable notice, you will allow us or our designee to inspect the Equipment. (You further agree that the additional terms and conditions
 on the next pages of this Agreement are incorporated by reference into this Agreement.)

AUTHORIZED SIGNE		UTHORITY TO DO SO.
Authorizott Signer Signature X - CLAMAA C	HEATTS Date Authorized Signer Printed Name Authorized Signer Printed Name Authorized Signer Printed Name (Authorized Signer Pr	
		** *
06/11/2015 21:09 PM	17074922	收入的名为社、四方的方 战争 圖川川
LSEADD C-IMP 07.13	Ricoh ⁴ and the Ricoh Logo are registered trademarks of Ricoh Company, Ltd.	Page 1 of 4

Ownership of Equipment: Assignment. We are the sole owner and titleholder to the Equipment (except for any Software). You will keep the Equipment free of all liens and encumbrances. YOU HAVE NO RIGHT TO SELL, TRANSFER, ENCUMBER, SUBLET OR ASSIGN THE EQUIPMENT OR THIS AGREEMENT WITHOUT OUR PRIOR WRITTEN CONSENT (which consent shall not be unreasonably withheld). You agree that we may sell or assign all or a portion of our interests in the Equipment and/or this Agreement without notice to you even if less than all the Payments have been assigned. In that event, the assignee (the "Assignee") will have such rights as we assign to them but none of our obligations (we will keep those obligations) and the rights of the Assignce will not be subject to any claims, defenses or set-offs that you may have against us. No assignment to an Assignce will release Ricoh from any obligations Ricoh may have to you hereunder. The Maintenance Agreement (as defined below) you have entered into with a Servicer (as defined below) will remain in full force and effect with Servicer and will not be affected by any such assignment. You acknowledge that the Assignce did not manufacture or design the Equipment and that you have selected the Manufacturer, the Servicer and the Equipment based on your own judgment.

- 4. <u>Software or Intangibles</u>. To the extent that the Equipment includes Software, you understand and agree that we have no right, title or interest in the Software and you will comply throughout the term of this Agreement with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Effective Date (as defined below).
- Taxes and Filing Costs. In addition to the payments under this Agreement, you 5. agree to pay all taxes, assessments, fees and charges governmentally imposed upon our purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment. If we are required to file and pay property tax, you agree at our discretion, to either: (a) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (b) remit to us each billing period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the billing period sum includes a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the term of this Agreement. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Property Tax Administrative Fee" in an amount not to exceed the greater of 10% of the invoiced property tax amount or \$10 each time such tax is invoiced during the term of this Agreement, not to exceed the maximum amount permitted by applicable law. The Property Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year during the term of this Agreement to reflect our increased cost of administration and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. If we are required to pay upfront sales or use tax and you opt to pay such tax over the term of this Agreement and not as a lump sum at inception of this Agreement, then you agree to pay us a "Sales Tax Administrative Fee" equal to 3,5% of the total tax due per year. Sales and use tax, if applicable, will be charged until a valid sales and use tax exemption certificate is provided to us.
- 6. Uniform Commercial Code ("UCC") Filing. To protect our rights in the Equipment in the event this Agreement is determined to be a security agreement, you hereby grant to us a security interest in the Equipment, and all proceeds, products, rents or profils from the sale, casually loss or other disposition thereof. You authorize us to file a copy of this Agreement as a financing statement, and you agree to promptly execute and deliver to us any financing statements covering the Equipment that we may reasonably require; provided, however, that you hereby authorize us to file any such financing statement without your authentication to the extent permitted by applicable law.
- 7. Warranties. We transfer to you, without recourse, for the term of this Agreement, any written warranties made by the Manufacturer or the Software Supplier with respect to the Equipment. YOU ACKNOWLEDGE THAT YOU HAVE SELECTED THE EQUIPMENT BASED ON YOUR OWN JUDGMENT AND YOU HEREBY AFFIRMATIVELY DISCLAIM RELIANCE ON ANY ORAL REPRESENTATION CONCERNING THE EQUIPMENT MADE TO YOU. WE MAKE NO WARRANTY, EXPRESS, OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, BUT

NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AS TO US AND OUR ASSIGNEE, YOU RENT THE EQUIPMENT "AS-IS."

- 8. <u>Maintenance of Our Equipment</u>. You agree to install (if required), use and maintain the Equipment in accordance with Monufacturers' specifications and to use only those supplies which meet such specifications. You shall engage Ricoh, its subsidiaries or affiliates, or an independent third party (the "Servicer") to provide maintenance services pursuant to a separate agreement for such purpose ("Maintenance Agreement"). You will keep the Equipment in good condition, except for ordinary wear and tear.
- Indemnity, Liability and Insurance. To the extent not prohibited by applicable law, you agree to indemnify us, defend us and hold us harmless from all claims arising out of the death or bodily injury of any person or the damage, loss or destruction of any tangible property caused by or to the Equipment, except to the extent caused by our gross negligence or willful misconduct. Notwithstanding anything to the contrary, in no event shall we be liable to you for any indirect, special or consequential damages. You are responsible for any theft of, destruction of, or damage to the Equipment from any cause at all, whether or not insured, from the time of Equipment delivery to you until it is delivered to us at the end of the term of this Agreement. You agree to maintain insurance to cover the Equipment for all types of loss, including, without limitation, theft, in an amount not less than the full replacement value, and you will name us as an additional insured and loss payce on your insurance policy. In addition, you agree to maintain comprehensive public liability insurance which, upon our request, shall be in an amount acceptable to us and shall name us as an additional insured. Such insurance will provide that we will be given thirty (30) days advance notice of any cancellation. Upon our request, you agree to provide us with evidence of such coverage in a form reasonably satisfactory to us. If you fail to maintain such insurance or to provide us with evidence of such insurance, we may (but are not obligated to) obtain insurance in such amounts and against such risks as we deem necessary to protect our interest in the Équipment. Such insurance obtained by us will not insure you against any claim, liability or loss related to your interest in the Equipment and may be cancelled by us at any time. You agree to pay us an additional amount each month to reimburse us for the insurance premium and an administrative fee, on which we or our affiliates may earn a profit. In the event of loss or damage to the Equipment, you agree to remain responsible for the payment obligations under this Agreement until the payment obligations are fully satisfied.
- <u>Renewal and Return of Equipment</u> AFTER THE MINIMUM TERM OR ANY EXTENSION, THIS AGREEMENT WILL AUTOMATICALLY RENEW ON A MONTH-TO-MONTH BASIS UNLESS EITHER PARTY 10. NOTIFIES THE OTHER IN WRITING AT LEAST THIRTY (30) DAYS, BUT NOT MORE THAN ONE HUNDRED TWENTY (120) DAYS, PRIOR TO THE EXPIRATION OF THE MINIMUM TERM OR EXTENSION; PROVIDED, HOWEVER, THAT AT ANY TIME DURING ANY MONTH-TO-MONTH RENEWAL, WE HAVE THE RIGHT, UPON THIRTY (30) DAYS NOTICE, TO DEMAND THAT YOU RETURN THE EQUIPMENT TO US IN ACCORDANCE WITH THE TERMS OF THIS SECTION 10. Notwithstanding the foregoing, nothing herein is intended to provide, nor shall be interpreted as providing, (x) you with a legally enforceable option to extend or renew the terms of this Agreement, or (y) us with a legally enforceable option to compel any such extension or renewal. At the end of or upon termination of this Agreement, you will immediately return the Equipment to the location designated by us, in as good condition as when you received it, except for ordinary wear and tear. You will bear all shipping, de-installing, and crating expenses and will insure the Equipment for its full replacement value during shipping. You must pay additional monthly Payments at the same rate as then in effect under this Agreement, until the Equipment is returned by you and is received in good condition and working order by us or our designees. Notwithstanding anything to the contrary set forth in this Agreement, the parties acknowledge and agree that we shall have no obligation to remove, delete, preserve, maintain or otherwise safeguard any information, images or content retained by or resident in any Equipment rented by you hereunder, content retained by or resident in any Equipment rented by you heretunder, whether through a digital storage device, hard drive or other electronic medium ("Data Management Services"). If desired, you may engage Ricoh to perform Data Management Services at then-prevailing rates. You acknowledge that you are responsible for ensuring your own compliance with legal requirements in connection with data retention and protection and that we do not provide legal advice or represent that the Equipment will autorate compliance with east advice or represent that the Equipment will guarantee compliance with such requirements. The selection, use and design of any Data Management Services,

06/11/2015 21:09 PM LSEADD C-IMP 07.13 17074922 Ricoh[®] and the Ricoh Logo are registered trademarks of Ricoh Company, Ltd. and any decisions arising with respect to the deletion or storage of data, as well as the loss of any data resulting therefrom, shall be your sole and exclusive responsibility.

- Payments. Payments will begin on the Equipment delivery and acceptance date ("Effective Date") and the first payment will be due in arrears thirty (30) days after the Effective Date or such later date as we may designate. The remaining payments are due on the same day of each subsequent month (unless otherwise specified on page 1 hereof). You agree to pay us each payment when it is due, and if any payment is not received within ten (10) days of its due date, you agree to pay a one-time late charge of 5% or \$5 (whichever is greater, but not to exceed the maximum amount allowed by applicable law) on the overdue amount. You also agree to pay all shipping and delivery costs associated with the ownership or use of the Equipment, which amounts may be included in your payment or billed separately. You also agree to pay \$25 for each check returned for insufficient funds or any other reason. You agree that you will remit Payments to us in the form of company checks (or personal checks in the case of sole proprietorships), direct debit or wires only. You also agree that cash and cash equivalents are not acceptable forms of Payment for this Agreement and that you will not remit such forms of payment to us. Payment in any other form may delay processing or be returned to you. Furthermore, only you or your authorized agent as approved by us will remit Payments to us.
- 12. <u>Default and Remedies</u>. Each of the following is a "Default" under this Agreement: (a) you fail to pay any amount within thirty (30) days of its due date, (b) any representation or warranty made by you in this Agreement is false or incorrect and/or you do not perform any of your other obligations under this Agreement and/or under any other agreement with us or with any of our affiliates and this failure continues for thirty (30) days after we have notified you of it, (c) a petition is filed by or against you or any guarantor under any bankruptcy or insolvency law or a trustee, receiver or liquidator is appointed for you, any guarantor or any substantial part of your assets, (d) you or any guarantor makes an assignment for the benefit of creditors, (c) any guarantor dies, stops doing business as a going concern or transfers all or substantially all of such guarantor's assets, or (f) you stop doing business as a going concern or transfer all or substantially all of your assets. If a Default occurs, we have the right to exercise any and all legal remedies available to us by applicable laws, including those set forth in Article 2A of the UCC. YOU WAIVE ANY AND ALL RIGHTS AND REMEDIES AS A CUSTOMER OR LESSEE THAT YOU HAVE UNDER ARTICLE 2A OF THE UCC AGAINST US (BUT NOT AGAINST THE MANUFACTURER). Additionally, we are entitled to all past due payments, and we may accelerate and require you to immediately pay us the future payments due under the Agreement present valued at the discount rate of 3% per year to the date of default plus the present value (at the same discount rate) of our anticipated value of the Equipment at the end of the term of this Agreement, and we may charge you interest on all amounts due us from the date of default until paid at the rate of 1.5% per month, but in no event more than the maximum rate permitted by applicable law. We may repossess the Equipment (and, with respect to any Software, (i) immediately terminate your right to use the Software including the disabling (on-site or by remote communication) of any Software; (ii) demand the immediate return and obtain possession of the Software and re-license the Software at a public or private sale; and/or (iii) cause the Software Supplier to terminate the Software License, support and other services under the Software License), and pursue you for any deficiency balance after disposing the Equipment, all to the extent permitted by law. You waive the rights you may have to notice before we seize any of the Equipment. You agree that all rights and remedies are cumulative and not exclusive. You promise to pay reasonable attorneys' fees and any cost associated with any action to enforce this Agreement. This action will not void your responsibility to maintain and care for the Equipment. If we take possession of the Equipment (or any Software, if applicable), we agree to sell or otherwise dispose of it under such terms as may be acceptable to us in our discretion with or without notice, at a public or private disposition, and to apply the net proceeds (after we have deducted all costs, including reasonable attorneys' fees) to the amounts that you owe us. You will remain responsible for any deficiency that is due after we have applied any such net proceeds.
- 13. <u>Business Agreement and Choice of Law</u> YOU AGREE THAT THIS AGREEMENT WILL BE GOVERNED UNDER THE LAW FOR THE COMMONWEALTH OF PENNSYLVANIA. YOU ALSO CONSENT TO THE VENUE AND NON-EXCLUSIVE JURISDICTION OF ANY COURT LOCATED IN EACH OF THE COMMONWEALTH OF PENNSYLVANIA

AND THE STATE WHERE YOUR PRINCIPAL PLACE OF BUSINESS OR RESIDENCE IS LOCATED TO RESOLVE ANY CONFLICT UNDER THIS AGREEMENT. WE BOTH WAIVE THE RIGHT TO TRIAL BY JURY IN THE EVENT OF A LAWSUIT. TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ASK TO SEE IDENTIFYING DOCUMENTS.

14. No Waiver or Set Off: Entire Agreement; Delivery & Acceptance Certificate. You agree that our delay, or failure to exercise any rights, does not prevent us from exercising them at a later time. If any part of this Agreement is found to be invalid, then it shall not invalidate any of the other parts and the Agreement shall be modified to the minimum extent as permitted by law. ALL PAYMENTS TO US ARE 'NET' AND UNCONDITIONAL AND ARE NOT SUBJECT TO SET OFF, DEFENSE, COUNTERCLAIM OR REDUCTION FOR ANY REASON, ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE. YOU AGREE THAT THE TERMS AND CONDITIONS CONTAINED IN THIS AGREEMENT REPRESENT THE ENTIRE AGREEMENT BETWEEN YOU AND US AND SUPERSEDE ALL PRIOR WRITTEN OR ORAL COMMUNICATIONS, UNDERSTANDINGS OR AGREEMENTS. Neither of us will be bound by any amendment, waiver, or other change unless agreed to in writing and signed by both. Any purchase order, or other ordering documents will not modify or affect this Agreement, nor have any other legal effect and shall serve only the purpose of identifying the Equipment ordered. You agree to sign and return to us a delivery and acceptance certificate (which, at our request, may be done electronically) within three (3) business days after any Equipment is installed.

15. Image Charges/Meters. In return for the Minimum Payment, you are entitled to use the number of Guaranteed Minimum Images as specified in the Payment Schedule of this Agreement. The Meter Reading/Billing Frequency is the period of time (monthly, quarterly, etc.) for which the number of images used will be reconciled. If you use more than the Guaranteed Minimum Images during the selected Meter Reading/Billing Frequency period, you will pay additional charges at the applicable Cost of Additional Images as specified in the Payment Schedule of this Agreement for images, black and white and/or color, which exceed the Guaranteed Minimum Images ("Additional Images"). The charge for Additional Images is calculated by multiplying the number of Additional Images times the applicable Cost of Additional Images. The Meter Reading/Billing Frequency may be different than the Minimum Payment Billing Frequency as specified in the Payment Schedule of this Agreement. You will provide us or our designee with the actual meter reading(s) by submitting meter reads electronically via an automated meter read program, or in any other reasonable manner requested by us or our designee from time to time. If such meter reading is not received within seven (7) days of either the end of the Meter Reading/Billing Frequency period or at our request, we may estimate the number of images used. Adjustments for estimated charges for Additional Images will be made upon receipt of actual meter reading(s). Notwithstanding any adjustment, you will never pay less than the Minimum Payment.

16. <u>Ricoh Service Commitments: Counterparts: Facsimiles.</u> You acknowledge and agree that the Ricoh service commitments included on the "Image Management Plus Commitments" page attached to this Agreement (collectively, the "Commitments") are separate and independent obligations of Ricoh governed solely by the terms set forth on such page. They do not represent obligations of any Assignee of this Agreement and are not incorporated herein by reference. You agree that Ricoh alone is the party to provide all such services and is directly responsible to you for all of the Commitments. We are or, if applicable, our Assignee will be the party responsible for financing and billing this Agreement including, but not limited to, the portion of your payments under this Agreement that reflects consideration owing to Ricoh in respect of its performance of the Commitments. Accordingly, you and we expressly agree that Ricoh is an intended third party beneficiary of your payment obligations

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國用現象程序内弦积另图另批項圖目目

hereunder. This Agreement may be executed in counterparts. The counterpart that has our original signature and/or is in our possession or control shall
constitute chattel paper as that term is defined in the UCC and shall constitute
the single true original agreement for all purposes. If you sign and transmit this
Agreement to us by facsimile or by other electronic transmission, the facsimile or other electronic transmission of this Agreement, upon execution by us
(manually or electronically, as applicable), shall be binding upon the parties.
You authorize us to supply any missing "configure to order" number ("CTO"), other equipment identification numbers (including, without limitation, serial numbers), agreement identification numbers and/or dates in this Agreement.
You agree that the facsimile or other electronic transmission of this Agreement containing your facsimile or other electronically transmitted signature, which is manually or electronically signed by us shall constitute the original agreement
for all purposes, including, without limitation, those outlined above in this
Section, You agree to deliver to us upon our request the counterpart of the Agreement containing your original manual signature.

17. <u>Miscellaneous</u>. It is the intent of the parties that this Agreement shall be deemed and constitutes a "finance lease" as defined under and governed by Article 2A of the UCC. You acknowledge that you have not been induced to enter into this Agreement by any representation or warranty not expressly set forth in this Agreement. This Agreement is not binding on us until we sign it. It

is the express intent of the parties not to violate any applicable usury laws or to exceed the maximum amount of time price differential or interest, as applicable, permitted to be charged or collected by applicable law, and any such excess payment will be applied to Payments in the order of maturity, and any remaining excess will be refunded to you. Each of our respective rights and indemnifies will survive the termination of this Agreement. We make no representation or warranty of any kind, express or implied, with respect to the legal, tax or accounting treatment of this Agreement and you acknowledge that we are an independent contractor and not your fiduciary. You will obtain your own legal, tax and accounting advice related to this Agreement and make your own determination of the proper accounting treatment of this Agreement. We may receive compensation from the Manufacturer or supplier of the Equipment in order to enable us to reduce the cost of providing the Equipment to you under this Agreement below what we otherwise would charge. If we received such compensation, the reduction in the cost of providing the Equipment is reflected in the Minimum Payment specified herein. You authorize us, our agent and/or our Assignce to obtain credit reports and make credit inquiries regarding you and your financial condition and to provide your information, including payment history, to our Assignee and third parties having an economic interest in this Agreement or the Equipment. You agree to provide updated annual and/or quarterly financial statements to us upon request.

PERSONAL GUARANTY In consideration of Ricob USA, Inc. entering into the above Agreement, I unconditionally guarantee that the Customer will make all payments and pay all other charges required under such Agreement when they are due, and that the Customer will perform all other obligations under the Agreement fully and promptly. I also agree that Ricoh USA, Inc. or its Assignee may modify the Agreement or make other arrangements with the Customer, and I will still be responsible for those payments and other obligations under the Agreement. I agree that Ricoh USA, Inc. or its Assignee that Ricoh USA, Inc. or its Assignee need not notify me of any default under the Agreement and may proceed directly against me without first proceeding against the Customer or the Equipment, in which event, I will pay all amounts due under the terms of the Agreement. In addition, I will reimburse Ricoh USA, Inc. or its Assignee, as applicable, for any costs or reasonable attorneys' fees incurred in enforcing its rights. This continuing guaranty is a guaranty of payment and not of collection. I CONSENT TO THE VENUE AND NON-EXCLUSIVE JURISDICTION OF ANY COURT LOCATED IN EACH OF THE COMMONWEALTH OF PENNSYLVANIA AND THE STATE WHERE MY PRINCIPAL PLACE OF BUSINESS OR RESIDENCE IS LOCATED TO RESOLVE ANY CONFLICT UNDER THIS GUARANTY.

Date:	Home Address
Guarantor Signature Kichand C. Heatthe G-18-15	City:
(Printed Name of Guarantor, Do Nol Include Title) RECHARD C. HERTH	() Home Phone

ity:	State:	Zip:

Accepted by RICOH USA, INC .:

X

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title

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國川 战时 的名为法、创行的东战等国川

RICOH

Ricoh USA, Inc. 70 Valley Stream Parkway Malvern, PA 19355

RICOHUSA, INC. IMAGE MANAGEMENT PLUS COMMITMENTS

The below service commitments (collectively, the "Service Commitments") are brought to you by Ricoh USA, Inc., an Ohio corporation having its principal place of business at 70 Valley Stream Parkway, Malvem, PA 19355 ("Ricoh"). The words "you" and "you" refer to you, our customer. You agree that Ricoh alone is the party to provide all of the services set forth below and is fully responsible to you, the customer, for all of the Service Commitments. Ricoh or, if Ricoh assigns the Image Management Plus Agreement to which these Service Commitments are attached, Risch's assigned is the party responsible for financing and billing the Image Management Plus Agreement. The Service Commitments are autored, described in the Image Management Plus Agreement to which these Service Commitments are attached, excluding facsimile machines, single-function and wide format printers and production units. The Service Commitments are effective on the date the Equipment is accepted by you and apply during Ricoh's normal business hours, excluding weekends and Ricoh recognized holidays. They remain in effect for the Minimum Term so long as no ongoing default exists on your part.

TERM PRICE PROTECTION

The Image Management Minimum Payment and the Cost of Additional Images, as described on the Image Management Plus Agreement, will not Increase in price during the Minimum Term of the Image Management Plus Agreement, unless agreed to in writing and signed by both parties. EQUIPMENT SERVICE AND SUPPLIES

Ricoh will provide full coverage maintenance services, including replacement parts, drums, labor and all service calls, during Normal Business Hours. Normal Business Hours' are between 8:00 a.m. and 5:00 p.m., Monday to Friday excluding public holidays. Ricoh will also provide the supplies required to produce images on the Equipment covered under the Image Management Plus Agreement (other than non-metered equipment and soft-metered Equipment). The supplies will be provided according to manufacturer's specifications. Ricoh reserves the right to assess a reasonable charge for supply shipments, including overnight delivery. If Ricch determines that you have used The supply singularity in the manufacturer's recommended specifications, you will pay reasonable charges for those excess supplies and/or Ricch may refuse you additional supply shipments. Optional supply items such as paper, staples and transparencies are not included. RESPONSE TIME COMMITMENT

Ricch will provide a quarterly average response time of 2 to 6 business hours for all service calls located within a 30-mile radius of any Ricch office, and 4 to 8 business hours for service calls located within a 31-60 mile radius for the term of the Image Management Plus Agreement. Response time is measured in aggregate for all Equipment covered by the Image Management Plus Agreement

UPTIME PERFORMANCE COMMITMENT

Roch will service the Equipment to be Operational with a quarterly uptime average of 96% during Normal Business Hours, excluding preventative and interim maintenance time. Downtime will begin at the time you place a service call to Ricoh and will end when the Equipment is again Operational. You agree to make the Equipment available to Ricch for scheduled preventative and information maintenance. You further agree to give Ricch advance notice of any critical and specific uptime needs you may have so that Ricch can schedule with you interim and preventative maintenance in advance of such needs. As used in these Service Commitments "Operational" means substantial compliance with the manufacturer's specifications and/or performance standards and excludes Culturated with the interactive actions. Customary end-user corrective actions. IMAGE VOLUME FLEXIBILITY AND EQUIPMENT ADDITIONS

At any time after the expiration of the initial ninety day period of the original term of the image Management Plus Agreement to which these Service Commitments relate, Ricoh will, upon your request, review your image volume. If the Image volume has moved upward or downward in an request, tories you may come an alternative plan, Ricch will present pricing options to amount sufficient for you to consider an alternative plan, Ricch will present pricing options to conform to a new Image volume. If you agree that additional equipment is required to satisfy your increased image volume requirements, Ricoh will include the equipment in the pricing options. The addition of equipment and/or increases/decreases to the Guaranteed Minimum Images requires an amendment ("Amendment") to the Image Management Plus Agreement that must be agreed to and signed by both parties to the Image Management Plus Agreement. The term of the Amendment may extend the remaining term of the existing Image Management Plus Agreement but may extend the remaining term of the existing Image Management Plus Agreement for up to an Exhibition and the statistical and the catalong initiate management in the statistical additional 60 months, Adjustments to the Guaranteed Minimum Images commitment and/or the addition of equipment may result in a higher or lower minimum payment. Images decreases are limited to 25% of the Guaranteed Minimum Images in effect at the time of Amendment.

EQUIPMENT AND PROFESSIONAL SERVICES UPGRADE OPTION

At any time after the expiration of one-half of the original term of the Image Management Plus Agreement to which these Service Commitments relate, you may reconfigure the Equipment by adding, exchanging, or upgrading to an Item of Equipment with additional features or enhanced technology. A new Image Management Plus Agreement or Amendment must be agreed to and signed by the parties to the Image Management Plus Agreement for a term not less than the remaining term of the existing Image Management Plus Agreement but may, in the case of an Amendment, extend the remaining term of the existing Image Management Plus Agreement for up to an additional 60 months. The Cost of Additional Images and the Minimum Payment of the new Image Management Plus Agreement will be based on any obligations remaining on the Equipment, the added equipment and new image volume commitment. Your Ricch Account Executive will be pleased to work with you on a Technology Refresh prior to the end of your Image Management Plus Agreement

PERFORMANCE COMMITMENT

Ricoh is committed to performing these Service Commitments and agrees to perform its services in a manner consistent with the applicable manufacturer's specifications. If Ricoh fails to meet any Service Commitments and in the unlikely event that Ricoh is not able to repair the Equipment in your office, Ricoh, at Ricoh's election, will provide to you either the delivery of a temporary loaner, for use

while the Equipment is being repaired at Ricoh's service center, or Ricoh will replace such Equipment will comparable Equipment of equal or greater capability at no additional charge. These are the exclusive remedies available to you under the Service Commitments, Customer's exclusive remedy shall be for Ricoh to re-perform any Services not in compiliance with this warranty and brought to Ricoh's attention in writing within a reasonable time, but in no event more than 30 days after such Services are performed. If you are dissalisfied with Ricch's performance, you must send a registered letter outlining your concerns to the address specified below in the "Quality Assurance" section. Please allow 30 days for resolution

ACCOUNT MANAGEMENT

Your Ricch sales professional will, upon your request, be pleased to review your equipment performance metrics on a quarterly basis and at a mutually convenient date and time. Ricch will follow up within 8 business hours of a call or e-mail to one of Ricch's account management team members requesting a metrics review. Ricch will upon your request, be pleased to annually review your business environment and discuss ways in which Ricch may improve efficiencies and reduce costs relating to your document management processes. QUALITY ASSURANCE

Please send all correspondence relating to the Service Commitments via registered letter to the Quality Assurance Department localed at: 3920 Arkwright Road, Macon, GA 31210, Attn: Quality Assurance. The Quality Assurance Department will coordinate resolution of any performance Issues Concerning the above Service Commitments with your local Ricoh office. If eliter of the Response Time or Uptime Performance Commitments is not met, a one-time credit equal to 3% of your Minimum Payment invoice total will be made available upon your request. Credit requests must be made in writing via registered letter to the address above. Ricoh is committed to responding to any questions regarding invoiced amounts for the use of the Equipment relating to the Agreement within a 2 day timeframe. To ensure the most timely response please call 1-888-275-4566. MISCELLANEOUS

These Service Commitments do not cover repairs resulting from misuse (including without limitation improper voltage or environment or the use of supplies that do not conform to the manufacturer's specifications), subjective matters (such as color reproduction accuracy) or any other factor beyond the reasonable control of Ricoh. Ricoh and you each acknowledge that these Service Commitments represent the entire understanding of the partles with respect to the subject matter hereof and that your sole remedy for any Service Commitments not performed in accordance with the foregoing is as set forth under the section hereof entitled "Performance Commitment". The Service Commitments made herein are service and/or maintenance warranties and are not product warranties, Except as expressly set forth herein, Ricoh makes no warranties, express or implied, including any implied warranilies of merchantability, filness for use, or filness for a particular purpose, in no event shall Warranges of interchantability, interess to dee to interess to a particular particular particular particular. Ricch be liable to you for any damages resulting from or related to any failure of any software, including, but not limited to, loss of data or delay of delivery of services under these Service Commitments. Neither party hereto shall be liable to the other for any consequential, indirect, punitive or special damages. Customer expressly acknowledges and agrees that, in connection with the security or accessibility of Information stored in or recoverable from any Equipment provided or serviced by Ricoh, Customer Is solely responsible for ensuring its own compliance with legal requirements or obligations to third parties pertaining to data security, retention and protection. To the extent allowed by law Customer shall Indemnify and hold harmless Ricoh and its subsidiaries, directors, officers, employees and agents from and ageinst any and all costs, expenses, liabilities, chains, damagas, losses, judgments or fees (including reasonable altomest) fees) arising from its railure to compty with any such legal requirements or obligations. These Service Commitments shall be governed according to the taws of the Commonwealth of Pennsylvania without regard to its conflicts of law principles. These Service Commitments are not assignable by the Customer. Unless otherwise stated in your implementation Schedule, your Equipment will ONLY be serviced by a "Ricch Certified Technician". If any software, system support or related connectivity services are included as part of these Service Commitments as determined by Ricch, Ricch shall provide any such services at your location set forth in the Image Management Plus Agreement as applicable, or on a remote basis. You shall provide Ricoh with such access to your facilities, networks and systems as may be reasonably necessary for Ricoh to perform such services. You acknowledge and systems as may be reactined, increasing on reaching of the billion or on wheth the environment of an agree that, in connection with its performance of its obligations under these Service Commitments, Ricoh may place automated meter reading units on imaging devices, including but not limited to the Equipment, at your location in order to facilitate the timely and efficient collection of accurate meter read data on a monthly, quarterly or annual basis. Ricoh agrees that such units will be used by Ricoh solely for such purpose. Once transmitted, all meter read data shall become the sole property of Ricoh and will be ublized for billing purposes.

06/11/2015 21:09 PM ESEADD C-IMPC 07.13

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State of Connecticut Annual Report of Long-Term Care Facility CSP-7 Rev. 6/95

General Information and Questionnaire

Accounting Basis

Report for Year Ended	Page of 7 37
to report word maintained on the renowing basi	
STATE STATE	
If "No," explain.	
29 South Main St., PO Box 2720	000, West Hartford, CT 06127-2000
	and and an and a second second
	\$ 10,100
	\$ 6,200
	\$ 20,313
	<u> </u>
	Charge for Services Provided
	\$ 36,613
ort? If Yes, Specify Expense Classification and Line No.	
	Telephone Number
	860-424-4300
	000 121 1500
	4
	\$ 3,592
	\$
	\$
	\$
	\$
	Charge for Services Provided
	Charge for Services Provided \$ 3,592
Nort? If Yes, Specify Expense Classification and Line No.	
	9/30/2015 is report were maintained on the following basi If "No," explain.

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

Schedule of Resident Statistics

	ame of Facility nurch Home of Hartford, Inc. (DBA Seabury)	License 1 2	No. 103C	Report for Year Ended 9/30/2015							of 37		
						I	Period 10/	/30	Period 7/1 Thru 9/30			30	
		Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1.	Certified Bed Capacity A. On last day of PREVIOUS report period	96	60		36	96	60		36	96	60		36
	B. On last day of THIS report period	96	60		36	96	60		36	96	60		. 36
2.	Number of Residents A. As of midnight of PREVIOUS report period	89	56		33	89	56		33	90	55		35
	B. As of midnight of THIS report period	90	59		31	90	55		35	90	59		31
3.	Total Number of Days Care Provided During Period A. Medicare	1,876	1,876			1,380	1,380			496	496		
	B. Medicaid (Conn.)	5,253	5,253			3,883	3,883			1,370	1,370		
	C. Medicaid (other states)												
	D. Private Pay	9,721	4,586		5,135	7,373	3,389		3,984	2,348	1,197		1,151
	E. State SSI for RCH	5,395			5,395	3,996			3,996	1,399			1,399
	F. Other (Specify) CCC / PRIVATE INSURANCE	10,917	9,165		1,751	8,222	6,931		1,291	2,695	2,235		460
	G. Total Care Days During Period (3A thru F)	33,162	20,881		12,281	24,854	15,583		9,271	8,308	5,298		3,010
4.	Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days	1	6		77	5	5			78	1		77
	B. Other Bed Reserve Days	237	121		116	211	102		109	26	19		7
5.	Total Resident Days (3G + 4A + 4B)	33,482	21,008		12,474	25,070	15,690		9,380	8,412	5,318		3,094

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

Name of Fa Church Hor		tford, Inc	. (DBA Seabur		nse No. 103C				Report	t for Year 9/30/201			Page 9	of 37
		12723	in the certified lowing informa		pacity du	iring t	he repo	ort yea	r?	0	Yes	٥	No	
		Place of		I	C	nange	in Bed	s		Ca	pacity Aft	er Change	T	a a - à.
			Residential										1	
Date of	CCNH	RHNS	Care Home		Lost			Gained	1					
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHINS	Residential Care Home	Reason 1	for Change
				+		<u> </u>								
														<u></u>
			n certified bed 00 days followin		5	; the re	eport ye	ear (as	report	ed in item	14 above)	provide the nur	mber of	
1st cha	100	127-12	Change in R	esiden	t Days					cc	NH	RHINS	Residential	Care Home
2nd ch					•/ •/•*									
3rd cha								1992 1993		dia and				
4th cha													L	
6. Numbe	r of Resic	lents and	Rates on Septe	ember :			ır	—		Ca	If Day		Othon Eta	te Assisted
		-	Medicare		Media	cald				Se	lf-Pay		Other Sta	le Assisted
	Item		CCNH	C	CNĤ	RF	INS	СС	NH	RH	NS	Residential Care Home	R.C.H.	ICF-MR
No. of	Residents	1	7		16		-		36			18	13	
	em Rate					e l								
and the second se	bed rm.		PPS		228.90				452.00			168.00	137.91	
	bed rms.	10.2 A.											and the second second	-
	ee or more I rms.	a		_										
		Physical	1 Therapy Treat	ments						TO	ΓAL	CCNH	RHNS	Residential Care Home
A	. Medica	are - Part	В								1,391	1,391		
E	1. Mai	ntenance	usive of Part B) Treatments											
	2. Rest C. Other	orative 1	Freatments					<u> </u>			5,465	5,465	· · · · · · · · · · · · · · · · · · ·	
		hvsical'	Therapy Treatr	ments							6,856	6,856	-	
			Therapy Treatm					_						
A	, Medica	re - Part	В							terest and a second second second	166	166	- Constant Management and Andread	and an and a second
B	1. Main	ntenance	usive of Part B) Treatments											
<u>(</u>	2. Rest	corative 1	Freatments		<u> </u>						260	260		
		peech T	herapy Treatm	ents							426	426		
			tional Therapy		ents		15	***						
А	. Medica	re - Part	В			10			12	and consideration	885	885		
В	. Medica	id (Exclu	usive of Part B)								107 Yes 24 24			
			Treatments	100		<u></u>		<u> </u>					07) d	
C	2. Rest	orative 1	Freatments					_			5,470	5,470		
C	Total C	Counatio	onal Therapy T	reatm	ents						6,355	6,355		

Schedule of Resident Statistics (Cont'd)

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

Report of Expenditures - Salaries & Wages

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C		Report for Yo 9/30/2015	ear Ended	Page 10	of 37
and the second s		0	Yes) No	31
Are time records maintained by all individuals receiving co	mpensation/				0 100	
	and Hours	s				
					Residential	
Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*		Thomas and	Ring	a line and a		110th 3
1. Operators/Owners (Complete also Sec. I						all and state
of Schedule A1)	82,914	585			19,833	14
2. Administrator(s) (Complete also Sec. III					1. 1. 1. 1. 1. 1. 1.	
of Schedule A1)	68,508	1,512			43,852	1,03
3. Assistant Administrator (Complete also Sec. IV						
of Schedule A1)			1			
4. Other Administrative Salaries (telephone						a de la
operator, clerks, receptionists, etc.)	118,740	5,116	Charles States and Alles	-	43,946	2,26
5. Dictary Service						
a. Head Dietitian						
b. Food Service Supervisor c. Dietary Workers	472,715	32,572			233,677	16,47
6. Housekeeping Service	414,115	32,312			233,077	10,47
a. Head Housekeeper	13,125	453	A DESCRIPTION OF THE OWNER		3,888	13
b. Other Housekeeping Workers	85,398	6,898		1	55,342	4,22
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	29,787	415			15,275	32
b. Other Maintenance Workers	50,206	2,538	PROVIDE COMPANY OF A		25,953	1,39
8. Laundry Service						
a. Supervisor					10.011	
b. Other Laundry Workers	83,470	6,337			19,743	1,41
9. Barber and Beautician Services 10. Protective Services	77,492	4,515			28,414	1,65
11. Accounting Services	11,472	4,515			20,414	1,05
a. Head Accountant	1940年前6月19日前3月19日1日 1941年前月19日前3月19日前3月19日 1941年前月19日前3月19日前3月19日前月19日前月19日 1941年前月19日前月19日前3月19日前3月19日前月19日前月19日前月19日前月19日前月19日前月19日					
b. Other Accountants	150,588	4,234	1		36,021	1,01
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	149,159	3,604			39,744	96
b. RN	States and search					
1. Direct Care	698,131	17,949	and the second second second		63,305	1,62
2. Administrative**	229,502	3,709			29,062	47
c. LPN						
1. Direct Care	190,402	6,062			33,842	1,38
2. Administrative** d. Aides and Attendants	994,991	66,109			407,212	25,21
e. Physical Therapists	994,991	00,109			407,212	23,21
f. Speech Therapists					1	
g. Occupational Therapists					1	
h. Recreation Workers	119,680	6,237			102,812	5,30
i. Physicians						
1. Medical Director						
2. Utilization Review					1	
3. Resident Care*** 4. Other (Specify)	- States - States				Contract of Contract of Contract	and the second second
4. Other (Specify)	SECTION PROVIDENT				Contraction of the second second	
j. Dentists	1					
k. Pharmacists						
1. Podiatrists						
m. Social Workers/Case Management	46,269	1,860			5,859	23:
n. Marketing						
o. Other (Specify)				TOTAL ST		
See Attached Schedule	233,279	7,672			51,048	1,89
A-13. Total Salary Expenditures	3,894,356	178,377			1,258,828	67,150

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

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and

Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

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

Church Home of Hartford, Inc. (DBA Seabury) 9/30/2015

Attachment Page 10/13

Schedule of Other Salaries and Wages (Page 10)

	CC	NH	RI	INS	Residential Care Home		
Position	\$	Hours	\$	Hours	S	Hours	
Internal Technology	\$ 37,471	1,079			\$ 8,963	258	
Human Resources	\$ 62,839	1,812			\$ 15,031	433	
Chaplain and Holistic Medicine	\$ 60,293	1,603			\$ 7,635	203	
Scheduler	\$ 37,169	1,645			\$ 4,088	181	
Medical Records 🛲	\$ 35,507	1,533			\$ 5,208	225	
Medical Clerk				Sector Sector	\$ 10,123	591	
	Statute and a		Bardsubaryawa			ANS ALL SALL	
					e horristanista interes		
				HARMAN CONT			
			Solowing States		ANS ACCESS		
	le missione de la company		1. THE PARTY OF	STATISTICS OF			
	Charles and the state of the				Stephen and	NICE STRATE	
	In second state						
						B. C. L. S. S.	
						NAMES OF T	
		Association (Second				ANNAL AND	
			1. Water and the second second	Assault Month			
Fotal	\$ 233,279	7,672	\$	Santa (1924)	\$ 51,048	1,891	

Schedule of Other Fees (Page 13)

	CC	NH	RI	INS	Residential Care Home		
Service	\$	Hours	\$	Hours	S	Hours	
				Sandrada (
	and the second second				Market States		
	in and the state		and the second		120. A Shareda	0.00000000	
				MANNAL	(Selection of the selection of the selec		
		MARKENARY		100000000000000000000000000000000000000			
		Networks				pagaanig	
		9400-1448 1			and the second	15 Avraides	
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		aster and the			No. A Contraction		
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	Sector Sector		activities M				
			and the state				
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State of Connecticut Annual Report of Long-Term Care Facility CSP-11 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Facility	- (a)			License No.		Report for	Year Ended		Page	of
Church Home of Hartford, Inc. (D	2103C		9/30/2015			11	37			
	Salary Paid						territer (transferrer)			
Name	CCNH	RHINS	Residential Care Home		Full Description of	Total Hours Worked	Line Where Claimed on Page 10	Claimed on Name and Address of All		Compensation Received
Section I - Operators/Owners	10 12							16		12
Richard Heath	82,914		19,833	Vehicle and Deferred Compensation	Responsible for all operations of facilities	725	AI			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who										
are identified on Page 12).										
	-									

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

** Include all employment worked during the cost year.

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

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

Name of Facility (as licensed) Church Home of Hartford, Inc. (DE	A Seabury)			License No. 2103C		Report for Y 9/30/2015	ear Ended	Page 12	of 37
		Salary Pai	đ	Vience Henetite					
Name	CCNH	RHINS	Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Total Hours Worked	Compensation Received
Section Π - Administrators***									
Anne Erickson	68,508		25,119	Nondiscretionary	Administrator	2,067	A2		11
Emily Uguccioni			18,733	Nondiscretionary	Administrator - Meadows	478	A2		
Section IV - Assistant Administrators									
									х с
	-								

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

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 210		Report for Y 9/30/2015		Page 13	of 37
			Total Cost	and Hours		
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
B. Direct care consultants paid on a fee		Sec. 52				
for service basis in lieu of salary						
(For all such services complete Schedule B1)					Contraction of the second	
1. Dietitian	14,679	326		A MARCON COLORIDO INCLUENCE	1,859	4
2. Dentist		2				
3. Pharmacist	5,556	276			704	3
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other		~				
6. Social Worker						
7. Recreation Worker		e ar en er				
8. Physicians					A STATE OF A STATE OF A	Security Const
Research and the second s	00.767	020			0.000	
a. Medical Director (entire facility)	22,757	238			2,882	3
b. Utilization Review				1.11.0		
(Title 18 and 19 only) monthly meeting						
c. Resident Care**				Self-self-self-self-		Second Second Products
 Administrative Services facility Infection Control Committee (Quarterly meetings) 						
2. Pharmaceutical Committee (Quarterly meetings)						
 Staff Development Committee (Once annually) 						
e. Other (Specify) Psychiatrist	4,260	211			1,240	5′
9. Speech Therapist a. Resident Care		an da ar da				
b. Other						
10. Occupational Therapist a. Resident Care						
b. Other						.
11. Nurses and aides and attendants					THE REAL PROPERTY OF	
a. RN						
		States Parts				
1. Direct Care	Provide la raciante	2 2 2 2 2 2	a Broot and a		1	
2. Administrative***	Carrowin Station and a state		CONTRACTOR OF THE	www.com	2.4.00000000000000000000000000000000000	and the second
b. LPN						
1. Direct Care						
2. Administrative***	n					
c. Aides						
d. Other	-	And the second	Table and the second second			
12. Other (Specify) See Attached Schedule						
-13 Total Fees Paid in Lieu of Salaries	47,252	1,051			6,685	163

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

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

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-14 Rev. 6/95

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

Name of Facility Church Home of Hartford, Inc. (DBA Sea	bury) License No. 2103C		Report for Yea 9/30/2015	r Ended	Page 14	of 37		
Name & Address of Individual	Full Explanation of Service	Related* Operato Yes	* to Owners, ors, Officers No	Explanation of Relationship				
Traccy Luciani - Hartford Hospital	Dietician	0	0			11.4.9.6		
Partners Pharmacy	Pharmacist	0	0					
University Physicians	Medical Director	0	0					
Dr. Thelissa Harris	Psychiatric Services	0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
		0	0					
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	-	0	0			<u></u>		
		0	0					
		0	0					
		0	0					
		0	0					

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

State of Connecticut Annual Report of Long-Term Care Facility CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of FacilityLicense No.Church Home of Hartford, Inc. (DBA Seabury)2103C		Report for Y 9/30/2015	ear Ended	Page 15	of 37
Item		Total	CCNH	RHNS	Residentia Care Home
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$	114,891	81,231		33,660
2. Disability Insurance	\$	13,943			13,94
3. Unemployment Insurance	\$	26,383	18,607		7,77
4. Social Security (F.I.C.A.)	\$	392,850	297,150		95,700
5. Health Insurance	\$	649,288	474,064		175,224
6. Life Insurance (employees only)					
(not-owners and not-operators)	\$	3,486			3,480
7. Pensions (Non-Discriminatory)	\$	106,313	88,436		17,87
(not-owners and not-operators)	_				
8. Uniform Allowance	\$	1,648	1,371		27
9. Other (Specify)	\$	1,970	1,639		33
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and	\$	5,888	4,751		1,13
Profit Sharing Plans for Owners and					
Operators (Discriminatory)*					
Deferred Compensation Plan					
c. Bad Debts*	\$	49,965	24,696		25,269
d. Accounting and Auditing	\$	36,613	28,574		8,039
e. Legal (Services should be fully described on Page 7)	\$	3,592	2,899		693
f. Insurance on Lives of Owners and	\$				
Operators (Specify)*					
g. Office Supplies	\$	28,699	22,228		6,47
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$	18,784	15,158		3,620
2. Cellular Phones	\$	10,364	8,363		2,001
i. Appraisal (Specify purpose and	\$				
attach copy)*					
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)	1.8			and the second second	
1. Income*	\$			· · · · · · · · · · · · · · · · · · ·	
2. Other (Specify)	\$				
See Attached Schedule			Contraction of the second	Noticia:	
3. Resident Day User Fee	\$				
lubtotal	\$	1,464,677	1,069,167		395,510

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

(Carry Subtotals forward to next page)

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

Church Home of Hartford, Inc. (DBA Seabury) 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
HR Employee Physicals	\$ 1,639		\$ 331
Total	\$ 1,639	ß	\$ 331

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$	\$	\$

State of Connecticut Annual Report of Long-Term Care Facility CSP-16 Rev. 9/2002

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

Name of Facility	License No.		Report for Y	lear Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C		9/30/2015		16	37
Item			Total	CCNH	RHNS	Residentia Care Home
Subto	otals Brought Forwa	rd:	1,464,677	1,069,167		395,51
1. Travel and Entertainment						
1. Resident Travel and Entertainment		\$				
2. Holiday Parties for Staff		\$				×
3. Gifts to Staff and Residents		\$	7,250	5,828		1,422
4. Employee Travel		\$	24,748	19,947		4,801
5. Education Expenses Related to Seminars	and Conventions	\$	8,056	6,501		1,555
6. Automobile Expense (not purchase or dep	preciation)	\$				
7. Other (Specify)		\$				
See Attached Schedule						
m. Other Administrative and General Expenses						
1. Advertising Help Wanted (all such expension		\$	14,313	11,187		3,126
2. Advertising Telephone Directory (all such	n expenses)***	\$		-	_	
3. Advertising Other (Specify)***		\$				
See Attached Schedule						
4. Fund-Raising***		\$				
5. Medical Records		\$				N MARK
6. Barber and Beauty Supplies (if this servic		\$	6,459			6,459
directly and not by contract or fee for serv	vice)***					
7. Postage		\$	1,780	1,245		535
* 8. Dues and Membership Fees to Professiona	al	\$	6,052	4,884		1,168
Associations (Specify)						
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Nor	-Allowable Org.***	\$				-
9. Subscriptions		\$				
10. Contributions***		\$	558	450	Aug. 114 (21-2) (2	108
See Attached Schedule						
11. Services Provided by Contract (Specify an		\$	32,973	26,608		6,365
Schedule C-2, Page 21 for each firm or in	ndividual)			and the second second		
12. Administrative Management Services**		\$				
13. Other (Specify)		\$	34,274	27,103		7,171
See Attached Schedule						
C-14 Total Administrative & General Expenditure	25	\$	1,601,140	1,172,920		428,220

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

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

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

Church Home of Hartford, Inc. (DBA Seabury) 9/30/2015 Attachment Page 16

Schedule of Other Travel and Entertainment

Residential

Description	CCNH	RHNS	Care Home
		ng ang ang ang ang ang ang ang ang ang a	
	ALC: NO DE CONTRACTOR DE C	(Massassa)	
			jiyoaaqiisana
			My Kongers
		STORE STORE	
			in the second
		9880008800	The set of the set of
Total Other Travel and Entertainment	\$	S	\$ 19994994

Schedule of Other Advertising

 Description
 CCNH
 Residential Care Home

 Image: Constraint of the second second

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age Dues	\$ 4,650		\$ 1,112
ICAA Dues	\$ 234		\$ 56
		WHAT HE REAL	
		1000000000	
		RECEIPTION	South Alexand
	WELL AND A CONTRACTOR	Sangara ang sang sang sang sang sang sang sang	NAMES AND COM
	NIRVAY STORY	Sector Sector	
	AS AN ISOMA	CHENNALSON.	Mar Marcin
AN INCOME AND A DESCRIPTION OF A DESCRIP	With Market	and the second	and the set
	AND	Similar and	
Total Dues	\$ 4,884	\$	\$ 1,168

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Charitable Donations	\$ 450		\$ 108
Manakan ana ang ang ang ang ang ang ang ang a		BANG PANALAT	and and they are
	100000000000000000000000000000000000000	1995 April 1995	
Total Contributions	\$ 450	\$	\$ 108

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Licenses and fees - Disallow	\$ 2,731	State State	\$ 1,248
Supplies	\$ 2,837	協力の会社社	\$ 679
Communication Systems	\$ 4,957		\$ 1,186
Activities Supplies	\$ 320	Surgered.	\$ 77
Bank fees - Disallow	\$ 2,944	A State State	\$ 735
Fire/Salety alarm system	\$ 13,106	and the second	\$ 3,135
Security Pager Service Rental - Disallow	\$ 192	No. of the second	\$ 46
Miscollaneous	\$ 16		\$ 4
Pet supplies - Disallow	New Cardin	Series States	\$ 61
Total Other Administrative and General	\$ 27,103	\$	\$ 7,171

State of Connecticut Annual Report of Long-Term Care Facility CSP-17 Rev. 10/97

Name of Facility Church Home of Hartford, Inc. (DBA Sea	License No. 2103C	Report for Year Ended 9/30/2015	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
21			

Schedule C-1 - Management Services*

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-18 Rev. 9/2002

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

		N			Page 5)				
	ne of Facility Irch Home of Hartford, Inc. (DBA Seabury)		Licens		o. 03C		port for Y 9/30/2015	ear Ended	Page of 18 37
	Item				Total		CCNH	RHNS	Residential Care Home
2.	Dietary a. In-House Preparation & Service								
	1. Raw Food			\$	445,904		293,153		152,751
	2. Non-Food Supplies			ß	59,283		41,989		17,294
	3. Other (<i>Specify</i>)		- 5						
,	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	•	5	6					
	c. Management Services**		9	S		-		a conservation of the second second	
	d, Other (Specify)		9		5,423		2,598		2,825
	Uniforms and Other Food Misc.								
2E.	Total Dietary Expenditures (2a+b+c+d)		\$;	510,610	- united	337,740		172,870
2F.	Dietary Questionnaire				Total		CCNH	RHNS	Residential Care Home
G.	Resident Meals: Total no. of meals served per d	lav	*	\top	233		171		62
H.		-	Yes	1		No		L	<u>~_</u> ~_
I.	Did you receive revenue from employees?	0	Yes		۲	No		If yes, specify amt.	
J.	Where is the revenue received reported in the C	ost	Report	? (1	Page/Line I	tem)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	0	Yes		٥	No		If yes, specify cost.	
L.		0	Yes		۲	No		If yes, specify amt.	
M.	Where is the revenue received reported in the C	ost	Report	? (F	Page/Line It	tem)		····	
N	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	0	Yes			No		If yes, specify cost.	
о.	Is any revenue collected from employees?	С	Yes		\odot	No		If yes, specify amt.	
P.	Where is the revenue received reported in the Co	ost	Report	? (F	Page/Line It	em)			
-		-							

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

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-19 Rev. 9/2002

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		License	e No. 2103C	Report for 9/30/2015	Year Ended 5	Page of 19 37
	Item		Total	CCNH	RHNS	Residential Care Home
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs. Amt. \$		1.4		
	 Employee items including uniforms, gowns, etc. washed, ironed and/or 	Lbs.				
	processed.***	Amt. \$				
	 Personal clothing of residents washed, ironed, and/or processed.*** 	Lbs.				
		Amt. \$		<u> </u>		
	4. Repair and/or purchase of linens.***	Lbs.	-			
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	Amt. \$	10,617	8,080		2,53
	c. Management Services** d. Other (<i>Specify</i>) Laundry Supplies	\$	16,879	13,891		2,98
3E.	Total Laundry Expenditures (3a+b+c+d)	\$	27,496	21,971		5,52
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E? C) Yes	•	No	If yes, specify cost.	1.1-11-
H.	Did you receive revenue from employees? C) Yes	۲	No	If yes, specify amt.	
Γ.	Where is the revenue received reported in the Cost	Report?		(Page/Line	and a second state of the	
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?) Yes	٥	No	If yes, specify cost.	
ζ.	Did you receive revenue from these people? C) Yes	٥	No	If yes, specify amt.	
	Where is the revenue received reported in the Cost	Report?		(Page/Line	e Item)	

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

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

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-20 Rev. 9/2002

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

	me of Facility		Repo	rt for Year Ei	nded	Page	of
Ch	urch Home of Hartford, Inc. (DBA Seabury)	2103C	<u> </u>	9/30/2015		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping a. In-House Care	Sq, Ft. Serviced by Personnel					
	1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Amt.	\$	20,535	15,087		5,448
	b. Purchased Services (by contract other than through Management Services)	Sq. Ft. Serviced by Personnel					
	(Complete Schedule C-2 att. Page 21)	Amt.	\$				
	c. Management Services*		\$				
	d. Other (Specify)		\$				
4E.	Total Housekeeping Expenditures (4a +	b + c + d)	\$	20,535	15,087		5,448
5.	Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy		\$				
	2. Purchased from Multiple Vendors		\$	2,030	1,802		228
	b. Medicine Cabinet Drugs		\$	20,266	17,988		2,278
	c. Medical and Therapeutic Supplies		\$	12,408	7,422		4,986
_	d. Ambulance/Limousine***		\$				
_	e. Oxygen 1. For Emergency Use 2. Other***		\$				
	f. X-rays and Related Radiological Procedures***		\$				
	g. Dental (Not dentists who should be incl salaries or fees)	uded under	\$				
	h. Laboratory***		\$				
	i. Recreation		\$	26,666	16,373		10,293
	j. Other (Specify)**** See Attached Schedule		\$	114,441	107,392		7,049
5K.	Total Resident Care Expenditures (5a - 5	i)	\$	175,811	150,977		24,834

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

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

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

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

Church Home of Hartford, Inc. (DBA Seabury) 9/30/2015

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Worship Materials	\$ 491		\$ 62
Programs	\$ 1,927		\$ 244
Non-Medical Supplies	\$ 2,705		\$ 343
Medical Supplies - Non-Billable	\$ 78,929		\$ -
Nutrition Supplies - Billable	\$ 23,340		\$ 2,955
Non-Billable Supplies	\$		\$ 16
Activities Expense	\$ -		\$ 3,347
Cleaning services	\$		\$ 82
			Westered and
Total Other Resident Care	\$ 107,392	\$	\$ 7,049

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

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

Name of Facility Church Home of Hartford, Ir	nc. (DBA Seabury)		License No. 2103C	Report for Year Ende 9/30/2015	đ			Page 21	of 37
		Related ** to Own Operators, Office			0	Total Cos	t/Page Ref.**	*	
Name of Individual or Company	Address	Yes No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	Residential Care Home		Line
Property Management	Bloomfield, CT	0 0	N/A	Landscaping Services & Snow Removal	25,406		12,240	22	2 6F
The Brickman Group	Road, Newington, CT 06111	0 0	N/A	Landscaping Services	21,777		7,985	22	2 6F
		0 0			42				
		0 0			41.				
	10	0 0						ing in	
		0 0							
	585 16	0 0			1				
		0 0							
		0 0							
	- 11	0 0							
		0 0							
	8	0 0							- 2010-00
		0 0			21				
	6. 1)	0 0							

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

** Refer to Page 4 for definition of related.

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-22 Rev. 6/95

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

Name of Facility License N		Report for Ye	ar Ended		Page of
Church Home of Hartford, Inc. (DBA Seabury 2103)	C	9/30/2015			22 37
Item		Total	CCNH	RHNS	Residential Care Home
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$	65,256	20,524		44,732
b. Heat	\$	37,777	23,295		14,482
c. Light & Power	\$	157,985	103,300		54,685
d. Water	\$	31,101	22,203		8,898
e. Equipment Lease (Provide detail on page 6)	\$	4,727	3,219		1,508
f. Other (itemize)	\$	111,153	70,239		40,914
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$	407,999	242,780		165,219
7. Depreciation (complete schedule page 23*)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$	648,981	443,990		204,991
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$	93,679	68,546		25,133
*7c. Total Depreciation Costs (7a+b+c+d)	\$	742,660	512,536		230,124
8. Amortization (Complete att. Schedule Page 24*)					
a. Organization Expense	\$				
b. Mortgage Expense	\$				
c. Leasehold Improvements	\$				
d. Other (Specify)	\$				
*8e. Total Amortization Costs (8a + b + c + d)	\$				
9. Rental payments on leased real property less					
real estate taxes included in item 10b	\$				
10. Property Taxes					
a. Real estate taxes paid by owner	\$	177,786	109,665		68,121
b. Real estate taxes paid by lessor	\$				
c. Personal property taxes	\$				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	920,446	622,201	······································	298,245

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

Church Home of Hartford, Inc. (DBA Seabury) 9/30/2015

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Exterminations	\$ 3,886		\$ 1,784
Trash Removal	\$ 11,693		\$ 6,348
Snow Removal	\$ 23,155		\$ 11,415
Water Treatment	\$ 1,215		<u>\$</u> 446
Mechanical System - HVAC	\$ 3,363		\$ 1,233
Contracted Professional Services	\$ 25,628		\$ 12,340
Equipment Rental and Repair	\$ 753		\$ 276
Tools	\$ 546		\$ 200
Small Equipment Expense			\$ 1,761
Cable Services			\$ 319
Maintenance Supplies			\$ 3,372
Unit Refurbishing			\$ 318
Meadows Commons Refurbishing			\$ 1,087
Equipment Storage Rent			\$ 15
Total Other Repairs and Maintenance	\$ 70,239	\$	\$ 40,914

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

 $Z = Z^{2}$

2.922

2					Depreci	ation Sc	chedule					
Name of Facility				2.1	License No.			Report for Year E	Inded		Page	of
Church Home of Hartford, Inc. (DBA Seabu	ry)				2103	С		9/30/2015			23	37
Property Item					Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements			-		Dana	, and	Depresiated	rou s operations	Depresident	DIRU	101 This Four	Totals
1. Acquired prior to this report period			- 10 cc 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5								ļ	
2. Disposals (attach schedule)	Va minta tor											
3. Acquired during this report period (attac	ch sche	edule)	-			Specific and the second second			Concentration of the second statement of the second	The second strategies		a dia dia Maria dia Mandria.
A-4. Subtotal			_	1964-40244			and the second	C. B. B. S. S. S. S.	1	and a second second	A State of the State of the State	
B. Building and Building Improvements 1. Acquired prior to this report period			_		64,424,134		64,424,134	27,529,941	SL	VAR	622,485	
2. Disposals (attach schedule)			_				1					
3. Acquired during this report period (atta	ch sche	edule)			1,775,166	And the second second second	1,775,166	Charles and the second states of	SL	VAR	26,496	
B-4. Subtotal			_				a state of the second		a de la companya de la	Rest distant	A Charles and a second second	648,981
C. Non-Movable Equipment 1. Acquired prior to this report period	14 July 14 July 14 July				19,625		19,625	19,625	SL	VAR		
2. Disposals (attach schedule)												
3. Acquired during this report period (atta	ch sche	edule)							*			
C-4. Subtotal			_	•						1. 水平市		
	log	nileage book tained?	Da	te of iisition	Historical Cost	Less		Accumulated Depreciation to	Method of			
5	Yes	No	Month	Year	Exclusive of Land	Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
 D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle) 												
a. Prior year balance	Yes		VAR	VAR	196,202	Constant in the second s	196,202			4		
b. Current year additions c. Current year disposals	Yes Yes		VAR VAR	VAR VAR	51,358 (35,389)		51,358 (35,389)		SL) SL	4		
d.						a di kana ana ana						
2. Movable Equipment							and the second second second			The second		
a. Acquired prior to this report period					4,695,027		4,695,027	2,386,158	SL	VAR	75,381	
b. Disposals (attach schedule)					-							
c. Acquired during this report period				A CAR AND A					an a			
(attach schedule)					453,657		453,657		SL	VAR	8,069	
D-3. Subtotal	C. C. C.			e de l'ille St						and the start		93,679
E. Total Depreciation									and the second second second			742,660

Depreciation Schedule

.....

Church Home of Hartford, Inc. (DBA Seabury) 9/30/2015

Schedule of Land Improvements Acquired during this report period Useful Acquisition Date Description of Item Cost Life Depreciation Additions: Total additions for Land Improvements \$ \$ Deletions: 11 Total deletions for Land Improvements \$ *Ties to Page 23, Line A3 **Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Life Life	Depreciation
Additions:				
	See attached schedules (pages 23a-23e)	\$ 1,775,166	Section 2010	\$ 26,496
			Instruction of	and the second second
			And Market	
		Viles Market		
fotal additions for	Building Improvements	\$ 1,775,166		\$ 26,496
Deletions:				
				No. 10 Contraction of the second s
				VICE DE LA COMPANIA
				ASSERVATION
			diamenta di	
		(Marchine March	WIERRAN	
		UNIVERSITY	Constantines:	<u>kan salata</u>
	Building Improvements	\$	Cale Cale Cale Cale Cale Cale Cale Cale	e

**Ties to Page 23, Line B2

Schedule of Non-Moyable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
APA NEW YORK				
		CANNER W	all seattless	
dia tanàna amin'ny fi				
			ana ana ang	
		AND AN AND A	New Yorking Co	energi yanan
Cotal additions for	Non-Movable Equipment	\$ contractor	Categoria de la	\$
Deletions:		In the second		
Sector Contraction	<u>a de la companya de</u>	Stage Sea	genergen.	ing an age
			Story Story	
n a straige	and with the first family of a short of the second second			
And the second second		141.2224.1224.2		
		The second	0.9753074	Nation (1988)
The second second		Test and a second	Association of	10000000
*** * ****			1.719.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	C

**Tics to Page 23, Line C2

Attachment Page 23a

NOTE: The purpose of this allocation workpaper is to properly portray the current year additions for SNF, RCH and Unallowable. Through a detailed review of client documentation, we determined that the current year additions pertain to the different levels of care as noted below. Consistent with prior year, allocations based upon living units were performed on additions that pertained to all levels of care to ensure that the proper amount was allocated to SNF, RCH and Other.

Buildings and Building Improvements

Seabury (see Page 23b)

Seabury - SNF Allowable	102,387	2\$147,945
RCH Allowable	45,558	5 558
Unallowable	1,604,197	+ 5,00
	1,752,142	\$153,505
Meadows (Additions allocated based on beds)		
RCH Allowable	5,558	14/58
Unallowable	17,466	44/58
	23,024	
Total Building and Building Improvements	1,775,166	
Moveable Equipment		
Seabury (see Page 23c)		
Skilled	93,101	
RCH	34,943	
Unallowable	298,157	-
	426,201	
Meadows (Additions allocated based on beds)		
RCH Allowable	6,627	14/58
Unallowable	20,829	44/58
	27,456	
Total Moveable Equipment	453,657	-
	RCH Allowable Unallowable Meadows (Additions allocated based on beds) RCH Allowable Unallowable Total Building and Building Improvements Moveable Equipment Seabury (see Page 23c) Skilled RCH Unallowable Meadows (Additions allocated based on beds) RCH Allowable Unallowable	RCH Allowable 45,558 Unallowable 1,604,197 1,752,142 Meadows (Additions allocated based on beds) RCH Allowable 5,558 Unallowable 5,558 Unallowable 17,466 23,024 23,024 Total Building and Building Improvements 1,775,166 Moveable Equipment 5 Seabury (see Page 23c) 33,101 RCH 34,943 Unallowable 298,157 426,201 426,201 Meadows (Additions allocated based on beds) 6,627 NCH Allowable 6,627 Unallowable 20,829 27,456 20,829

Attachment Pages 23 24

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Schedule of Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:		1000		North Contraction
	See attached schedules (pages 23a-23e)	\$ 453,657		\$ 8,069
the state as of		Concernance of the second		a di kana kata kata kata kata kata kata kata
				Salat and a second
				a van sees
			Westware	addit i generali
Total additions for	Moyable Equipment	\$ 453,657		\$ 8,069
Deletions:			10.000/004	*****
			inder dat sind	utogenetic
		ang subject		SHEER CARRY
	A CARLES AND A CARLE			AND A MARKED A
				A STATE OF A
Total deletions for	Moyable Equipment	\$		\$

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Description of Item	Cost	Life	Depreciation
		den han han h	
	Constant (Second		Street and the
		SHEAR CHILD	
		Wells Have	NEW PROPERTY.
Leasehold Improvement	\$ 469,447,449	haqquiniqqq	\$
		-1000-000-000-000-000-000-000-000-000-0	Section 20
		Vietnes Saves	
	WARE COM		(i)and(s))(ii)
	Wester and the second s	Sold and the second s	
		CONCERNS OF	
	William Brand		(Margaretter)
easehold Improvement	\$	New Alexandre	\$
		Leasehold Improvement	Leasehold Improvement

**Ties to Page 24, Line C2

Page 23b 10051750	BUILDING IMPROVEMENT ADDITIONS			
DATE	DESCRIPTION	AMOUNT	LEVEL I	
	M&E Electric-lobby mechanical room work M&E Electric-lobby mechanical room work	100 283	19.50 M (1	10
	rework and make safe railings and pergola	800		10
	courtyard top of stairs repair to gutter and flashing	1,125		10
	repair leak over wind north lounge	800		10
	hvac work in Heritage hall entry door for building	2,222 3,200		10
	upgrade to nvr server	1,915		10
3/31/2015	upgrade to camera/recorders 4/48 and 2/5	2,970	all	10
4/30/2015	repair to Dectron unit	4,065	all	10
5/31/2015	repair to Dectron unit	999		10
	work on well pump	2,870		10
	new pump and vid conirol	9,057		10
	Inigation connection to city	13,465		10
	repair to Dectron unit	315		10
	valve replacement Dectron unit	4,232		10
	temporary kitchen areas for employee lounge and galle	5,566 496		10
	safety suplices for campus rehab health equipment	16,850		10
	greenhouse reno	4,000		10
	greenhouse reno	12,000		10
	irragation start up work	1,758	all	10
9/30/2015	rehab health equipment	2,995	all	10
10/31/2014	view269 repainting	1,050	AST	10
10/31/2014	view245 paint/new flooring	1,400	AST	10
10/31/2014	view266 new flooring	2,376	AST	10
11/30/2014	views 347 fridge/villa347-fridge	905	AST	10
	view267 flooring	1,513		10
	Fridge and alarm for clinic meds	6,060	100000000	10
	view268 flooring		AST	10
	views215 flooring	1,513	1000 B	10 10
	views230 flooring views230 microwave	1,890	AST	10
	views271 flooring/paint	2,271		10
	Views Microfridge Unit		AST	10
	Views Microfridge Unit		AST	10
	view259 flooning/paint	2,271		10
	views268 paint apt5191 repaint bathroom	450 325	AST	10
	apt2138 repair of leak	350		10
	api3182 baihroom upprade	474	1	10
	cot 301 Kitchen Cabinet upgrade	497		10
	door 8 gutter repair api4191 outdoor ceiling fan	700 800		10 10
	rebuild and replace roof over door 9	950		10
	apr3182-kitchen appliances	2,475		10
	apl4157 roof	2,500 2,848		10
10/31/2014	apt3144 new flooring	3,300		10
	apl5159/61structural beam work	6,503	1	10
	door 6 gutter repair	150		10
	door 12 gutter repair apt4191 shower upgrade	190 207		10 10
	door 8 guiller repair	221	i	10
	door 10 gutter repair	221	î i	10
	api5159 bathroom upgrade	456		10
	api3193 bathroom upgrade api4182 bathroom upgrage	456 520		10 10
	apl4182-new washer	620		10
	apl4182 kitchen appliances	2,567		10
	apl5159 kitchen appliances/washer & dryer	3,623		10
	api5159/61 extras	11,756		10 10
	col324/326 boiler systems apt5159/61 combo reno	20,400 29,500		10
11/30/2014	ap14182	32,390	1	10
11/30/2014	ap13193	40,626		10
11/30/2014		45,807		10
12/31/2014 12/31/2014		95 95		10 10
12/31/2014		95	l	10
12/31/2014		95		10
	api3122 microwave	220 220		10
	apt 5190 microwave col324 bathroom upgrade	265		10
	apt5159 towel bars and shelving	299		10
	apt5159 closet shelves	1,225		10
12/31/2014 1/16/2015	west wing renovation ant3114	6,571 37,164		10 10
1/16/2015		44,930		10
1/31/2015	two new window sashes	106	I I	10
	api3114 bathroom upprade	248		10
	col326 bathroom upgrade	496		10
	apl3189 washer/dryer apt 5176 fridge	1,100		10
	api 3176 indge api3114 kitchen appliances	2,409		10
	cot326 kichen appliances	2,409	1	10
	col326 ice maker for fridge	60 60		10
	apt3114 ice maker for fridge	60		10
2/27/2015	apt2121 microwave/vent	220		
2/27/2015 2/27/2015	api2121 microwave/vent api3114 calv/granite	220 550		10
2/27/2015 2/27/2015 2/27/2015 2/27/2015			1	

			7					
Totals: All		92,082						
I/A		3,517		8 S			3	s – 13
Other		417,095						
Skilled			Direct					
Assisted			Assisted					
Independe	ent	1,208,074						
		1,752,142						
1/	A/S, All	and Oth	er Alloca	tion Brea	kout			
Useful life	SN	IF	HFA	0				
	10	94,584	34,681	379,912	509,177	Sum of 1		
						SNF	HFA	Other
	All	ocation By	/ Living uni	ic:		18.58%		74.61%
		the light of	anna ann				0.01/4	74.01/0
			Assis	ted Alloca	tion Break	out		6
Useful life	SN	F	HFA	0	and the state			
oaciui me	5		10,583	12,988	22 571	Assisted		
	5	-	10,565	12,988	25,571	Assisted		
						SNF	HFA	Other
				7215139753 \$350753		11.5.0.017		V2510 7 8 2 5 5
		Alloantte	Du Acci-to	d I bring I tall	- 122/AOH-1	0 000/	AA 000	EE 10M
	minit	Allocatio	n By Assiste	ed Living Unit	s (22/49ths):	0.00%	44.90%	55.10%
	-	Allocatio	a de construction de la construction	Allocation	Normal States and		44.90%	55.10%
useful life	SN		I/A		Normal States and		44.90%	55.10%
Use <mark>ful life</mark>			I/A HFA	Allocation 0	n Breakou	t		55.10%
Useful life	SN 10		I/A	Allocation	n Breakou			55.10%
Useful life			I/A HFA	Allocation 0	n Breakou	t		55.10% Other
Useful life	10	F	I/A HFA	Allocation O 3,222	n Breakou	5um of 2	HFA	
Useful life	10	F	I/A HFA 294 Living unit	Allocation O 3,222	1 Breakou 3,517	5um of 2 <u>SNF</u> 0.00%	HFA	Other
Useful life	10	F	I/A HFA 294 Living unit	Allocation O 3,222	1 Breakou 3,517	5um of 2 <u>SNF</u> 0.00%	HFA	Other
	10 All	F - ocation By	I/A HFA 294 Living unit	Allocation O 3,222	1 Breakou 3,517	5um of 2 <u>SNF</u> 0.00%	HFA	Other
	10 All	F - ocation By	I/A HFA 294 Living unit	Allocation O 3,222 s: dditions A	1 Breakou 3,517	5um of 2 <u>SNF</u> 0.00%	HFA	Other
	10 All SN	F ocation By	I/A HFA 294 Living unit	Allocation O 3,222 s: dditions A	n Breakou 3,517 Ifter Alloca Direct	5um of 2 <u>SNF</u> 0.00%	HFA	Other
	10 All SN 10	F ocation By	I/A HFA 294 Living unit Total A HFA	Allocation O 3,222 s: dditions A O 1,208,074	n Breakou 3,517 Ifter Alloca Direct Direct	5um of 2 <u>SNF</u> 0.00%	HFA	Other
	10 All SN 10 10	F ocation By	I/A HFA 294 Living unit Total A HFA	Allocation 0 3,222 s: dditions A 0 1,208,074 12,988	n Breakou 3,517 Ifter Alloca Direct	t Sum of 2 <u>SNF</u> 0.00%	HFA 8.37%	Other 91.63%
Useful life	10 All SN 10 10 10	F F 7,803	I/A HFA 294 Living unlt Total A HFA 10,683	Allocation 0 3,222 s: dditions A 0 1,208,074 12,988 379,912	n Breakout 3,517 Ifter Alloca Direct Assisted	t SNF 0.00% ation	HFA 8.37%	Other 91.63%

03/02/01 Windows in Vision Construction 239 7/31/2015 multiple apt toilet/faucet 239 7/31/2015 and floor west wing artwork 1,225 7/31/2015 and floor west wing renovation 3,674 7/31/2015 col321 boller 5,100 7/31/2015 col321 boller 5,100 7/31/2015 col323 boller 5,100 7/31/2015 col323 boller 5,100 7/31/2015 apt 5184 flooring/fighting 5,300 7/31/2015 apt 5184 flooring/fighting 5,300 7/31/2015 col323 boller 14,635 1 7/31/2015 apt 4119 reno 21,466 9/31/2015 installation of artwork level 1&2 upgrades 188 8/31/2015 ustaltinoon 722 1 9/30/2015 installation of artwork level 1&2 upgrades 188 1 8/31/2015 ustaltinoon update 496 1 9/30/2015 apt 114 fidge 30 1 9/30/2015 <td< th=""><th>5,550 1 10 vation 5,561 10 d floor repair and shelving #335 51,000 1 ors fl 182 carpet etc 99,366 1 10 faucet 239 1 10 faucet 1,170 1 10 g artwork 1,225 1 10 ion 3,674 1 10 g artwork 1,225 1 10 ion 3,674 1 10 gatwork 1,250 1 10 ion 5,100 1 10 station 5,100 1 10 gating 5,300 1 10 attract attractract attract attract attract attract attract attr</th><th>6/30/2015 api3159 extras 5,550 1 6/30/2015 api3159 extras 5,550 1 6/30/2015 api3129 unit renovation 5,551 1 6/30/2015 Glass Doors Avood floor repair and shelving #335 51,000 1 6/30/2015 Wesl Wing Corridors 11 & Z carpet etc 99,366 1 7/31/2015 multiple apt loilet/faucet 239 1 7/31/2015 apt 10ilet/faucet 239 1 7/31/2015 apt 10ilet/faucet 1,225 1 7/31/2015 apt 1112 fridge 1,250 1 7/31/2015 coll21 boller 5,100 1 11 7/31/2015 col321 boller 5,100 1 11 7/31/2015 col321 boller 5,100 1 11 7/31/2015 col321 boller 5,100 1 11 7/31/2015 api5184 reno 14,635 1 11 7/31/2015 api5184</th><th>6/30/2015 apl3159 stras 5,550 1 10 6/30/2015 apl3129 unit renovation 5,561 10 6/30/2015 apl3129 unit renovation 5,561 10 6/30/2015 Glass Doors Awood floor repair and shelving #335 51,000 10 6/30/2015 West Wing Conidors 11 & 2 carpet etc 99,366 10 7/31/2015 apl4179 frige 1,170 10 7/31/2015 apl4179 frige 1,250 100 7/31/2015 apl4179 frige 1,250 100 7/31/2015 col321 boller 5,100 100 7/31/2015 col321 boller 5,100 100 7/31/2015 col321 boller 5,100 100 7/31/2015 apl5144 flooring/lighting 5,300 100 7/31/2015 apl5144 flooring/lighting 7,300 100 7/31/2015 apl5144 floor of aptwork level 1&2 upgrades 188 100</th></td<>	5,550 1 10 vation 5,561 10 d floor repair and shelving #335 51,000 1 ors fl 182 carpet etc 99,366 1 10 faucet 239 1 10 faucet 1,170 1 10 g artwork 1,225 1 10 ion 3,674 1 10 g artwork 1,225 1 10 ion 3,674 1 10 gatwork 1,250 1 10 ion 5,100 1 10 station 5,100 1 10 gating 5,300 1 10 attract attractract attract attract attract attract attract attr	6/30/2015 api3159 extras 5,550 1 6/30/2015 api3159 extras 5,550 1 6/30/2015 api3129 unit renovation 5,551 1 6/30/2015 Glass Doors Avood floor repair and shelving #335 51,000 1 6/30/2015 Wesl Wing Corridors 11 & Z carpet etc 99,366 1 7/31/2015 multiple apt loilet/faucet 239 1 7/31/2015 apt 10ilet/faucet 239 1 7/31/2015 apt 10ilet/faucet 1,225 1 7/31/2015 apt 1112 fridge 1,250 1 7/31/2015 coll21 boller 5,100 1 11 7/31/2015 col321 boller 5,100 1 11 7/31/2015 col321 boller 5,100 1 11 7/31/2015 col321 boller 5,100 1 11 7/31/2015 api5184 reno 14,635 1 11 7/31/2015 api5184	6/30/2015 apl3159 stras 5,550 1 10 6/30/2015 apl3129 unit renovation 5,561 10 6/30/2015 apl3129 unit renovation 5,561 10 6/30/2015 Glass Doors Awood floor repair and shelving #335 51,000 10 6/30/2015 West Wing Conidors 11 & 2 carpet etc 99,366 10 7/31/2015 apl4179 frige 1,170 10 7/31/2015 apl4179 frige 1,250 100 7/31/2015 apl4179 frige 1,250 100 7/31/2015 col321 boller 5,100 100 7/31/2015 col321 boller 5,100 100 7/31/2015 col321 boller 5,100 100 7/31/2015 apl5144 flooring/lighting 5,300 100 7/31/2015 apl5144 flooring/lighting 7,300 100 7/31/2015 apl5144 floor of aptwork level 1&2 upgrades 188 100
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9/30/2015 COT324 WINDOW 710 1 9/30/2015 col322 replacement air conditioner unit 977 1 9/30/2015 api2114 fridge 1,100 1 9/30/2015 api2119 fridge 1,250 1 9/30/2015 api2114 fridge 1,330 1 9/30/2015 api2139 fridge 1,330 1 9/30/2015 asphault repair campus / storm drain cot 300's 4,800 1 9/30/2015 col321 boiler 5,100 1 9/30/2015 col321 boiler 5,100 1 9/30/2015 new parking garage door 9,710 1 9/30/2015 api8194 extras 14,843 1	N 710 1 10 N 710 1 10 rotation 756 1 10 Intair conditioner unit 977 1 10 Inver 1,100 1 10 Inver 1,100 1 10 Inver 1,100 1 10 Inver 1,330 1 10 Iances 2,947 1 10 Impus / storm drain cot 300's 4,800 1 10 5,100 1 10 5,100 1 ge door 9,710 1 10 14,943 1	9/30/2015 COT324 WINDOW 710 1 9/30/2015 COT321 WINDOW 710 1 11 9/30/2015 sold1719 range 765 1 11 9/30/2015 sold1719 fridge 1,100 1 11 9/30/2015 spl2133 washer/dryer 1,100 1 11 9/30/2015 spl2139 fridge 1,230 1 11 9/30/2015 spl5184 new appliances 2,947 1 11 9/30/2015 sashault repair campus / storm drain cot 300's 4,800 1 11 9/30/2015 sol321 boiler 5,100 1 11 9/30/2015 sol321 boiler 5,100 1 11 9/30/2015 <t< td=""><td>9/30/2015 COT324 WINDOW 710 1 10 9/30/2015 COT321 WINDOW 710 1 10 9/30/2015 COT321 WINDOW 710 1 10 9/30/2015 cOT321 WINDOW 710 1 10 9/30/2015 apl4179 range 756 1 10 9/30/2015 apl2130 washer/dryer 1,100 1 10 9/30/2015 apl2133 washer/dryer 1,100 1 10 9/30/2015 apl2114 fridge 1,250 1 10 9/30/2015 apl2139 fridge 1,330 1 10 9/30/2015 apl5184 new appliances 2,947 1 10 9/30/2015 asphault repair campus / storm drain cot 300's 4,800 1 10 9/30/2015 col321 boiler 5,100 1 10</td></t<>	9/30/2015 COT324 WINDOW 710 1 10 9/30/2015 COT321 WINDOW 710 1 10 9/30/2015 COT321 WINDOW 710 1 10 9/30/2015 cOT321 WINDOW 710 1 10 9/30/2015 apl4179 range 756 1 10 9/30/2015 apl2130 washer/dryer 1,100 1 10 9/30/2015 apl2133 washer/dryer 1,100 1 10 9/30/2015 apl2114 fridge 1,250 1 10 9/30/2015 apl2139 fridge 1,330 1 10 9/30/2015 apl5184 new appliances 2,947 1 10 9/30/2015 asphault repair campus / storm drain cot 300's 4,800 1 10 9/30/2015 col321 boiler 5,100 1 10

8/1/2015	cateloging/storing Lobby artwork		1,275	0	10
	Removing/solring/clearing artwo		8,495	0	10
	swing space offices		1,391	0	10
	shed gotter		210	0	10
	employee entrance repair work		845	0	10
	two new window sashes		106	other	10
	sof carpeting		3,517	S	10
	davis355 flooring/paint		2,446	S	10
	davis 369 painting		784	S	10
	snf work room shelves		132	S	10
	snf work room wall paint		400	S	10
	davis workroom sink		525	S	10
	Immaterial plug to agree to FS		(355)		
		TOTAL ADDITIONS	1,752,142		

Page 23c (1) 10051770

0051770		FURNITURE/EQUIP	MENT COMPUTER ADDITIONS		
	DATE	AMOUNT	DESCRIPTION	LEVEL	LIFE
	10/31/2014	3,327.98	Cisco switch	0	5
	11/24/2014	624.95	Dell Optiplex	0	5
	11/30/2014	1,644.50	2 Laptops (Blake)	0	5
	1/26/2015	753.01	Laptop	o	5
	2/26/2015	914.37	Lenovo (Pegeen)	0	5
	2/28/2015	1,152.68	Laptops for Rehab	all	5
	4/29/2015	567.60	Lenovo Thinkpad (McCaulia)	0	5
	4/30/2015	648.37	Laptop for new controller	0	5
	5/29/2015	1,849.21	Loaner Laptops	0	5
	8/31/2015	8,414.42	Med record equipment	a	5
	8/31/2015	2,002.83	Med record equipment	a	5
	8/31/2015	7,296.03	Server	0	5
	9/30/2015	1,901.22	Computer Racks, Switch, Monitor	Meadows	5
	9/30/2015	1,889.26	Computer Racks, Switch, Monitor	Meadows	5
	TOTAL ADDITIONS	32,986.43			

Totals:				1						
All		(1,153	1						
Other (o)		1	7,626	1						
Assisted (a)			Assisted	Ê.					
Meadows			3,790	2						
		3	2,986							
I/A/. Useful life	All, a	and the second se	Other	Allocat		Break	out			
Userul lite		SNF		HFA	0		10 770	-		
	5		3,488	1,279	1	4,011	18,//9	Sum of 1		
								SNF	HFA	Other
		Alloc	ation F	By Living u	nits:			18.58%		
		and the second second		Colonillitatetetetetetetetetetetetetetetetetetet	A. S. A. Billiolou			X.X.X.X.X.X.		
Useful life	Ass		I Allo	cation E		kout	100 M David			
Userui me	12	SNF		HFA	0		10 117	2 KUW 12		
	5		-	4.677		5.740	10,417	Assisted		
								-		a
	٨	llocat	ion Du	Accietant	Liles	المنتعا	22/49ths):	SNF	HFA	Other
Carsten of	A	nocar	IOU DV	Assisted	TAINS	Units	22/49(1)\$1:	0.00%	44,90%	55,109
Net to an annual	Mea	dow	s Allo	cation I	Згеа	kout				
Useful life		SNF		HFA	0					
	5		-	915		2.876	3,790	Sum of Z		
						10 C P		SNF	HFA	Other
		Alloc	ation I	By Meado	NS BE	eds:		0.00%	24.14%	75,869
		Alloc	ation I	By Meado	NS BE	eds:		- 100 (0 (0 (0)	HFA 24.14%	200 K 200 P 100 C
Total Useful life		SNF		HFA	0					8
erer ar mo	5	1000	_	4.677	0.00	5.740	Assisted			
			3.488	1,279		14.011	Stores and the second second	and Offe	er Allocat	ed
	5		3, 4 00 	915			Meadows			

12,611

0051770 ATE		AMOUNT	MENT OTHER ADDITIONS DESCRIPTION	LEVEL	LIFE
	10/31/2014	5,960.10	Scale	s	10
	12/26/2014		Hospitality rollaway bed (Environmental)	0	15
	12/31/2014		Security Cameras	all	5
	12/31/2014		ERP	all	5
	1/26/2015		Sleep Lab Mattress (Environmental)	i/a/s	1
	1/31/2015	3,794.00	Ice Maker	i/a	10
	1/31/2015	3,351.59	Adjustable Table	s	1:
	2/26/2015	1,847.10	Bed/Pillows for employees overnight	0	1
	2/27/2015	682.88	Matrixcare implementation	i/a/s	5
	2/28/2015		Mobility Equipment	s	5555
	2/28/2015	1,547.71	Labor-SW Setup	Vals	5
	2/28/2015	55,741.76	Software	i/a/s	5
	2/28/2015	1,591.31	Software	Va/s	5
	3/31/2015	843.75	MatrixCare SW	all	
	4/30/2015	4,049.00	Treadmill	i	1
	4/30/2015	6,571.00	Ivacuum	i/a/s	1
2	4/30/2015	5,286.22	Matrixcare salaries	ali	
	4/30/2015	703,214,78	Capital lease (not placed in service)	N/A	
	4/30/2015	10,250.00	Wiring, swing offices	0	1
	5/31/2015	87,818.00	Generator	all	2
	5/31/2015	4,622.00	Generator	all	2
	5/31/2015	3,573.96	Salary	i/a/s	1
	6/30/2015	4,550.00	Bladder Scanner	s	3
	7/31/2015	440.00	Emergency Generator	all	2
	7/31/2015	9,270.72	Food Carts	i/a	1
	7/31/2015	2,134.19	Software	all	
	8/14/2015	26,945.00	Generator	all	2
	8/31/2015	8,250.00	Allscripts	а	
	8/31/2015	4,522.64	Beds	S	1
	8/31/2015	31,140.01	Mobile food klosk	Va	1
	8/31/2015	2,517.74	Salary	i/a/s	
	9/30/2015	3,629.70	Tables	S	1
	9/30/2015		Ironer- Laundry	i/a/s	1
	9/30/2015	5,200.00	Mattress	s	1
	9/30/2015	2,700.00	Mattress	s	1
	9/30/2015	13,145.00	Biodex for Rehab	i/a/s	1
TAL AL	DITIONS	1,096,429			
		(703 215)	Capital lease (not placed in service and re	classed to C	(P)

	All	ocation Bv	Living units:			0.00%	8.37%	91.63%
						SNF	HFA	Other
	15	-	2.605	28.535	51,140			
	10	-	1.093	11.972	13,065 31,140			
I/A Allocati Useful life	SN		HFA 0		10.005			
	-							
	All	ocation Bv	Living units:			18.58%	6.81%	74.61%
						SNF	HFA	Other
	20	22.259	8.161	89.405	119,825			
	15	4.560	1,672	18.314	24,546			
	10	4.346	1.593	17.456	23,395			
	8	1.221	448	4.903	6,571			
Useful life	SN 5	F 23.988	HFA 0 8,795	96,350	129,133			
			tion Breakou	t (Includes al	1 1's)			
moependem	_	393,214	Direct					
Independent			Direct					
Skilled Assisted			Direct Assisted					
Other			1 D'an at					
1/A			2					
All		183,303	1					
I/A/S		99,430	1					

Useful life	SNF	HFA	Assisted	Allocation I	Breakout				
	5	-	3.704	4.546	8,250				
						SNF	HFA	Other	
		Alloca	tion By Assist	ted Living Units	(22/49ths):	0.00%	44,90%	55.10%	

	Dire	ct by Lev	el Allocat	ion Breakout	
Useful life	SN	F	HFA	0	
	5	7.877	-		
	10	5,960		4,049	
	15	19,404	-		
	1.1	33,241	-	4,049	

	Total Additi	HFA O	ocation	
5	7.877	-	2	Direct
	1.077	3,704	4,546	Assisted
5	23,988	8,795	96,350	VA/S, All, and Other Allocated
Total 5 vr life	31.865	12.500	100.896	Construction and the second seco
8	1,221	448	4,903	I/A/S, All, and Other Allocated
Total 8 vr life	1,221	448	4,903	
10	5,960	-	4,049	Direct
10	4,346	1,593	17,456	I/A/S, All, and Other Allocated
10	-	1,093	11,972	VA Allocated
Total 10 vr life	10,306	2,686	33,477	
15	19,404	-		Direct
15	4,560	1,672	18,314	VA/S, All, and Other Allocated
15		2,605	28,535	I/A Allocated
Total 15 vr life	23,963	4,277	46,849	
20	22,259	8,161	89,405	I/A/S, All, and Other Allocated
Total 20 vr life	22,259	8,161	89,405	Structures - 20 contraction - and - 200 contraction
Total Additions	89,613	28,072	275,530	

Attachment Page 23d Buildings and Building Improvements NOTE: The purpose of this allocation workpaper is to properly portray the depreciation amongst assets acquired in the CY versus prior years.

	648,981
	0101001
87,606	
-	
26,218	
1,151	
24%	
278	
	26,496
	622,485
	93,679
26,057	
30%	
7,798	
1,124	
24%	
271	
	8,069
	85,610
	<u>30%</u> 26,218 1,151 <u>24%</u> 278 278 26,057 <u>30%</u> 7,798 1,124 <u>24%</u>

Seabury Cost Report Attachment Page 23a Depreciation Schedule & Depreciation Disallowanct This spreadsheet serves as a rollforward of fixed asset depreciation for Seabury. Each year, this is updated per current year additions and amounts that become fully depreciated. A half year's depreciation is taken in first year of asset acquisition. After which, the formulas are updated to reflect one full year's worth of depreciation. The depreciation allowed split uses the allocations assigned based on what the asset is used for and is pulled from attachments 23b and 23d for current year additions. The depreciation taken over the depreciation allowed is then disallowed so that total depreciation does not exceed total allowable.

			Asset Va	lue		Depreciation	Allowed		60	preciation Ta	192	274
2002 Building		SNF	HEA	Other		SNE	HFA	Other	22% <u>SNF</u>	8% HFA	70% Other	
10 Year 20 Year			171		-		-		-		•	Remove in 2013
Equipment												
7 Year 10 Year		141	1421		2	2		-	2	1	1	Remove in 2013
15 Year		557			557	37			8	3	78	_Remove in 2018
2005 Building		SNF	HEA	Other		SNF	HEA	Other	SNF	HFA	Other	
10 Year 20 Year		20,235	7,646	123,691	151,572	2,023	765	12,369	3,319.09	1,217	10,621	Remove in 2016
Equipment												
3 Year 5 Year								-				Remove in 2011
7 Year										-	-	Remove in 2013
10 Year 15 Year		31,496			31,496	3,150			690	253	2,207	Remove in 2016
2006 Building		SNF	HFA	Other		SNF	HEA	Other	SNF	HFA	Other	
10 Year 20 Year		48,000	10,901	1,214,070	1,272,971	4,800	1,090	121,407	27,875	10,221	89,201	Remove in 2017
Equipment												
3 Year												
5 Year 7 Year		7		•	-	•						Remove in 2012
10 Year					-	-		-	-	1	-	
15 Year			_									
2007 Building		SNF	HFA	Olher		SNF	HFA	Other	SNF	HFA	Other	
10 Year 20 Year		54,443	5,409	541,020	600,872	5,444	541	54,102	13,158	4,825	42,105	Remove in 2018
Equipment												
3 Year		-						•	-			
5 Year 7 Year		-			-	:	:	-	2		-	Remove in 2013
10 Year 15 Year		2,164		35,652 7,300	35,652 9,464	144	-	3,565 487	781 138	286 51		Remove in 2018 Remove in 2023
2008		2,104 SNF	HFA	Other	5,404	SNF	HFA	Other	SNF	HFA	Other	
Building				547,951	677,128	10,050	2,868	54,795	14,828	5,437		Remove in 2019
20 Year		100,498	28,679	547,851	0/7,120	10,050	2,000	54,155	14,020	5,457	47,440	Remove in 2015
Equipment												
5 Year 10 Year		-	2,312	113,169	115,481	-	231	11,317	2,529	927		Remove in 2014 Remove in 2019
15 Year		21,462	496	5,029	26,987	1,431	33	335	394	144	1,261	Remove in 2024
20 Year		1,053		9,874	10,927	53	-	494	120	44		Remove in 2029
Total Building		279,907	55,444	2,597,756	2,933,106	27,132 22,318	5,528 5,264	258,871 242,673	63,839 59,180	23,408 21,699	204,336 189,375	
Movable		2				4,814	264	16,198	4,659	1,708	14,961	-
			Asset Val	ue		Depreclation	Allowed		Depreciation 60 22%	n Taken 22 8%	192 70%	274
2009 Building	storig i di s	SNF	HFA	Other	5 (5) F (5)	SNF	HFA	Olher	SNF	HFA	Other	
10 Year 20 Year		202,795	71,027	2,503,985	2,777,807	20,280	7,103	250,399	60,828	22,304	194,649	Remove In 2020
Equipment												
3 Year		-	-	-		-	-	-		-	-	Remove in 2013
5 Year					-	-	- 14	-	-	-	-	Remove in 2015
10 Year 12 Year		9,605 2,334	141	8,424	18,170 2,334	961 195	- 14	842	398 43	146 16		Remove in 2020 Remove in 2022
The Control of Control		149,699	174	1,898	151,771	9,980	12	127	2,216	812		Remove in 2025
15 Year		service (Apple Park										Demante I one-
15 Year 20 Year		-	-		-	-	•	-	-	•	•	Remove In 2030

		90 - E									
		Asset Va	lue		Depreciation	Allowed		Depreciatio 60 22%	n Taken 22 8%	192 70%	274
2010 Building	SNF	HFA	Other		SNF	HFA	Other	SNF	HFA	Other	
10 Year 20 Year	32,116	14,009	535,358	581,483	3,212	1,401	53,536	12,733	4,669	40,746	i Remove In 20
Equipment											
5 Year	20,148	5,030	193,468	218,646	4,030	1,006	38,694	9,576	3,511	30,642	Remove in 20
Total Assets	696,604	145,825	5,840,889	6,683,317	65,788	15,063	602,468	149,632	54,865	478,874	
Building Movable					45,809 19,979	13,767 1,296	546,607 55,860	132,741 16,891	48,672 6,193	424,771 54,103	
			New fo	r 2010 - Vehicl	e disallowance Deprecial	ion Allowed	(1 Vehicle)	Depreciatio	n Takon <i>(</i> a	ll vebicies'	
fotal Vehicles in fleet as of 9/30/10	6				SNF	HFA	Other	SNF	HFA	Other	
/ehicle with highest depreciation Sienna)-2010	5,115	Pera	illocation template		1,120	411	3,584	2,398	879	7,672	
otal 2010 Vehicle Depreciation otal Unallowed Amount	10,949		llowance		1,278	468					
	-0,034	Asset Val	ue		Depreciation	Allowed		Depreciation			No. 1
								60 22%	22 8%	192 70%	274
2011 Building	SNF	HFA	Other		SNF	HFA	Other	SNF	HFA	Other	
10 Year 20 Year	90,905	36,330	797,658	924,893	9,091	3,633	79,766	20,253	7,426	64,810	Remove in 20
Equipment					_						
5 Year 8 Year	100,855	5,099	75,283 13,650	181,237 13,650	20,171	1,020	15,057 1,706	7,937 374	2,910 137	1,196	Remove in 20 Remove in 20
10 Year 15 Year	4,577 2,728	1,678 1,000	22,705 11,003	28,960 14,731	458 182	168 67	2,270 734	634 215	233 79		Remove in 20 Remove in 20
20 Year Total Assets	1,619 897,288	594 190,526	6,530 6,767,717	8,743 7,855,531	81 95,770	30 19,980	327 702,327	96 179,141	35 65,685	306 573,303	Remove in 20
	007,200	100,020	0,101,111	1,000,001		2010/2012/201					
Building Movable					54,899 40,870	17,400 2,580	626,373 75,954	152,994 26,147	56,098 9,587	489,581 83,722	
Nsallowance Building Movable					98,095 (14,724)	38,698 7,007 N	o disallowance ne	eded for SNF M	oveable in :	2011	
			201	1 -Vehicle dis		ion Allowed (1 Vehicle)	Depreciation	Taken (al	l vehicles)	
otal Vehicles in fleet as of 9/30/11	7				SNF	HFA	Other	SNF	HFA	Other	
ehicle with highest depreciation Ford Bus)-2011	6,876	Per a	liocation template		1,091	400	3,492	2,597	952	8,311	
otal 2011 Vehicle Depreciation otal Unallowed Amount	11,860	Disal	lowance		1,506	552					
		Asset Valu	ue		Depreciation	Allowed		Depreciation 60 22%	1 Taken 22 8%	192 70%	274
2012 Building	SNF	HFA	Other		SNF	HFA	Other	SNF	HFA	Other	
10 Year 20 Year	192,771	14,371	510,132	717,274	19,277	1,437	51,013	15,707	5,759	50,262	Remove in 20
Equipment											
5 Year	47,714	13,554	95,478	156,746	9,543	2,711	19,096	6,865	2,517		Remove in 20
8 Year 10 Year	1,203 13,146	441 26,686	4,833 90,313	6,477 130,145	150 1,315	55 2,669	604 9,031	177 2,850	65 1,045	9,120	Remove in 20 Remove in 20
15 Year 20 Year	1,086 -	398 -	9,182	10,666 -	72	27	612	156	57 -	498 -	Remove in 20 Remove in 20
Total Assets	1,153,208	245,976	7,477,655	8,876,839	126,127	26,878	782,683	204,895	75,128	655,717	2 1 2 2
Building Movable					74,176 51,951	18,837 8,041	677,386 105,297	168,701 36,195	61,857 13,271	539,842 115,875	
isallowance Building					94,524	43,020					
Movable					(15,756)	5,230					
			201	2 -Vehicle disa		on Allowed (1 Vehicle)	Depreciation	Taken (al	vehicles!	
					pepipointi	ou vuonen (113121120000000000000000000000000000000	STATISTICS STATISTICS		
otal Vehicles in fleet as of 9/30/12	7				SNF	HFA	Other	SNF	HFA	Other	

Total 2012 Vehicle Depreciation Total Unailowed Amount	23,378		Disallowance		2,108	773					_
		Ass	et Value		Depreciation	n Allowed		Depreciatio 60 22%	on Taken 22 8%	192 70%	274
2013 Building	SNF	HFA	Other		SNF	HFA	Other	SNF	HFA	Other	
10 Year 20 Year	21,226	71,084	1,532,656	1,624,966	2,123	7,108	153,266	35,583	13,047	113,866	Remove in 2024
Equipment											
5 Year	20,262	7,430	115,636	143,328	4,052.40	1,486	23,127.20	6,277	2,302		Remove in 2019
8 Year 10 Year	1,912 15,560	701 975	7,681 12,061	10,294 28,596	239 1,556	87.63 97.50	960.13 1,206.10	282 626	103 230		Remove in 2022 Remove in 2024
15 Year 20 Year	14,558	2,039	27,832	44,429	970.53	135.93	1,855.47	649	238		Remove in 202 Remove in 203
Total Assets	1,226,726	328,205	9,173,521	10,728,452	135,067	35,794	963,098	248,312	91,048	794,651	nonovo m 200-
Building Movable					76,299 58,769	25,946 9,848	830,652 132,446	204,284 44,028	74,904 16,144	653,709 140,942	
Isallowanco Building					127,985	48,958		000407700			
Movable					(14,740)	6,296					
			20	13 -Vehicle dis		tion Allowed	(1 Vehicle)	Depreciatio	n Taken (a	ll vehicles;	
otal Vehicles in fleet as of 9/30/13	9				SNF	HFA	Other	SNF	HFA	Other	
/ehicle with highest depreciation Ford Lift Van-2013	7,884		Per allocation template		1,727	633	5,525	6,860	2,515	21,952	
fotal 2013 Vehicle Depreciation fotal Unallowed Amount	31,327		Disallowance		5,133	1,882					-
		Asse	et Value		Depreciation	Allowed		Depreciatio 60 22%	n Taken 22 8%	192 70%	274
0044	OUT		0								
2014 Building	SNF	HFA	Other		SNF	HFA	Other	SNF	HFA	Other	
10 Year 20 Year	258,184	106,325	1,575,981	1,940,490	25,818	10,633	157,598	42,492	15,581	135,976	Remove in 2025
Equipment											
5 Year	51,994	4,392	65,304	121,690	10,399	878	13,061	5,329	1,954		Remove In 2020
8 Year 10 Year	3,348 42,419	1,228 6,278	13,449 77,025	18,025 125,722	419 4,242	154 628	1,681 7,703	493 2,753	181 1,009		Remove in 2023 Remove in 2025
15 Year 20 Year	28,722 16,388	430 6,009	4,713 65,827	33,865 88,224	1,915 819	29 300	314 3,291	494 966	181 354		Remove in 2030 Remove in 2035
Total Assets	1,627,781	452,867	10,975,820	13,056,468	178,679	48,415	1,146,746	300,841	110,308	962,743	
Building Movable					102,117 76,562	36,578 11,837	988,250 158,496	246,776 54,064	90,485 19,824	789,685 173,058	
Isallowance Building					144,659	53,907					
Movable					(22,497)	7,987					
			20	14 -Vehicle dis		ion Allowed ((1 Vehicle)	Depreciatio	n Taken (a	ll vehicles;	
otal Vehicles in fleet as of 9/30/14	9				SNF	HFA	Other	SNF	HFA	Other	
ehicle with highest depreciation Ford Lift Van-2014	8,601	9	Per allocation template		1,883	691	6,027	7,688	2,819	24,603	
otal 2014 Vehicle Depreciation otal Unallowed Amount	35,110		Disallowance		5,805	2,128					
2015 Building	SNF	Asse HFA	t Value Other		Depreciation SNF	Allowed HFA	Other	Depreciatio SNF	n Taken HFA	Other	
10 Year 20 Year	102,387	45,558	1,604,197	1,752,142	5,119	2,278	80,210	19,184	7,034	61,389	Remove in 2026
Equipment											
5 Year	35,353	19,371	123,521	178,245	3,535	1,937	12,352	3,903	1,431		Remove in 2021
8 Year 10 Year	1,221 10,306	448 2,686	4,903 33,477	6,572 46,469	76 515	28 134	306 1,674	90 509	33 187		Remove In 2024 Remove In 2026
15 Year	23,963	4,277	46,849	75,089	799	143	1,562	548	201	1,754	Remove in 2031 Remove in 2036
20 Year	22,259 1,823,270	8,161 533,368	89,405 12,878,172	119,825 15,234,810	556 189,281	204 53,139	2,235 1,245,085	656 325,731	241 119,435	2,099 1,042,391	Melliove IN 2036
Total Assets											
Building					107,237	38,856	1,068,460	265,960	97,519	851,073	
					107,237 82,044	38,856 14,283	1,068,460 176,625	265,960 59,770	97,519 21,916	851,073 191,318	

Movable			(22,274)	7,633				
		2015 -Vehi	cle disallowance					
			Depreciat	Ion Allowed (1 Vehicle)	Depreciation	Taken (al	I vehicles!
Total Vehicles in fleet as of 9/30/15 Vehicle with highest depreciation	10		SNF	HFA	Other	SNF	HFA	Other
(Ford Lift Van-2014	8,601 A	Per allocation template	1,883	691	6,027	7,484	2,744	23,950
Total 2015 Vehicle Depreciation Total Unallowed Amount	34,178	Disallowance	5,601	2,053				

A Per review of CY vehicle additions, there were 2 cars in the amount of \$20,990 and 30,368 purchased. The cost of car with the highest depreciation has a cost of \$34,405 and will be fully depreciated at the end of FY17. Seabury is allowed one vehicle. As such, the vehicle with the highest depreciation is allowed, and all other amounts are disallowed.

State of Connecticut Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility		License No.		Report for Yea	r Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)		210	3C	9/30/2015			24	37
Date Acquis				Accumulated Amort. to Beginning of	Basis for			
Item Month	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**	Rate %	Amortization for This Year	Totals
A. Organization Expense 1.								
2.	_							
A-4. Subtotal								
B. Mortgage Expense 1. 2.			n na					
3.	- Antonio		-					
B-4. Subtotal								
C. Leasehold Improvements and Other 1. Acquired prior to this report period			Taxen ya Bartania a a a a a a a a a a a a a a a a a a				n sen zetenn georek verzek feldet gebrungen.	
2. Disposals (attach schedule)	A series of the							
3. Acquired during this report period (attach schedule)							and a second second	
C-4. Subtotal								
D. Total Amortization						la de Arre		

* Straight-line method must be used.

** Specify which of the following bases were used:

A. Minimum of 5 years or 60 months.

B. Life of mortgage; OR

C. Remaining Life of Lease; OR

D. Actual Life if owned by Related Party.

State of Connecticut Annual Report of Long-Term Care Facility CSP-25 Rev. 9/2002

Report for Year Ended Page Name of Facility License No. of Church Home of Hartford, Inc. (DBA 9/30/2015 37 2103C 25 11. Property Questionnaire Part A If "Yes," complete Part B. Is the property either owned by the Facility O No O Yes If "No," complete Part C. or leased from a Related Party?* *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. Description Total 1. Date Land Purchased 1991 Date Structure Completed 1993 2. 3. If NOT Original Owner, Date of Purchase 8/27/2003 Date of Initial Licensure 1991/2006 4. 5. Total Licensed Bed Capacity 96 6. Square Footage 304,000 7. Acquisition Cost a. Land 4,429,495 b. Building 35,747,025 Part B - Owner and Related Parties 1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage 1. Financing Multiple Bonds-Fixe a. Type of Financing (e.g., fixed, variable) 04/01/15 b. Date Mortgage Obtained c. Interest Rate for the Cost Year 4%-5% 5-23 years d. Term of Mortgage (number of years) e. Amount of Principal Borrowed 34,510,000 f. Principal balance outstanding as of 9/30/2015 34,170,000 Complete if Mortgage was Refinanced **During Current Cost Year** g. Type of Financing (e.g., fixed, variable) Multiple Bonds-Fixe h. Date of Refinancing 04/01/15 i. New Interest Rate 4%-5% Term of Mortgage (number of years) 5-23 years j. 34,510,000 k. Amount of Principal Borrowed Principal Outstanding on Note Paid-Off 13,644,207 1. Part C - Arms-Length Leases for Real Property Improvements Only Name and Address of Lessor Property Leased Date of Lease Term of Lease Annual Amount of Lease

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

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-26 Rev. 6/95

Name of FacilityLicense No.Church Home of Hartford, Inc. (DBA : 2103C		Report for Yea 9/30/2015	r Ended		Page of 26 37
Item	and the Constant	Total	CCNH	RHNS	Residential Care Home
 12. Interest A. Building, Land Improvement & Non-Movable Equipment 				IIIIII	
1. First Mortgage Name of Lender	\$ Rate	166,834	116,701		50,133
UMB Bond/ CHEFA	4% - 5%/	2 34			
Address of Lender	1470 - 570				
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date			5 		
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense				diama and	
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$	166,834	116,701	C 8 1 6 8 8 8 8	50,133

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

(Carry Subtotals forward to next page)

State of Connecticut Annual Report of Long-Term Care Facility CSP-27 Rev. 6/95

Name of Facility Report for Year Ended License No. Page of Church Home of Hartford, Inc. (DB 9/30/2015 2103C 27 37 Residential CCNH Item Total RHNS Care Home Subtotals Brought Forward: 166,834 116,701 50,133 12. C. Movable Equipment 1. Automotive Equipment \$ A. Item Rate Amount Lender Address of Lender 2. Other (Specify) \$ A. Item Rate Amount Lender Address of Lender B. Item Rate Amount Lender Address of Lender C. 3. Total Movable Equipment Interest 12. Expense (C1 + 2)\$ D. Other Interest Expense (Specify) \$ 12. Total All Interest Expense (12B7 + 12C3 + 12D) \$ 13. 166,834 116,701 50,133 14. Insurance a. Insurance on Property (buildings only) \$ 34,807 16,966 17,841 b. Insurance on Automobiles \$ 4,395 3,216 1,179 c. Insurance other than Property (as specified above) 1. Umbrella (Blanket Coverage) \$ 5,609 4,104 1,505 2. Fire and Extended Coverage \$ 9,597 13,116 3,519 3. Other (Specify) \$ 2,897 2,120 777 D&O and Crime 14d. Total Insurance Expenditures (14a + b + c) \$ 60,824 36,003 24,821 \$ 15. Total All Expenditures (A-13 thru C-14) 9,098,816 6,657,988 2,440,828

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

State of Connecticut Annual Report of Long-Term Care Facility CSP-28 Rev. 9/2002

	e of Fa		, Hartford, Inc. (DBA Seabury)	Lie	cense No. 2103C	Report for Ye 9/30/2015	ar Ended	Page 28	of 37
Item	Page	Line		<u>I</u>	Total Amount of			Reside	ntial Care
	No.		Item Description		Decrease	CCNH	RHNS	H	ome
Page	10	Salar	ies and Wages			ter and the second			
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.			Occupational Therapy	\$					
4.	L		Other - See attached Schedule	\$	94,412			and the second	94,412
	13 - 1	Profe.	ssional Fees						
5.			Resident Care Physicians **	\$		ĺ			
6.			Occupational Therapy	\$					
7.			Other - See attached Schedule	\$	11,049	7,044			4,005
		1	- Administrative and General						
8.		1B	Discriminatory Benefits	\$	5,888	4,751			1,137
9.	15	1C	Bad Debts	\$	49,965	24,696			25,269
10.			Accounting & Legal	\$					
11.			Telephone	\$					
12.	15	H2	Cellular Telephone	\$	9,243	7,478			1,765
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$				a Persel	
14.			Gifts, flowers and coffee shops	\$		-			*************
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$					
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$					
17.	27	14b	Automobile Expense (e.g. personal use)	\$	3,296	2,412			884
18.			Unallowable Advertising *	\$					
19.			Income Tax / Corporate Business Tax	\$					
20.	16	M10	Fund Raising / Contributions	\$	558	450			108
21.			Unallowable Management Fees	\$					
22.	16	M6	Barber and Beauty	\$	6,459				6,459
23.			Other - See attached Schedule	\$	58,858	18,036			40,822
Page	18 - 1	Dietar	y Expenditures	-					
24.	30	IV1	Meals to employees, guests and others who are not residents	\$	2,284				2,284
Page	19-1	anno	Iry Expenditures	-		New Workship			
25.			Laundry services to employees, guests and others who are not residents	\$					R Martine Control of C
Dage	20	Larre		φ					
26.	20 - 1	Touse	Housekeeping services to employees, guests	0					
		<u> </u>	and others who are not residents Subtotal (Items 1 - 26)	\$	242,012	(10/7		<u>,</u>	177 145
			Subtotal (Items 1 - 20)	\$		64,867			177,145

D. Adjustments to Statement of Expenditures

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Church Home of Hartford, Inc. (DBA Seabury) 9/30/2015

Attachment Page 28

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	12b	RN - Direct Care - Disallow to reduce RN down to Aide Cost			\$ 82,890
10	12c	LPN Direct Care - Disallow to reduce LPN down to Aide Cost			\$ 11,522
					(HENRY CONS
Total Othe	r Salaries A	djustment	\$ SAME CAN	i s (0.1460)/2001	\$ 94,412

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8e	Psychiatrist	\$ 4,260		\$ 1,240
13	8a	Medical Director	\$ 2,784		\$ 2,765
	<u>geseeles</u>				
			DIST PROPERTY		
Total Other	Fees Adju	stments	\$ 7,044	💲 elevitatellis	\$ 4,005

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits - Disallow	\$		\$ 30,986
16	L4	Transportation Expense	\$		\$ 366
16	M13	Licenses and fees - Disallow	\$ 2,731		\$ 1,248
16	M13	Bank fees - Disallow	\$ 2,944		\$ 735
16	M13	Security Pager Service Rental - Disallow	\$ 192	den managige	\$ 46
16	M13	Miscellaneous	\$ 16		\$ 4
16	M13	Pet supplies - Disallow	\$		\$ 61
22	6F	Cable			\$ 319
30	4	ANC - Other Revenue - Disallow	\$ 10,799		\$ 2,535
30	4	ANC - Laundry	\$1,330		\$ 194
30	4	ANC - Telephone	\$ 24		\$ 3
30	4	Finance Charges on Unpaid Balances - Disallow	\$		\$ 101
30	4	Trip Activity Fees - Disallow	\$		\$ 127.
30	4	C.N.A. Escort revenue - Disallow	\$		\$ 160
30	4	Friendly Visitor Program - Disallow	\$	(gasharaa)))	\$ 2,605
30	4	Unrealized gain (loss) - Disallow	\$	CALL CONTRACTOR	\$ (312)
30	4	Miscellaneous Other Revenue - Disallow	\$		\$ 1,644
MARCH				and because the	
Cotal Other	r A&G Adj	ustments	\$ 18,036	\$	\$ 40,822

State of Connecticut **Annual Report of Long-Term Care Facility** CSP-29 Rev. 10/2006

		acility		Li	cense No.	Report for Y	ear Ended	Page	of
Chur	ch Ho	me of	Hartford, Inc. (DBA Seabury)		2103C	9/30/2015		29	37
					Total				2 69
		Line	51 X		Amount of			Resider	ntial Car
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	H	ome
		_	Subtotals Brought Forward	1 \$	242,012	64,867			177,145
Page	20-1		ent Care Supplies***						
27.	20	5a2	Prescription Drugs	\$	2,030	1,802			228
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$					
30.			Laboratory	\$					
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$		12			
33.			Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	26,295	23,340			2,955
Page	22 - 1	Aainte	enance and Property						
35.	_		Excess Movable Equipment Depreciation						
P 101 7 100			See Attached Schedule	\$	(13,993)	(22,274)			8,281
36.	2	02750	Depreciation on Unallowable						
		_	Motor Vehicles	\$				Network Contraction	
37.			Unallowable Property and Real						
			Estate Taxes	\$			1999-02019-02010-04070-040799	Construction of Performance	
38.			Rental of Building Space or Rooms	\$					
39.			Other - See Attached Schedule	\$	63,273	31,836			31,437
Page	27-1	nsura	nce						
40.			Mortgage Insurance	\$					
41.			Property Insurance	\$					
Other	- Mis	cellar		-				a an ta	
42.			Research or Experimental Activities	\$					
43.			Radio and Television Revenue	\$	······				
44.	ch:		Vending Machine Revenue	\$					
45.			Purchase Discounts and Allowances	\$	C. Inclusion and the				
46.			Duplications of functions or services	\$		-			
47.			Expenditures made for the protection,						
100.000			enhancement or promotion of the						
		2	providers interest	\$	nana kenangan kanananan	All and a subscription of the subscription of a	alan sa kana kana kana kana kana kana kana	aleksistelettelette	
48.			Interest Income on Accounts Rec	\$					*
49.			Other (include personnel and other	-					
			costs unrelated to resident care) - See						
		3 E E	Attached Schedule	\$	35,365	26,190			9,175
Vot F	or Pro		roviders Only						
50.			Building/Non Moyable Eq. Depreciation						
50.			Unallowable Building Interest -						
			See Attached Schedule	\$	242,752	158,724			84,028
	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		over Audolled Delledule	4	474,152	150,744			04,020

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

\$

597,734

284,484

313,250

51. Total Amount of Decrease (Items 1 - 50)

Church Home of Hartford, Inc. (DBA Seabury) 9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5	Nutrition Supplies - Billable	\$ 23,340	\$	\$ 2,955
				1800 AND	
Total Othe	r Ancillary	Costs	\$ 23,340	\$	\$ 2,955

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Excess Movable Depreciation based on actual vs estimate-Seabury	\$ (22,274)		\$ 7,633
		Movable in excess of CON -Meadows			\$ 648
			mere and		
				in the second second	No. 1997
Total Exce	ss Movabl	e Equipment Depreciation	\$ (22,274)	\$ 1000 (SUS)	\$ 8,281

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Outpatient - A&G	\$ 6,367		\$ 2,334
		Outpatient - Indirect	\$ 3,411		\$ 1,250
		Outpatient - Fixed Asset Depreciation and Interest	\$ 10,331		\$ 3,788
		Outpatient - Capital	\$ 3,111		\$ 1,141
		Outpatient Fair Rent	\$ 8,438		\$ 3,094
22	6e	Marketing Copier	\$ 177		\$ 83
22	6a	Insurance reimbursement to repairs			\$ 19,748
Total Othe	r Property	Adjustments	\$ 31,836	\$ 10000000000	\$ 31,437

Schedule of Other Adjustments

Attachment Page 29

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
30	8	ANC - Other Revenue - (Voided checks, furnishings, sales tax)	\$ 3,091		\$ 726
18	2a1	Liquor Purchases	\$ 4,420		\$ 1,602
		Home Health - A&G	\$ 9,227		\$ 3,382
		Home Health - Indirect	\$ 4,943		\$ 1,812
		Home Health - Capital	\$ 4,509		\$ 1,653
				No. of the second second	NUMBER OF
					AN ASSAULT AND A STATE
otal Othe	er Adjustn	ients	\$ 26,190	\$	\$ 9,175

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Excess Building Depreciation Actual vs Estimate-Seabury	\$ 158,724		\$ 58,663
		Building Dep in excess of CON Allowable of pre 2007 amount of 200K			\$ 25,365
				In the second second	
				NAME OF THE	
				North Market and	
STREET.			Non Contraction	MONTO COM	
					IN THE REAL PROPERTY.
Total Unal	lowable Bi	ulding Interest	\$ 158,724	\$	\$ 84,028

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

Name of Facility License No. Church Home of Hartford, Inc. (DBA Sez 2103C		Report for Y 9/30/2015	Page 30	of 37		
Item	****	Total	CCNH	RHNS	Resider	ntial Car
I. Resident Room, Board & Routine Care Revenue					an an An	
1. a. Medicaid Residents (CT only)	\$	3,598,152	2,511,759]	,086,393
b. Medicaid Room and Board Contractual Allowance **	\$	(1.922.948)	(1,292,415)			(630,533
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	847,900	847,900			R
b. Medicare Room and Board Contractual Allowance **	\$	109,621	109,621			
4. a. Private-Pay Residents and Other	\$	4,593,335	3,325,153		1	,268,182
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	STATISTISTICS				in the factor of the
b. Prescription Drugs - Medicare Contractual Allowance **	\$					*****
c. Prescription Drugs - Non-Medicarc	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$		-			
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	~				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$		***			
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$	7.000.000	C COD 010			01.040
IV. Other Revenue*	4	7,226,060	5,502,018			724,042
	•					
1. Meals sold to guests, employees & others	\$	2,284				2,284
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$	4,427	2,153			2,274
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$	7,589				7,589
8. Other (Specify)	\$	19,210	12,153			7,057
V. Total Other Revenue (1 thru 8)	\$	33,510	14,306			19,204
VI. Total All Revenue (III+V)	\$	7,259,570	5,516,324		1.	743,246

F. Statement of Revenue

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

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

Church Home of Hartford, Inc. (DBA Seabury) 9/30/2015

Attachment Page 30

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref Description	CCNII	RHNS	Residential Care Home
			CONTRACTOR OF T
	are distanced		
	ute versioner		NAME OF T
			alana (international)
Total Other Resident Revenue - Medicare	S	\$	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
and the second			<u>USUMPANE</u>	
		al a second s	WARDER	
NI DATE				
Total Othe	r Resident Revenue	(3) (19966) (19966) (19966) (19966) (19966) (1996) (1996) (1996) (1996	\$ 3396300200.	\$

Interest Income

.......

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
WEAKER	Interest Income - see attached schedule. Does not tie directly as schedule is		\$ 2,153		\$ 2,274
	for entire facility				
		(Netterstation)		Wildhourself	<u>elli sitten</u> te
		alla shqiqiqidi	AND AND A		angan gang
Total Inter	rest Income		\$ 2,153		\$ 2,274

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	ANC - Other Revenue - Disallow	\$ 10,799		\$ 2,535
	ANC - Laundry	\$ 1,330		\$ 194
	ANC - Telephone	\$ 24		\$ 3
	Finance Charges on Unpaid Balances - Disallow	- Harrison and Arrison and A		\$ 101
	Trip Activity Fees - Disallow	ality and the second	化法律管理法	\$ 127
	C.N.A. Escort revenue - Disallow			\$ 160
	Friendly Visitor Program - Disallow			\$ 2,605
	Unrealized gain (loss) - Disallow	Million and	an san sa	\$ (312)
	Miscellaneous Other Revenue - Disallow			\$ 1,644
gassag		Variation and	alan a sa da ang	
data da	en la chépana délan délan de la construction de la construction de la construction de la construction de la con		Anne and Anne Anna	[]] i - jala di ser
				ter a restation of
Total Othe	r Revenue.	\$ 12,153	\$	\$ 7,057

Interest Income Seabury Retirement FYE 09/2015

	Interest	G/L	Balance
00111	Amount	Account #	at 9/30/15
CCNH	-		
Operating Acct	1	1-000-1011	1,135,062
Payroll Acct	9	1-000-1013	345,684
Eq/Entrance Fund	6,160	1-000-1070	2,574,198
Asset Replacement	5,419	1-000-1060	544,271
	11,589.00		
RCH			
Operating Acct	-	1-000-1190	1,301
Asset Replacement	6,152	1-000-1192	567,874
	6,152.00		
Grand Total	17,741		

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

Name of Facility Church Home of Hartford, Inc	License No. . (DBA S 2103C	Report for Year Ended 9/30/2015	Pa 31		
	Account				
Assets		1227			
A. Current Assets					
1. Cash (on hand and in	n banks)		\$	4,419,309	
2. Resident Accounts R	eceivable (Less Allowance	for Bad Debts)	\$	1,485,332	
3. Other Accounts Rece	vivable (Excluding Owners	or Related Parties)	\$	771,110	
4 Inventories			\$	28,255	
5. Prepaid Expenses			\$	635,873	
a. Prepaid Expenses	ware Alexandre and a second	23,255			
b. Prepaid Taxes		236,057			
c. Prepaid FF&E		376,561			
d.			inter (1995) States and states and s		
6. Interest Receivable			\$		
7. Medicare Final Settle	ment Receivable	Tel Inde all	\$		
8. Other Current Assets	(itemize)		\$	3,192,011	
Escrow Account		1,375,318			
Accounts Receivable - Cash and cash equival		516,551 1,300,142			
Cash and cash equival		1,500,142			
A-9. Total Current Assets (L.	ines A1 thru 8)		\$	10,531,890	
B. Fixed Assets					
1. Land			\$	4,429,495	
2. Land Improvements	*Historical Cost		\$		
	Accum. Deprecia	tion Net			
3. Buildings	*Historical Cost	66,427,666	\$	29,005,900	
	Accum. Deprecia	tion 37,421,766 Net			
4. Leasehold Improvem	ents *Historical Cost	468,646	\$	199,177	
	Accum. Deprecia	tion 269,469 Net			
5. Non-Movable Equip	nent *Historical Cost	19,625	\$		
	Accum. Depreciat	tion 19,625 Net			
6. Movable Equipment	*Historical Cost	5,184,018	\$	1,419,606	
	Accum. Depreciat	tion 3,764,412 Net			
7. Motor Vehicles	*Historical Cost	212,171	\$	67,218	
	Accum. Depreciat	tion 144,953 Net			
8. Minor Equipment-No	ot Depreciable		\$		
9. Other Fixed Assets (i	temize)		\$	9,189,651	
Construction in Pr		9,189,651			
3-10. Total Fixed Assets ((inco P1 thru 0)		\$	44 211 047	
B-10. Total Fixed Assets (Φ	44,311,047	

G. Balance Sheet

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

(Carry Total forward to next page)

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

100000		f Facility Home of Hartford, Inc. (DBA	License No. Se 2103C	Report for Year Ended 9/30/2015		Page 32	of] 37
		Tome of Hardord, Inc. (DDA)	Account	775072015	T	Amc	
		e Marine and a constant and a second second		Total Brought Forward	. 15	Cale and a state of the state o	54,842,937
C.	Le	asehold or like property recor	ded for Equity Purpose		1-		54,042,751
. .		Land	and for Equily I dipote		\$		
i:		Land Improvements	*Historical Cost		1		
			Accum. Depreciatio	n Net	\$		
	3,	Buildings	*Historical Cost		Ţ.	_ S _ 2	2
		<u> </u>	Accum. Depreciatio	n Net	\$		
	4.	Non-Movable Equipment	*Historical Cost				
		• •	Accum. Depreciation	n Net	\$		
00 700	5.	Movable Equipment	*Historical Cost				
311			Accum. Depreciation	n Net	\$		
	6.	Motor Vehicles	*Historical Cost				
			Accum. Depreciation	n Net	\$		
	7.	Minor Equipment-Not Depre	eciable		\$		
C-8	To	tal Leasehold or Like Proper	ties (C1 thru 7)		\$	_	
D.	Inv	estment and Other Assets					
	1.	Deferred Deposits			\$		
	2.	Escrow Deposits			\$		
	3.	Organization Expense	*Historical Cost		1		
	_		Accum. Depreciation	n Net	\$		
	4.	Goodwill (Purchased Only)			\$		
	5.	Investments Related to Resid	lent Care (itemize)		\$		
				-			
	6.	Loans to Owners or Related	Parties (itemize)		\$		
		Name and Address	Amount	Loan Date			
						real Partie State	
2 <u>2</u> 2		<u></u>	a di mana na mana	<u> </u>			
2	7.	Other Assets (itemize)			\$	3	1,905,792
		See Attached		31,837,631			
		Deferred Compensation In	nvestments	68,161			
2-8	To	tal Investments and Other As	sets (Lines D1 thru 7)		\$	2	1 005 702
		tal All Assets (Lines A9 + B1			э \$		1,905,792
<i>U</i> - <i>J</i> .	10				φ	O	0,740,729

G. Balance Sheet (cont'd)

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

Other Assets Attachment

SEABURY

13,673,647
13,575,638
1,112,145
104,956
1,565,663
15,107
1,790,475

Total Other Assets

31,837,631

State of Connecticut Annual Report of Long-Term Care Facility CSP-33 Rev. 6/95

Church Home of Hartford, Inc. (DBA Seabury) 2103C 9/30/2015 Account Liabilities A. Current Liabilities 1. Trade Accounts Payable 2. Notes Payable (<i>itemize</i>) Connecticut Light & Power 88,571 	Inded	Pag	
Liabilities A. Current Liabilities 1. Trade Accounts Payable 2. Notes Payable (<i>itemize</i>) Connecticut Light & Power 88,571 3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>) Name of Lender Purpose Amount Summit Group TV & Internet Equip. 48,863 4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>) 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) 6. Accrued Payroll (<i>Owners and/or Stockholders only</i>) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (<i>Current Portion</i>) 10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>) 11. Accrued Income Taxes* 12. Other Current Liabilities (<i>itemize</i>) Acerued Auditing Fees 71,500		33	the second s
A. Current Liabilities 1. Trade Accounts Payable 2. Notes Payable (<i>itemize</i>) Connecticut Light & Power 88,571			Amount
1. Trade Accounts Payable 2. Notes Payable (itemize) Connecticut Light & Power 88,571 3. Loans Payable for Equipment (Current portion) (itemize) Name of Lender Purpose Amount Summit Group TV & Internet Equip. 48,863 4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Exclusive of Owner and/or Related Parties) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees			
2. Notes Payable (itemize) 88,571 Connecticut Light & Power 88,571 3. Loans Payable for Equipment (Current portion) (itemize) Name of Lender Name of Lender Purpose Summit Group TV & Internet Equip. 48,863 4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Exclusive of Owner and/or Related Parties) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 71,500			
Connecticut Light & Power 88,571 3. Loans Payable for Equipment (Current portion) (itemize) Name of Lender Purpose Summit Group TV & Internet Equip. 48,863 4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500		\$	1,849,990
3. Loans Payable for Equipment (Current portion) (itemize) Name of Lender Purpose Amount Summit Group TV & Internet Equip. 48,863 4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 5. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500		\$	88,571
Name of Lender Purpose Amount Summit Group TV & Internet Equip. 48,863 4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>) 4. 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) 5. 6. Accrued Payroll Taxes Payable 7. 7. Medicare Final Settlement Payable 8. 8. Medicare Current Financing Payable 9. 9. Mortgage Payable (<i>Current Portion</i>) 10. 10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>) 11. 11. Accrued Income Taxes* 12. Other Current Liabilities (<i>itemize</i>) Accrued Auditing Fees 71,500 71,500			
Name of Lender Purpose Amount Summit Group TV & Internet Equip. 48,863 4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>) 4. 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) 5. 6. Accrued Payroll Taxes Payable 7. 7. Medicare Final Settlement Payable 8. 8. Medicare Current Financing Payable 9. 9. Mortgage Payable (<i>Current Portion</i>) 10. 10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>) 11. 11. Accrued Income Taxes* 12. 0ther Current Liabilities (<i>itemize</i>) Accrued Auditing Fees 71,500 11.			
Name of Lender Purpose Amount Summit Group TV & Internet Equip. 48,863 4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>) 4. 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) 5. 6. Accrued Payroll Taxes Payable 7. 7. Medicare Final Settlement Payable 8. 8. Medicare Current Financing Payable 9. 9. Mortgage Payable (<i>Current Portion</i>) 10. 10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>) 11. 11. Accrued Income Taxes* 12. 0ther Current Liabilities (<i>itemize</i>) Accrued Auditing Fees 71,500 11.			
Name of Lender Purpose Amount Summit Group TV & Internet Equip. 48,863 4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 4. 5. Accrued Payroll (Owners and/or Stockholders only) 5. 6. Accrued Payroll Taxes Payable 7. 7. Medicare Final Settlement Payable 8. 8. Medicare Current Financing Payable 9. 9. Mortgage Payable (Current Portion) 10. 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Acerned Auditing Fees 71,500			
Summit Group TV & Internet Equip. 48,863 4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>) 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (<i>Current Portion</i>) 10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>) 11. Accrued Income Taxes* 12. Other Current Liabilities (<i>itemize</i>) Accrued Auditing Fees	12.2	\$	48,863
4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 71,500	Date Due		
4. Accrued Payroll (Exclusive of Owners and/or Stockholders only) 5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 71,500	11/01/02		
5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500	11/01/22		
5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees			
5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees			
5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500			
5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees			
5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees			
5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees			
5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees	1		a an
5. Accrued Payroll (Owners and/or Stockholders only) 6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees		\$	
6. Accrued Payroll Taxes Payable 7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500		\$	924,318
7. Medicare Final Settlement Payable 8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500		\$	367,188
8. Medicare Current Financing Payable 9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500		\$	507,180
9. Mortgage Payable (Current Portion) 10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500		\$	
10. Interest Payable (Exclusive of Owner and/or Related Parties) 11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500		\$	865,000
11. Accrued Income Taxes* 12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500		э \$	138,477
12. Other Current Liabilities (itemize) Accrued Auditing Fees 77,500		\$	130,477
Accrued Auditing Fees 77,500		\$	2 222 4/5
			3,333,465
Enuance ree Deposits 1,377,818			
Residential Care Service 111,024			
Other Accrued Payables 1,767,123 A-13. Total Current Liabilities (Lines A1 thru 12)		\$	7,615,872

G. Balance Sheet (cont'd)

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

(Carry Total forward to next page)

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

Name of Facility	License No. Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seab		9/30/2015		34	37
	Account			Ar	nount
		Total Broug	ht Forward:		7,615,872
Liabilities (cont'd) B. Long-Term Liabilities					
1. Loans Payable-Equipment	\$	an a	284,175		
Name of Lender	Purpose	Amount	Date Due		
Summit Group	TV & Internet Equip.	284,175	11/1/22		
 Mortgages Payable Loans from Owners or Rel 	ated Parties (itemiz	e)	\$	_	33,114,550
Name and Address of Lender	ate				
4. Other Long-Term Liabilitie	L es (itemize)		\$		41,035,367
Deferred Revenue from Entrance Fees 40,851,554					
Deferred Compensation Pla					
Notes Payable - Connecticu	Notes Payable - Connecticut Light & Power 115,652				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)		\$		74,434,092
C. Total All Liabilities (Lines A-13 + B-5)					82,049,964

G. Balance Sheet (cont'd)

State of Connecticut Annual Report of Long-Term Care Facility CSP-35 Rev. 6/95

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

	ne of Facility License	No. 103C	Report for Y 9/30/2015	ear Ended	Page 35	e of 37		
Çm	rch Home of Hartford, Inc. (DBA 2) Accourt		9/30/2013			Amount		
Α.	Reserves					Amount		
	1. Reserve for value of leased land				\$			
	2. Reserve for depreciation value of lease to be amortized	d building	s and appurten	ances	\$	5		
	3. Reserve for depreciation value of lease	d personal	property (Equ	ity)	\$			
	4. Reserve for leasehold real properties of	n which fai	r rental value i	s based	\$			
	5. Reserve for funds set aside as donor re	stricted		7) 7	\$	· · · ·		
	6. Total Reserves		u		\$			
В.	Net Worth 1. Owner's Capital				\$			
	2. Capital Stock				\$	-		
	3. Paid-in Surplus		19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -		\$			
	4. Treasury Stock				\$			
	5. Cumulated Earnings	2			\$	6,380,435		
	6. Gain or Loss for Period	10/1/2014	thru	9/30/2015	\$	(1,681,670		
	7. Total Net Worth				\$	4,698,765		
с.	Total Reserves and Net Worth				\$	4,698,765		
D.	Total Liabilities, Reserves, and Net Worth	h			\$	86,748,729		

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

	ne of Facility License No.		Report for Year	Ended	Page	of
Chu	rch Home of Hartford, Inc. (DBA Sea 2103)	Ç	9/30/2015		36	37
Account						mount
A. Balance at End of Prior Period as shown on Report of 09/30/2014						14,168,635
B.	Total Revenue (From Statement of Revenue Page		And Annual A	Addition of the second s	\$\$	24,883,693
C.						26,565,363
D.	Net Income or Deficit				\$	(1,681,670
E.	Balance				\$	12,486,965
F.	Additions Additional Capital Contributed (<i>itemize</i>) 					
	2. Other (<i>itemize</i>)					
F-3.					\$	
G.	Deductions					
	1. Drawings of Owners/Operators/Partners (Specify)				\$	
	Name and Address (No., City, State, Zip)	-	Title	Amount		
	2. Other Withdrawings (Specify)					
	Purpose Amount				\$	
	3. Total Deductions			and the second sec	\$	+
H.	Balance at End of Period 0	9/30/	15		\$	12,486,965

H. Changes in Total Net Worth

State of Connecticut Annual Report of Long-Term Care Facility CSP-37 Rev. 9/2002

Name of Facility License No. Report for Year Ended Page of Church Home of Hartford, Inc. (DBA 9/30/2015 2103C 37 37 Check appropriate category Chronic and Convalescent Nursing Rest Home with Nursing M Residential Care Home Supervision only (RHNS) Home only (CCNH) **Preparer/Reviewer Certification** I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility. Signature of Preparer Title Date Signed Blum, Shapino + Conpany, P.C. 9/16 Printed Name of Preparer Addres Address Phone Number

I. Preparer's/Reviewer's Certification

State of Connecticut 2015 Annual Cost Report

Version 12.1