

February 15, 2017

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 2016 Medicaid Cost Report for Church Home of Hartford, Inc. d/b/a Seabury.

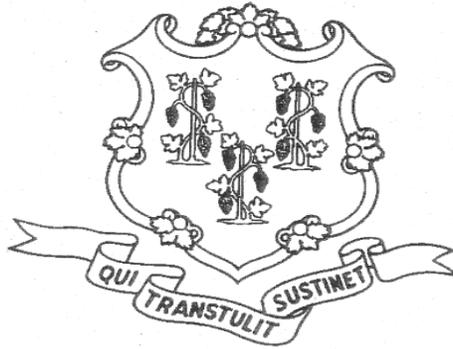
In preparing this cost report, we did not perform any disallowances for the owner/operator or administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We did not disallow any depreciation or interest expense in excess of amounts previously approved 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 speech, physical and occupational therapy, although treatments are included on page 9. In addition to this, 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 depreciation and amortized and accumulated depreciation and amortization on pages 23 and 24 are for the full organization. On both pages, depreciation and 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 depreciated and amortized and the corresponding accumulated depreciation and amortization being for the entire organization. Depreciation and amortization for the year per the report only relates to the CCH and RCH portions

As noted on the attachments to page 23, the Organization had additions of \$18,588,954 during the year. Of that amount, \$17,654,347 should not be considered for fair rental reimbursement. Of the \$17,654,347, \$14,112,725 relates to a specific project for which 100% of the depreciation and interest have also been removed from pages 22 and 26.

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 2016

Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury)	
Address (No. & Street, City, State, Zip Code) 200 Seabury Drive, Bloomfield, CT 06002	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2103C	RHNS	Residential Care Home 1830HA	Medicare Provider 07-5383
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

Table of Contents

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

General Information

Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2016	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Church Home of Hartford, Inc. (DBA Seabury) [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Anne Erickson			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 200 Seabury Drive, Bloomfield, CT 06002				
Report Prepared By Blum Shapiro & Company		Phone Number 860-561-4000	Date 2/15/2016	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-286-0243		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Church Home of Hartford, Inc. (DBA Seabury)		Address (No. & Street, City, State, Zip) 200 Seabury Drive, Bloomfield, CT 06002		
License Numbers:	CCNH 2103C	RHNS	Residential Care Home 1830HA	Medicare Provider No. 07-5383
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Anne Erickson		Nursing Home Administrator's License No.:	1804	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Church Home of Hartford, Inc. (DBA Seabury)	200 Seabury Drive, Bloomfield, CT 06002		Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

CHHI BOARD OF DIRECTORS
November 2015

<p>*Mr. Richard C. Heath Executive Vice President & CEO Seabury 200 Seabury Drive Bloomfield, CT 06002 860-243-6002 (O) e-mail: richardheath@seaburylife.org 96 Reverknolls Avon, CT 06001 860-675-3370 (H) 860-461-5267 (Cell)</p>	<p>Mr. Harold L. Rives III 2016 New England Guild Wealth Advisors 139 Simsbury Road Avon, CT 06001 860-404-5900 (O) 860-404-5598 (Fax) e-mail: hrives@neguild.com 45 Uplands Drive West Hartford, CT 06107-1038 860-521-7796 (H) 860-841-9110 (Cell)</p>
<p>Mr. Gale A. Mattison 2018 President 12 Sandhurst Drive West Hartford, CT 06107 860-561-3723 (H) 860-944-0922 (Cell) e-mail: g.mattison@comcast.net</p>	<p>The Rev. George C. Roberts 2016 St. Jame's Church 3 Mountain Road Farmington, CT 06032 860-677-1564 (O) e-mail: rector.st.james@sbcglobal.net 12 Diamond Glen Road Farmington, CT 06032 860-558-8110 (Cell)</p>
<p>Ms. Marnie W. Mueller 2018 102 N. Beacon Street Hartford, CT 06105 860-233-6821 (H)-prefers 860-508-5545 (Cell) e-mail: muellermw@yahoo.com</p>	<p>Mr. Robert Stanwood 2016 Secretary 21 Stuart Drive Bloomfield, CT 06002 860-242-2784 (H) e-mail: Radiobob@comcast.net</p>
<p>The Rev. Erl G. (Puck) Purnell 2018 48 Overlook Terrace Simsbury, CT 06070 860-508-1898 e-mail: puckpurnell@mac.com</p>	<p>Mr. William J. Thompson 2018 Treasurer Milliman, Inc. 80 Lamberton Road Windsor, CT 06095 860-687-0124 (O) 860-687-4881 (Fax) e-mail: bill.thompson@milliman.com 103 Sunset Farm Road West Hartford, CT 06107 860-561-4630 (H) 860-463-9486 (Cell)</p>

**CHHI BOARD OF DIRECTORS
November 2015**

<p align="center">Mr. Thomas E. Andersen 2017 Bartlett Brainard Eacott, Incorporated 70 Griffith Road South Bloomfield, CT 06002-1352 860-380-5550 (O) 860-243-8929 (Fax) e-mail: tandersen@bbeinc.com 253 Center Hill Road Barkhamsted, CT 06063-4110 860-379-0487 (H) 860-922-5001 (Cell)</p>	<p align="center">Dr. Jonathan A. Dixon 2018 Vice President Hartford Hospital Rheumatology Clinic 85 Seymour Street, Suite #601 Hartford, CT 06106 860-545-2791 (O) e-mail: Jonathan.Dixon@hhchealth.org 7 Fernwood Road West Hartford, CT 06119 860-233-6997 (H) 860-748-7865 (Cell)</p>
<p align="center">Ms. Doris Armstrong 2016 400 Seabury Drive, Apt. 4188 Bloomfield, CT 06002 860-243-8652 e-mail: armyinthewoods@gmail.com</p>	<p align="center">The Right Rev. Ian T. Douglas Chairman, Ex Officio Episcopal Diocesan House 290 Pratt Street, Box 52 Meriden, CT 06450 203-639-3501 (O) e-mail: itdouglas@ctdiocese.org One Collins Lane Essex, CT 06426 860-767-0771 (H)</p>
<p align="center">Bradford S. Babbitt 2016 Robinson & Cole LLP 280 Trumbull Street Hartford, CT 06103 860-275-8209 (O) 860-275-8299 (Fax) e-mail: bbabbitt@rc.com</p>	<p align="center">Dr. Donna R. Galluzzo 2017 HMS Healthcare Management Solutions, Inc. 8 Research Parkway Wallingford, CT 06492 203-269-4667 (O) 203-294-6711 (Fax) e-mail: dgalluzzo@corridorgroup.com 224R Skeet Club Road Durham, CT 06422 860-349-3349 (H) 860-539-8866 (Cell)</p>
<p align="center">Dr. Richard M. Bridburg 2016 9 Hickory Lane West Hartford, CT 06107 860-232-4434 (H) Email: dbridburg@gmail.com</p>	<p align="center">Mr. Paul Glover III 2018 ISG Holdings 20 Waterside Drive Farmington, CT 06032 860-678-7877 (O) e-mail: paulglover3@gmail.com 30 Governor's Row West Hartford, CT 06117-1931 860-877-9197 (Cell)</p>

**CHHI BOARD OF DIRECTORS
November 2015**

<p align="center">Mr. James Trail 2017 400 Seabury Drive, Apt. 3191 Bloomfield, CT 06002 860-243-8353 e-mail: uconnjim@yahoo.com</p>	<p align="center">Mr. John R. Wadsworth 2017 292 Fern Street West Hartford, CT 06119 860-233-1622 (H) e-mail: 29Wadsworth@comcast.net</p>
<p align="center">Mr. A. Raymond Madorin Director Emeritus 300 Mountain Spring Road Farmington, CT 06032 860-676-1970 (O) 855-623-6746 (Fax) e-mail: armlawct@gmail.com 300 Mountain Spring Road Farmington, CT 06032 860-674-0211 (H) 860-573-3998 (Cell)</p>	<p align="center">BISHOP'S REPRESENTATIVE *The Reverend Canon Wilborne A. Austin St. Stephen's Episcopal Church 590 Bloomfield Avenue Bloomfield, CT 06002 860-769-0556 (O) 860-242-4154 (Fax) e-mail: st9@snet.net 18 Richard Road East Hartford, CT 06108 860-290-1238 (H) 860-205-5607 (Cell)</p>
<p>*Voice but no vote</p>	

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2016	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (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 following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
See Cover Letter				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C		9/30/2016			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes, 2225 American Drive, Neenah, MI 54956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	04/04/15	39 Months	268	268	
Marlin Leasing, PO Box 13604, Philadelphia, PA 19101-3604	<input type="radio"/>	<input checked="" type="radio"/>	Two Copiers	01/19/11	60 Months	3,614	939	
G E Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	One Copier	01/14/14	36 Months	423	423	
G E Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	One Copier - Marketing (disallowed)	06/18/15	36 Months	1,040	1,040	
GE Capital, PO Box 642111, Pittsburgh, PA 15264-2111	<input type="radio"/>	<input checked="" type="radio"/>	Digital Copier System	10/03/13	60 Months	328	328	
G E Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Two Copiers	01/14/16	36 Months	2,060	1,374	
G E Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Accounting Copier	02/01/16	36 Months	571	381	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***							4,753	

* 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.



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 INCORPORATED				Graham Fong			
Full Legal Name 200 SEABURY DR				Billing Contact Name 200 SEABURY DR			
Equipment Location Address BLOOMFIELD CT 06002-2659				Billing Address (if different from location address) BLOOMFIELD CT 06002-2659			
City	County	State	Zip	City	County	State	Zip
Federal Tax ID No. 06-0293500 <small>(Do Not Insert Social Security No.)</small>		Billing Contact Telephone No. (860)243-6088		Billing Contact Facsimile No.		Billing Contact E-Mail Address grahamfong@seaburyretirement.com	

EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make & Model
1	RICOH MP5054SP BRANDING SET

Qty	Equipment Description: Make & Model

PAYMENT SCHEDULE

Minimum Term (months)
36

Minimum Payment (Without Tax)
\$ 159.65

Minimum Payment Billing Frequency
<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other: _____

Guaranteed Minimum Images*°	
Black/White	Color
N/A	N/A

Cost of Additional Images°	
Black/White	Color
\$0.0067	N/A

Meter Reading/Billing Frequency
<input type="checkbox"/> Monthly
<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other: _____

* Based upon Minimum Payment Billing Frequency

° Based upon standard 8½" x 11" paper size. Paper sizes greater than 8½" 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 pages: _____)

TERMS AND CONDITIONS

- 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 SIGNER

THE PERSON SIGNING THIS AGREEMENT ON BEHALF OF THE CUSTOMER REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO DO SO.

Authorized Signer Signature <i>X Richard C. Heath</i>	Date 2-1-16	Authorized Signer Printed Name RICHARD C. HEATH	Authorized Signer Title EXECUTIVE VP & CEO
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3. 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 Assignee will not be subject to any claims, defenses or set-offs that you may have against us. No assignment to an Assignee 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 Assignee 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. Software or Intangibles. 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).
5. Taxes and Origination Fee. In addition to the payments under this Agreement, you 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. In connection with this Agreement, you agree to pay us an origination fee of \$75.00 on the first payment date.
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 profits from the sale, casualty 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. Maintenance of Our Equipment. You agree to install (if required), use and maintain the Equipment in accordance with Manufacturers' 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.
9. 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 payee 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 Equipment. 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.
10. Renewal and Return of Equipment. AFTER THE MINIMUM TERM OR ANY EXTENSION, THIS AGREEMENT WILL AUTOMATICALLY RENEW ON A MONTH-TO-MONTH BASIS UNLESS EITHER PARTY 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, 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 guarantee compliance with such requirements. The selection, use and design of any Data Management Services,

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.

11. 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. Default and Remedies. 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, (e) 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. Business Agreement and Choice of Law. 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. Ricoh Service Commitments; Counterparts; Facsimiles. 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

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. Miscellaneous. 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 indemnities 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 Assignee 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 Ricoh 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 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: _____
 Guarantor Signature

Home Address: _____

City: _____ State: _____ Zip: _____

 (Printed Name of Guarantor, Do Not Include Title)

(_____) _____
 Home Phone

Accepted by RICOH USA, INC.:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title



RICOH USA, 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, Malvern, PA 19355 ("Ricoh"). The words "you" and "your" 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, Ricoh's assignee is the party responsible for financing and billing the Image Management Plus Agreement. The Service Commitments are only applicable to the equipment ("Equipment") 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, laser 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 Ricoh determines that you have used more supplies than the manufacturer's recommended specifications, you will pay reasonable charges for those excess supplies and/or Ricoh may refuse you additional supply shipments. Optional supply items such as paper, staples and transparencies are not included.

RESPONSE TIME COMMITMENT

Ricoh 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 Ricoh 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

Ricoh 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 Ricoh for scheduled preventative and interim maintenance. You further agree to give Ricoh advance notice of any critical and specific uptime needs you may have so that Ricoh 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 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 amount sufficient for you to consider an alternative plan, Ricoh 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 not be less than 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 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 Ricoh 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 with 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 compliance 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 dissatisfied with Ricoh'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 Ricoh 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. Ricoh will follow up within 8 business hours of a call or e-mail to one of Ricoh's account management team members requesting a metrics review. Ricoh will, upon your request, be pleased to annually review your business environment and discuss ways in which Ricoh 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 located 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 either 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 parties 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 warranties of merchantability, fitness for use, or fitness for a particular purpose. In no event shall Ricoh 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 against any and all costs, expenses, liabilities, claims, damages, losses, judgments or fees (including reasonable attorneys' fees) arising from its failure to comply with any such legal requirements or obligations. These Service Commitments shall be governed according to the laws 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 "Ricoh Certified Technician". If any software, system support or related connectivity services are included as part of these Service Commitments as determined by Ricoh, Ricoh 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 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 utilized for billing purposes.



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 INCORPORATED				Graham Fong			
Full Legal Name 200 SEABURY DR				Billing Contact Name 200 SEABURY DR			
Equipment Location Address BLOOMFIELD CT 06002-2659				Billing Address (if different from location address) BLOOMFIELD CT 06002-2659			
City	County	State	Zip	City	County	State	Zip
Federal Tax ID No. 060293500 (Do Not Insert Social Security No.)		Billing Contact Telephone No. (860)243-6088		Billing Contact Facsimile No.		Billing Contact E-Mail Address grahamfong@seaburyretirement.com	

EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make & Model
2	RICOH MP6054SP BRANDING SET

Qty	Equipment Description: Make & Model

PAYMENT SCHEDULE

Minimum Term (months)
36

Minimum Payment (Without Tax)
\$ 575.83

Minimum Payment Billing Frequency
<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other: _____

Guaranteed Minimum Images*°	
Black/White	Color
N/A	N/A

Cost of Additional Images°	
Black/White	Color
\$0.0067	N/A

Meter Reading/Billing Frequency
<input type="checkbox"/> Monthly
<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other: _____

* Based upon Minimum Payment Billing Frequency
° Based upon standard 8 1/2" x 11" paper size. Paper sizes greater than 8 1/2" 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 pages: _____)

TERMS AND CONDITIONS

- 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 SIGNER

THE PERSON SIGNING THIS AGREEMENT ON BEHALF OF THE CUSTOMER REPRESENTS THAT HE/SHE HAS THE AUTHORITY TO DO SO.

Authorized Signer Signature X Richard C. Heath	Date 1-14-16	Authorized Signer Printed Name RICHARD C. HEATH	Authorized Signer Title CEO
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3. **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 Assignee will not be subject to any claims, defenses or set-offs that you may have against us. No assignment to an Assignee 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 Assignee 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. **Software or Intangibles.** 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).
5. **Taxes and Origination Fee.** In addition to the payments under this Agreement, you 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. In connection with this Agreement, you agree to pay us an origination fee of \$75.00 on the first payment date.
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 profits from the sale, casualty 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. **Maintenance of Our Equipment.** You agree to install (if required), use and maintain the Equipment in accordance with Manufacturers' 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.
9. **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 payee 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 Equipment. 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.
10. **Renewal and Return of Equipment.** AFTER THE MINIMUM TERM OR ANY EXTENSION, THIS AGREEMENT WILL AUTOMATICALLY RENEW ON A MONTH-TO-MONTH BASIS UNLESS EITHER PARTY 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, 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 guarantee compliance with such requirements. The selection, use and design of any Data Management Services,

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. **Default and Remedies.** 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, (e) 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 of 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. **Business Agreement and Choice of Law.** 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. **Ricoh Service Commitments; Counterparts; Facsimiles.** 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

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. **Miscellaneous.** 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 indemnities 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 Assignee 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 Ricoh 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 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: _____
 Guarantor Signature

Home Address: _____
 City: _____ State: _____ Zip: _____
 (_____) _____
 Home Phone

 (Printed Name of Guarantor, Do Not Include Title)

Accepted by RICOH USA, INC.:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title

RICOH USA, 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, Malvern, PA 19355 ("RicoH"). The words "you" and "your" 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, Ricoh's assignee is the party responsible for financing and billing the Image Management Plus Agreement. The Service Commitments are only applicable to the equipment ("Equipment") 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 Ricoh determines that you have used more supplies than the manufacturer's recommended specifications, you will pay reasonable charges for those excess supplies and/or Ricoh may refuse you additional supply shipments. Optional supply items such as paper, staples and transparencies are not included.

RESPONSE TIME COMMITMENT

Ricoh 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 Ricoh 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

Ricoh 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 Ricoh for scheduled preventative and interim maintenance. You further agree to give Ricoh advance notice of any critical and specific uptime needs you may have so that Ricoh 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 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 amount sufficient for you to consider an alternative plan, Ricoh 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 not be less than 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 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 Ricoh 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 with 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 compliance 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 dissatisfied with Ricoh'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 Ricoh 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. Ricoh will follow up within 8 business hours of a call or e-mail to one of Ricoh's account management team members requesting a metrics review. Ricoh will, upon your request, be pleased to annually review your business environment and discuss ways in which Ricoh 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 located 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 either 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 parties 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 warranties of merchantability, fitness for use, or fitness for a particular purpose. In no event shall Ricoh 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 against any and all costs, expenses, liabilities, claims, damages, losses, judgments or fees (including reasonable attorneys' fees) arising from its failure to comply with any such legal requirements or obligations. These Service Commitments shall be governed according to the laws 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 "RicoH Certified Technician". If any software, system support or related connectivity services are included as part of these Service Commitments as determined by Ricoh, Ricoh 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 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 utilized for billing purposes.



General Information and Questionnaire
Accounting Basis

Name of Facility Church Home of Hartford, Inc. (DB	License No. 2103C	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, PC 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main St., PO Box 272000, West Hartford, CT 06127-2000
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Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report	\$ 10,300
2 Medicare Cost Report	\$ 6,300
3 Annual Audit and Preparation of 990 Tax Return	\$ 21,877
4	\$
	Charge for Services Provided
	\$ 38,477

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Pullman & Comley LLC 2 3 4 5	Telephone Number 860-424-4300
--	----------------------------------

Address (*No. & Street, City, State, Zip Code*)
 1 90 State House Square, Hartford, CT 06103
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Collections and Various General Matters	\$ 1,924
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 1,924

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

Schedule of Resident Statistics

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		License No. 2103C			Report for Year Ended 9/30/2016				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					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	90	59		31	90	59		31	94	60		34
B. As of midnight of THIS report period	95	60		35	94	60		34	95	60		35
3. Total Number of Days Care Provided During Period												
A. Medicare	2,186	2,186			1,540	1,540			646	646		
B. Medicaid (Conn.)	5,260	5,260			3,971	3,971			1,289	1,289		
C. Medicaid (other states)												
D. Private Pay	9,463	5,433		4,030	7,142	4,076		3,066	2,321	1,357		964
E. State SSI for RCH	6,150			6,150	4,405			4,405	1,745			1,745
F. Other (Specify) CCC / PRIVATE INSURANCE	9,828	8,187		1,641	7,429	6,197		1,232	2,399	1,990		409
G. Total Care Days During Period (3A thru F)	32,887	21,066		11,821	24,487	15,784		8,703	8,400	5,282		3,118
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	117	17		100	111	14		97	6	3		3
B. Other Bed Reserve Days	232	68		164	175	46		129	57	22		35
5. Total Resident Days (3G + 4A + 4B)	33,236	21,151		12,085	24,773	15,844		8,929	8,463	5,307		3,156

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Residential Care Home		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR					
No. of Residents	12	14		34		16	19						
Per Diem Rate													
a. One bed rm.	PPS	235.31		470.00		181-209	138.51						
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									1,430	1,430			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									6,961	6,961			
D. Total Physical Therapy Treatments									8,391	8,391			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									80	80			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									200	200			
D. Total Speech Therapy Treatments									280	280			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									902	902			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									7,016	7,016			
D. Total Occupational Therapy Treatments									7,918	7,918			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	76,036	501			17,541	116
2. Administrator(s) (Complete also Sec. III of Schedule A1)	73,870	1,574			46,233	1,105
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	110,174	4,834			46,901	2,243
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	341,642	22,463			180,218	12,594
6. Housekeeping Service						
a. Head Housekeeper	12,171	428			4,424	155
b. Other Housekeeping Workers	87,100	7,049			56,434	4,333
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	30,147	409			15,330	324
b. Other Maintenance Workers	55,772	2,900			28,596	1,578
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	60,707	4,779			25,078	1,883
9. Barber and Beautician Services						
10. Protective Services	77,168	5,182			28,295	1,900
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	128,021	3,438			29,534	793
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	167,343	3,859			41,902	994
b. RN						
1. Direct Care	667,073	16,841			105,660	3,045
2. Administrative**	239,391	3,811			30,180	480
c. LPN						
1. Direct Care	193,826	5,901			42,401	1,555
2. Administrative**						
d. Aides and Attendants	1,091,849	69,480			377,804	26,145
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	117,731	7,872			100,044	6,539
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	51,665	1,882			6,513	237
n. Marketing						
o. Other (Specify)						
See Attached Schedule	258,618	8,532			47,126	1,779
<i>A-13. Total Salary Expenditures</i>	3,840,304	171,735			1,230,214	67,798

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Internal Technology	\$ 43,972	1,430			\$ 10,144	330
Human Resources	\$ 60,259	1,621			\$ 13,901	374
Chaplain and Holistic Medicine	\$ 62,318	1,544			\$ 7,857	195
Scheduler	\$ 40,359	1,766			\$ 4,238	186
Medical Records	\$ 51,710	2,171			\$ 3,167	173
Medical Clerk					\$ 7,819	521
Total	\$ 258,618	8,532	\$ -	-	\$ 47,126	1,779

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Church Home of Hartford, Inc. (DBA Seabury)				2103C	9/30/2016			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Richard Heath	76,036		17,541	Vehicle and Deferred Compensation	Responsible for all operations of facilities	617	A1			
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.

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)				2103C		9/30/2016			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Anne Erickson	73,870		27,086	Nondiscretionary	Administrator	2,151	A2			
Jennifer Cavallaro			19,147	Nondiscretionary	Administrator - Meadows	528	A2			
Section IV - Assistant Administrators										

*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.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	17,094	380			2,155	48
2. Dentist						
3. Pharmacist	5,333	265			672	33
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	23,212	147			2,926	18
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Psychiatrist	5,683	282			1,779	89
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	51,322	1,074			7,532	188

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2016		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 129,567	93,306			36,261
2. Disability Insurance	\$ 14,352				14,352
3. Unemployment Insurance	\$ 25,496	18,362			7,134
4. Social Security (F.I.C.A.)	\$ 382,571	290,030			92,541
5. Health Insurance	\$ 704,438	522,165			182,273
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,588				3,588
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 163,737	137,287			26,450
8. Uniform Allowance	\$ 1,146	961			185
9. Other (<i>Specify</i>) See Attached Schedule	\$ 3,856	3,233			623
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* Deferred Compensation Plan	\$ 5,355	4,351			1,004
c. Bad Debts*	\$ 68,524	55,679			12,845
d. Accounting and Auditing	\$ 38,477	30,181			8,296
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 1,924	1,563			361
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 27,857	21,269			6,588
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 28,585	23,227			5,358
2. Cellular Phones	\$ 11,177	9,082			2,095
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$				
Subtotal	\$ 1,610,650	1,210,696			399,954

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2016		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:	1,610,650	1,210,696		399,954	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 5,888	4,784		1,104	
4. Employee Travel	\$ 30,312	24,563		5,749	
5. Education Expenses Related to Seminars and Conventions	\$ 13,385	10,876		2,509	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 9,037	4,630		4,407	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 5,944			5,944	
7. Postage	\$ 2,564	1,933		631	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,269	5,094		1,175	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 24,236	19,693		4,543	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 61,051	49,010		12,041	
C-14 Total Administrative & General Expenditures	\$ 1,769,336	1,331,279		438,057	

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age Dues	\$ 4,869		\$ 1,123
ICAA Dues	\$ 225		\$ 52
Total Dues	\$ 5,094	\$ -	\$ 1,175

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Licenses and fees - Disallow	\$ 2,896		\$ 779
Supplies	\$ 2,924		\$ 675
Communication Systems	\$ 13,794		\$ 3,182
Bank fees - Disallow	\$ 14,985		\$ 3,457
Fire/ Safety alarm system	\$ 13,710		\$ 3,163
Security Pager Service Rental - Disallow	\$ 268		\$ 62
Miscellaneous	\$ 433		\$ 100
Travel - Disallow	\$ -		\$ 443
Gardening	\$ -		\$ 95
Pet Supplies - Disallow	\$ -		\$ 85
Total Other Administrative and General	\$ 49,010	\$ -	\$ 12,041

Schedule C-1 - Management Services*

Name of Facility Church Home of Hartford, Inc. (DBA Sea	License No. 2103C	Report for Year Ended 9/30/2016	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 #

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2016		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 370,641	245,674			124,967
2.	Non-Food Supplies	\$ 63,084	45,043			18,041
3.	Other (<i>Specify</i>) _____	\$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Management Services**		\$				
d. Other (<i>Specify</i>) _____ Uniforms and Other Food Misc.		\$ 6,019	3,591			2,428
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 439,744	294,308			145,436
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals: Total no. of meals served per day:*						
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility		License No.	Report for Year Ended		Page of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2016		19 37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.			
		Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.			
		Amt. \$	8,273	6,212	2,061
4. Repair and/or purchase of linens.***		Lbs.			
		Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$			
c. Management Services**		\$			
d. Other (<i>Specify</i>) Laundry Supplies		\$	13,470	11,002	2,468
3E. Total Laundry Expenditures (3a + b + c + d)		\$	21,743	17,214	4,529
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2016		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	20,291	15,668		4,623
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	20,291	15,668		4,623
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Multiple Vendors	\$	1,747	1,551		196
b.	Medicine Cabinet Drugs	\$	16,138	14,331		1,807
c.	Medical and Therapeutic Supplies	\$	9,817	5,133		4,684
d.	Ambulance/Limousine****	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$				
f.	X-rays and Related Radiological Procedures****	\$				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory****	\$				
i.	Recreation	\$	31,176	19,993		11,183
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	117,396	111,321		6,075
5K.	Total Resident Care Expenditures (5a - 5j)	\$	176,274	152,329		23,945

* 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.

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C		Report for Year Ended 9/30/2016			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Property Management	Bloomfield, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping Services & Snow Removal	11,317		5,431	22	6F
BrightView	Road, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping Services	25,385		12,874	22	6F
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2016			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 18,516	20,261			(1,745)	
b. Heat	\$ 33,152	21,249			11,903	
c. Light & Power	\$ 182,394	122,732			59,662	
d. Water	\$ 41,523	28,768			12,755	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 4,753	3,238			1,515	
f. Other (<i>itemize</i>)	\$ 106,027	64,710			41,317	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 386,365	260,958			125,407	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 661,122	456,457			204,665	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 119,456	84,106			35,350	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 780,578	540,563			240,015	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*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	\$ 185,716	114,409			71,307	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 966,294	654,972			311,322	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Exterminations	\$ 1,773		\$ 1,009
Trash Removal	\$ 13,897		\$ 7,635
Snow Removal	\$ 11,317		\$ 5,431
Water Treatment	\$ 1,456		\$ 534
Mechanical System - HVAC	\$ 5,450		\$ 1,998
Contracted Professional Services	\$ 29,265		\$ 14,477
Equipment Rental and Repair	\$ 1,405		\$ 515
Tools	\$ 147		\$ 54
Small Equipment Expense			\$ 1,845
Cable Services			\$ 334
Maintenance Supplies			\$ 1,698
Unit Refurbishing			\$ 3,149
Meadows Commons Refurbishing			\$ 2,600
Flowers			\$ 38
Total Other Repairs and Maintenance	\$ 64,710	\$ -	\$ 41,317

Depreciation Schedule

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)				License No. 2103C		Report for Year Ended 9/30/2016			Page 23	of 37			
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
B. Building and Building Improvements													
1. Acquired prior to this report period				66,199,300		66,199,300	28,178,922	SL	VAR	638,379			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				13,544,349		13,544,349		SL	VAR	22,743			
B-4. Subtotal											661,122		
C. Non-Movable Equipment													
1. Acquired prior to this report period				19,625		19,625	19,625	SL	VAR				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Vehicles		Yes		VAR	VAR	212,171		212,171	14,825	SL	4	8,703	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						5,148,684		5,148,684	2,469,608	SL	VAR	79,652	
b. Disposals (attach schedule)						(645,305)		(645,305)	(636,778)	SL	VAR		
c. Acquired during this report period (attach schedule)						5,044,604		5,044,604				31,101	
D-3. Subtotal													119,456
E. Total Depreciation													780,578

Church Home of Hartford, Inc. (DBA Seabury)
9/30/2016

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Land Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Land Improvement		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See attached schedules (pages 23a-23e); allowable depreciation only	\$ 1,520,022		\$ 22,743
	Phase A unallowable additions - see attached schedules (pages 23a-23e)	\$ 12,024,327		
Total additions for Building Improvement		\$ 13,544,349		\$ 22,743 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See attached schedules (pages 23a-23e); allowable depreciation only	\$ 2,956,206		\$ 31,101
	Phase A unallowable additions - see attached schedules (pages 23a-23e)	\$ 2,088,398		
Total additions for Movable Equipmen		\$ 5,044,604		\$ 31,101 *
Deletions:				
	See attached schedules (pages 23e-23f)	\$ 635,273		
	See attached schedules (pages 23e-23f)	\$ 10,032		
Total deletions for Movable Equipmen		\$ 645,305		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, 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	108,348
RCH Allowable	54,547
Unallowable	1,321,896
Phase A - Unallowable	<u>12,024,327</u>
	<u>13,509,118</u>

Meadows (see Page 23c(3))

RCH Allowable	8,504	14/58
Unallowable	<u>26,728</u>	<u>44/58</u>
	<u>35,232</u>	

Total Building and Building Improvements	<u><u>13,544,350</u></u>
--	--------------------------

Moveable Equipment

Seabury (see Page 23c(1) and Page 23c(2))

Skilled	556,582
RCH	193,692
Unallowable	2,152,349
Phase A - Unallowable	<u>2,088,398</u>
	<u><u>4,991,021</u></u>

Meadows (see Page 23c(3))

RCH Allowable	12,934	14/58
Unallowable	<u>40,649</u>	<u>44/58</u>
	<u>53,583</u>	

Total Moveable Equipment	<u><u>5,044,604</u></u>
--------------------------	-------------------------

BUILDING IMPROVEMENT ADDITIONS

Date	Description	Cost	Level	Life
2/28/2016	Views Combo #228/230 Adjustable Shelving	1,062	a	10
5/31/2016	Views 228 Closet renovation	117	a	10
10/31/2015	views 284	2,271	a	10
10/31/2015	Views 238	3,517	a	10
10/31/2015	Views 238	1,631	a	10
11/30/2015	Views 284 lighting	250	a	10
12/16/2015	Views 228-230	7,026	a	10
1/31/2016	Views 251	1,513	a	10
1/31/2016	Carpet for Views/Meadows	5,858	a	10
2/29/2016	Views 286	1,513	a	10
3/31/2016	Views 258	1,513	a	10
4/30/2016	Views 282	770	a	10
4/30/2016	Views 260	1,513	a	10
5/31/2016	Views 276	1,513	a	10
9/30/2016	Views 256	1,221	a	10
10/31/2015	Views 231 Unit Refurbish	450	a	10
8/31/2016	View 264 renovation	1,513	a	10
4/30/2016	Easement Map Showing Proposed Re-Location of 50' Wide R.O.W.	300	all	8
4/30/2016	GE Solar Phase 1	400	all	8
9/30/2016	Building improvements	1,565	all	10
6/30/2016	Stake Street Line Along Wintonbury Ave	375	all	10
9/30/2016	Easement Maps, Wetland boundary	1,325	all	10
5/31/2016	Phase 1 Solar Project	5,200	all	10
2/29/2016	Seabury Owner Site Changes	14,280	all	10
9/30/2016	Seal patio deck	16,132	all	10
1/31/2016	Generator Rental	1,914	all	10
5/31/2016	Clinic office	2,469	all	10
8/31/2016	Resident Services office	3,452	all	10
6/30/2016	Remove & Reinstall gazebo on new site	6,000	all	10
7/31/2016	Village store data & phones	660	all	10
7/31/2016	Village store lighting	956	all	10
9/30/2016	Labor & Materials Installations in Culinary	704	all	10
12/15/2015	3 Phase pool pump	2,230	all	10
2/29/2016	3 Phase pool pump	2,230	all	10
2/29/2016	G450 Generator Rental	320	all	10
4/30/2016	Architect Project SEA04IN - Guest Rooms & Staff Services	4,988	all	10
4/30/2016	Carpeting - 2015 Phase A Project	262,358	Phase A	5
2/29/2016	Greenhouse Project Material & Labor	273	i	8
4/30/2016	Roofing Project Door #12	4,500	i	8
4/30/2016	Resilient Flooring - 2015 Phase A	211,095	Phase A	10
4/30/2016	Roof - 2015 Phase A Project	184,780	Phase A	10
10/31/2015	Blue Stone Walkway Unit #3184 with Unit #3188	4,480	i	10
8/31/2016	Corridors, Bistro, Mail boxes	35,153	i	10
11/30/2015	Greenhouse Glass Replacement	13,371	i	10
11/30/2015	Greenhouse Roof Vent	5,148	i	10
1/31/2016	Greenhouse Wiring Project 15750	1,000	i	10
11/30/2015	Cottage 322 Light Pole Replacement	886	i	10
11/30/2015	Cottage 301 Damaged Light Pole Repair	575	i	10
11/30/2015	Door #8 Upper Deck work	2,275	i	10
4/30/2016	Unit 4152 Renovations	355	i	10
8/31/2016	Unit 3631 & 3134 Renovations	285	i	10
9/30/2016	Dining room project	1,180	i	10
8/31/2016	C301 window replacement	200	i	10

Totals:			
All	65,498	1	
I/A/S	476,538	1	
Other	650	1	
I/A	31,756	I/A	
Skilled	7,539	Direct	
Assisted	33,248	Assisted	
Independent	869,562	Direct	
Phase A	12,024,327	Not included below - direct disallowance of depreciation	
	13,509,117		

I/A/S, All and Other Allocation Breakout (Sum of 1)					
Useful life	SNF	HFA	O	Total	
	8	1,684	618	6,765	9,067
	10	99,124	36,346	398,149	533,619
					<u>SNF</u> <u>HFA</u> <u>Other</u>
Allocation By Living units:					18.58% 6.81% 74.61%

I/A Allocation Breakout (includes all 2's)					
Useful life	SNF	HFA	O	Total	
	10	-	2,656	29,099	31,756
					<u>SNF</u> <u>HFA</u> <u>Other</u>
					0.00% 8.37% 91.63%

Assisted Allocation Breakout					
Useful life	SNF	HFA	O	Total	
	10	-	14,927	18,320	33,248 Assisted
					<u>SNF</u> <u>HFA</u> <u>Other</u>
					Allocation By Assisted Living Units (22/49ths): 0.00% 44.90% 55.10%

Total Additions After Allocation					
Useful life	SNF	HFA	O	Total	
	8	-	-	4,773	Direct
	8	1,684	618	6,765	I/A/S, All, and Other Allocated
Total 8 yr life		1,684	618	11,539	
	10	-	2,656	29,099	I/A
	10	7,539	-	-	Direct
	10	-	-	864,788	Direct
	10	-	14,927	18,320	Assisted
	10	99,124	36,346	398,149	I/A/S, All, and Other Allocated
Total 10 yr life		106,663	53,929	1,310,357	
Total		108,348	54,547	1,321,896	

2016 Depreciation on Phase A additions (direct disallowance on Allocation Template)	
Carpeting - 2015 Phase A Project	26,236
Resilient Flooring - 2015 Phase A	10,555
Roof - 2015 Phase A Project	9,239
Renovation - 2015 Phase A Proj	170,491
New addition - 2015 phase A Proj	56,830
	<u>273,351</u>

8/31/2016	C323 window replacement	355	i	10
9/30/2016	C321 window furnish & Install	355	i	10
9/30/2016	3108 & 3110 window replacement	235	i	10
5/31/2016	West Wing Floors design & layout	2,625	i	10
3/22/2016	West Wing Floors design & layout	2,318	i	10
6/30/2016	West Wing Floors design & layout	2,318	i	10
2/29/2016	Seabury Parlor fireplace labor and materials	8,995	i	10
2/29/2016	Seabury floor & walk in coolers	11,550	i	10
5/31/2016	Unit 5178 renovations	238	i	10
5/31/2016	Unit 4196 renovations	250	i	10
3/30/2016	Lighting-property upgrades	973	i	10
3/30/2016	Lighting-property upgrades	919	i	10
4/27/2016	Cottage condensor replacement	882	i	10
8/31/2016	Mail slot for recycling	186	i	10
7/31/2016	Seabury Solar Panel Field Array Farm	260	i	10
7/31/2016	E. Wing Condenser Loop VFD Pump Replacement/Install	2,350	i	10
3/31/2016	Condensing units for cottages	15,456	i	10
4/30/2016	Condenser project	269	i	10
3/31/2016	Unit #4152 Appliances	1,590	i	10
3/31/2016	Unit #4152 Appliances	777	i	10
6/30/2016	Unit #5158 Appliance	690	i	10
6/30/2016	Unit #5158 Appliance	75	i	10
11/30/2015	C305 GE Refrigerator	630	i	10
11/30/2015	C321 Appliances	3,737	i	10
11/30/2015	Unit #1112 appliances	1,100	i	10
1/31/2016	Unit #4196 Appliances	2,967	i	10
1/31/2016	Unit #1110 Appliances	2,367	i	10
2/29/2016	C325 Replacement GE Stackable Washer Dryer	1,100	i	10
3/31/2016	Unit #4196 Appliances	1,617	i	10
4/30/2016	Unit #3152 Appliances	2,087	i	10
4/30/2016	Unit #4134 Appliances	1,665	i	10
4/30/2016	Unit #4134 Appliances	702	i	10
3/31/2016	Unit #4196 Appliances	1,350	i	10
6/30/2016	Unit #5158 Appliance	2,532	i	10
6/30/2016	Unit #5158 Appliance	700	i	10
6/30/2016	Unit #2129 Appliances	3,047	i	10
7/31/2016	Unit #2129 Appliances	2,457	i	10
7/31/2016	Unit #4147 Appliances	2,267	i	10
11/30/2015	Unit 5184	106	i	10
12/31/2015	C321 / 5 Closet Renovations	852	i	10
2/28/2016	Unit 4187	150	i	10
3/31/2016	Unit 3134	260	i	10
4/30/2016	Unit 4196 renovations	1,341	i	10
5/31/2016	Unit 5178 renovations	58	i	10
6/30/2016	Unit 5178 renovations	375	i	10
6/30/2016	Unit 5158	62	i	10
6/30/2016	#5158 - New Resident - Closet Renovations	400	i	10
7/31/2016	Units 5189 & 5158	369	i	10
7/31/2016	Unit 5189	845	i	10
7/31/2016	Unit 4187	335	i	10
7/31/2016	Unit 5158	84	i	10
7/31/2016	Units 2102 & 4147	632	i	10
7/31/2016	Unit #2102 Closet Renovations	371	i	10
8/31/2016	Unit 2102 bathroom	(5)	i	10
8/31/2016	Unit 2102 bathroom	50	i	10
8/31/2016	C313	108	i	10
8/31/2016	Unit 2101	256	i	10
8/31/2016	Unit 4134	105	i	10

9/30/2016 Unit C311	99 i	10
9/30/2016 C311 Storm Door Replacement	99 i	10
11/30/2015 Unit 5184	123 i	10
10/31/2015 Unit 2121	8,356 i	10
12/16/2015 Unit 4187	22,823 i	10
12/16/2015 Unit 1110	11,208 i	10
12/31/2015 C321	21,466 i	10
12/31/2015 C321	3,567 i	10
12/31/2015 C321	4,154 i	10
12/31/2015 C321	800 i	10
12/31/2015 Unit	7,026 i	10
1/31/2016 Unit 4187	22,823 i	10
1/31/2016 Unit 1110	11,208 i	10
2/29/2016 Unit 5190	7,722 i	10
2/29/2016 Unit 4196	17,281 i	10
2/29/2016 Unit 4152	22,765 i	10
2/29/2016 Unit 1116	350 i	10
2/29/2016 Unit 5190	7,722 i	10
2/29/2016 Unit 3137	6,419 i	10
3/31/2016 Unit 4134	18,343 i	10
3/31/2016 Unit 3152	16,361 i	10
3/31/2016 Unit 5178	15,946 i	10
3/31/2016 Unit 3137	6,419 i	10
3/31/2016 Unit 4196	17,281 i	10
3/31/2016 Unit 4152	22,765 i	10
4/28/2016 Unit 4160	6,850 i	10
4/30/2016 Unit 5178	15,403 i	10
4/30/2016 Unit 3152	16,361 i	10
5/31/2016 Unit 2102	18,396 i	10
5/31/2016 Unit 4160	6,850 i	10
5/31/2016 Unit 2129	16,171 i	10
5/31/2016 Unit 4147	17,293 i	10
5/31/2016 Unit 4160	285 i	10
5/31/2016 Unit 5189	13,416 i	10
5/31/2016 Unit 4134	18,343 i	10
6/30/2016 C305	7,449 i	10
6/30/2016 Unit 5189	13,416 i	10
6/30/2016 Unit 5158	25,608 i	10
6/30/2016 Unit 2102	2,350 i	10
6/30/2016 Unit 2129	16,171 i	10
6/30/2016 Unit 5178	1,600 i	10
6/30/2016 Unit 2121	675 i	10
6/30/2016 Unit 4147	675 i	10
6/30/2016 Unit 1116	6,027 i	10
6/30/2016 Unit 4144	6,177 i	10
7/31/2016 Unit 4147	17,293 i	10
7/31/2016 Unit 2102	18,396 i	10
7/31/2016 Unit 3108	9,282 i	10
7/31/2016 C303	7,605 i	10
7/31/2016 C104	8,343 i	10
7/31/2016 Unit 5158	4,941 i	10
7/31/2016 Unit 5158	3,494 i	10
7/31/2016 Unit 2102	2,350 i	10
7/31/2016 Unit 4144	6,177 i	10
7/31/2016 C305	7,449 i	10
8/31/2016 Unit 1116 renovations	2,419 i	10
8/31/2016 Unit 1116 renovations	3,452 i	10
8/31/2016 Unit 1116 renovations	1,863 i	10

8/31/2016 C303	7,605	i	10
8/31/2016 Unit 4131	2,419	i	10
8/31/2016 Main Dining Room renov	2,625	i	10
8/31/2016 Unit 1116 renovations	1,683	i	10
9/30/2016 Unit 1116	6,027	i	10
9/30/2016 C104	8,343	i	10
9/30/2016 Unit 2119	2,170	i	10
9/30/2016 Unit 5184	3,393	i	10
9/30/2016 Main Dining Room	2,625	i	10
1/31/2016 300 Kiosk exterior lighting	781	i	10
2/29/2016 300 Cottage Kiosk exterior lighting	341	i	10
4/30/2016 Lobby, Mailboxes	1,860	i	10
4/30/2016 300 Cottages site lighting	1,906	i	10
6/30/2016 300 Cottages site lighting	1,023	i	10
9/30/2016 Unit 1112	725	i	10
3/31/2016 3rd floor laundry	599	i	10
6/30/2016 Labor & Materials costs to install new 3" domestic water PRV	3,892	i	10
9/30/2016 C305 water heater replace	8,533	i	10
9/30/2016 C322 water heater replace	8,533	i	10
11/30/2015 Door #15 Awning Recover/Repair	7,103	i	10
4/18/2016 Door #15 Awning Recover/Repair	1,804	i	10
6/30/2016 Door #15 Awning Recover/Repair	1,804	i	10
4/30/2016 Unit 5189 GE appliance	1,861	i	10
7/31/2016 Heat Pumps-west wing	10,750	i	10
7/31/2016 Heat Pumps-west wing	15,500	i	10
9/30/2016 C322 Installed Emergency Hot Water Heater	1,514	i	10
5/16/2016 Architect fees west wing corridors	1,813	i	10
10/31/2015 Corridors architect fees	335	i	10
1/31/2016 Corridors architect fees	270	i	10
5/31/2016 Unit #5158 Renovations	25,608	i	10
4/30/2016 Renovation - 2015 Phase A Proje	8,524,571	Phase A	25
04/30/16 New addition - 2015 phase A Proj	2,841,524	Phase A	25
12/31/2015 N. Parking Sport Field Project #380	31,756	i/a	10
2/29/2016 Bituminous Curbs & Catch Basin Tops - West Parking Area	8,367	i/a/s	8
7/31/2016 Utility Landscape Screening	1,603	i/a/s	10
8/31/2016 Cooling tower relocation	375	i/a/s	10
8/31/2016 Corridors, library, Bistro, Parlor	152,516	i/a/s	10
12/31/2015 Swing space Job 2318	27,948	i/a/s	10
4/30/2016 Heat pump replacements	96,247	i/a/s	10
2/29/2016 Seabury Replace Heat Pumps	43,402	i/a/s	10
9/30/2016 CT Lighting - scones for hallways	45,625	i/a/s	10
2/29/2016 Topographic survey	900	i/a/s	10
1/31/2016 Generator Switchgear Project	8,341	i/a/s	10
3/31/2016 Pipes, couplings, elbows	862	i/a/s	10
4/30/2016 Supplies for condenser project	85	i/a/s	10
4/30/2016 Supplies for condenser project	107	i/a/s	10
9/30/2016 Labor & Materials Trellis over entrance	1,815	i/a/s	10
1/31/2016 loading dock generator	1,637	i/a/s	10
4/30/2016 2 hose bibs in front of building	1,539	i/a/s	10
3/31/2016 4 Elevator Upgrades & Solid State Linestarters	29,810	i/a/s	10
5/31/2016 4 Elevator Upgrades & Solid State Linestarters	12,776	i/a/s	10
6/30/2016 4 Elevator Upgrades & Solid State Linestarters	42,585	i/a/s	10
2/29/2016 Granite for CEO's bathroom	650	o	10
5/31/2016 Brewer 316	799	s	10
8/31/2016 Davis Water Furnace Heat Pump Replacements	6,740	s	10
TOTAL ADDITIONS	13,509,117		

FURNITURE/EQUIPMENT COMPUTER ADDITIONS

Date	Description	Cost	Level	Life
3/31/16	Backup exec software	3,043.00	all	3
11/30/15	2 I pads - Admin	1,509.49	all	5
11/30/15	Network switches	5,242.00	all	5
3/31/16	Replacement network switch for	2,903.41	all	5
6/30/16	Fiber equipment	435.33	all	5
6/30/16	3 Axiom 3TB Hard Drives	975.17	all	5
6/30/16	Server Rack	378.33	all	5
12/31/15	Computer server - security	878.99	all	5
12/31/15	LCD Monitors - Security	1,828.00	all	5
12/31/15	Telephones	6,083.18	all	10
09/30/16	TVs and Internet - ESCO lease	370,176.75	all	10
04/30/16	Point-of-Sale VisualTouch - 2015	66,395.46	Phase A	5
3/31/16	5 Laptops	1,499.95	o	3
12/31/15	Laptop - Ed Owen	1,833.00	o	3
12/31/15	Lenovo Computer - Rick	759.34	o	5
11/30/15	2 Servers - PCM	6,326.95	o	5
2/29/16	10 Lenovo Thinkcentre M53	2,708.29	o	5
7/31/16	7 HP Network Switches	3,032.17	o	5
11/30/15	Ipad HR	679.98	o	5
11/30/15	Ipad - commnity life	829.51	o	5
11/30/15	Ipad - security	679.98	o	5
TOTAL ADDITIONS		478,198		

Totals:	
All	393,454 1
Other	18,349 1
Phase A	66,395 Not included below - direct disallowance of depreciation
	<u>478,198</u>

All and Other Allocation Breakout							
Useful life	SNF	HFA	O	Total			
3	1,184	434	4,757	6,376	Sum of 1		
5	5,418	1,987	21,762	29,167	Sum of 1		
10	69,893	25,628	280,739	376,260	Sum of 1		
					SNF	HFA	
Allocation By Living units:					18.58%	6.81%	74.61%

Total Additions After Allocation						
Useful life	SNF	HFA	O	Total		
3	1,184	434	4,757		I/A/S, All, and Other Allocated	
5	5,418	1,987	21,762		I/A/S, All, and Other Allocated	
10	69,893	25,628	280,739		I/A/S, All, and Other Allocated	
Total	76,496	28,048	307,258			

2016 Depreciation on Phase A additions (direct disallowance on Allocation Template)	
Point-of-Sale VisualTouch - 2015	6,640

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. This workpaper does not include depreciation on Phase 3 unallowable assets.

Total Depreciation Allowable	661,122
Total Phase A Depreciation - Unallowable	273,351

Seabury - Depreciation on Assets Acquired in CY:	74,412
Allocation using Method 14	<u>30%</u>
Total Allowable Related to Assets Acquired in CY	22,269

Meadows - Depreciation on Assets Acquired in CY:	1,962
Includable Cost Allocation Basis	<u>24%</u>
Total Allowable Related to Assets Acquired in CY	473

Total Depreciation Related to Assets Acquired in CY	22,743
Total Phase A Depreciation Related to Assets Acquired in CY	<u>273,351</u>

Depreciation Related to Assets Acquired in Prior Years	<u><u>638,379</u></u>
--	-----------------------

Moveable Equipment

Total Depreciation Allowable	119,456
Total Phase A Depreciation - Unallowable	104,244

Seabury - Depreciation on Assets Acquired in CY:	100,135
Allocation using Method 14	<u>30%</u>
Total Allowable Related to Assets Acquired in CY	29,967

Meadows - Depreciation on Assets Acquired in CY:	4,698
Includable Cost Allocation Basis	<u>24%</u>
Total Allowable Related to Assets Acquired in CY	1,134

Total Depreciation Related to Assets Acquired in CY	31,101
Total Phase A Depreciation Related to Assets Acquired in CY	<u>104,244</u>

Depreciation Related to Assets Acquired in Prior Years	<u><u>88,355</u></u>
--	----------------------

Building				74,275	25,181		818,283	200,965	73,687	643,087
Movable				51,589	8,842		93,752	33,763	12,380	108,093
Disallowance										
Building				126,689	48,506					
Movable				(17,827)	3,538					

2013 -Vehicle disallowance

			Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
			SNF	HFA	Other	SNF	HFA	Other
Total Vehicles in fleet as of 9/30/13	9							
Vehicle with highest depreciation (Ford Lift Van-2013)	7,884	Per allocation template	1,727	633	5,525	6,860	2,515	21,952
Total 2013 Vehicle Depreciation	31,327	Disallowance	5,133	1,882				
Total Unallowed Amount	-23,443							

Asset Value

Depreciation Allowed

Depreciation Taken

	Asset Value				Depreciation Allowed			Depreciation Taken			274
	SNF	HFA	Other		SNF	HFA	Other	60 22%	22 8%	192 70%	
2014 Building											
10 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
20 Year											
Equipment											
5 Year	51,994	4,392	65,304	121,690	10,399	878	13,061	5,329	1,954	17,054	Remove in 2020
8 Year	3,348	1,228	13,449	16,025	419	154	1,681	493	181	1,579	Remove in 2023
10 Year	42,419	6,278	77,025	125,722	4,242	628	7,703	2,753	1,009	8,810	Remove in 2025
15 Year	28,722	430	4,713	33,865	1,915	29	314	494	181	1,582	Remove in 2030
20 Year	16,388	6,009	65,827	88,224	819	300	3,291	966	354	3,091	Remove in 2035
Total Assets	1,555,902	440,190	10,658,662	12,654,754	169,477	46,644	1,095,683	287,256	105,327	919,272	
Building					100,094	35,814	975,881	243,457	89,268	779,063	
Movable					69,383	10,831	119,802	43,799	16,060	140,209	
Disallowance											
Building					143,364	53,454					
Movable					(25,584)	5,229					

2014 -Vehicle disallowance

			Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
			SNF	HFA	Other	SNF	HFA	Other
Total Vehicles in fleet as of 9/30/14	9							
Vehicle with highest depreciation (Ford Lift Van-2014)	8,601	Per allocation template	1,883	691	6,027	7,688	2,819	24,603
Total 2014 Vehicle Depreciation	35,110	Disallowance	5,805	2,128				
Total Unallowed Amount	-26,509							

Asset Value

Depreciation Allowed

Depreciation Taken

	Asset Value				Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other		SNF	HFA	Other	SNF	HFA	Other	
2015 Building											
10 Year	102,387	45,558	1,604,197	1,752,142	10,238.70	4,555.80	160,419.70	38,368	14,068	122,778	Remove in 2026
20 Year											
Equipment											
5 Year	35,353	19,371	123,521	178,245	7,070.60	3,874.20	24,704.20	7,806	2,862	24,980	Remove in 2021
8 Year	1,221	448	4,903	6,572	152.63	56	612.88	180	66	576	Remove in 2024
10 Year	10,306	2,686	33,477	46,469	1,030.60	268.60	3,347.70	1,018	373	3,256	Remove in 2026
15 Year	23,963	4,277	46,849	75,089	1,597.53	285.13	3,123.27	1,096	402	3,508	Remove in 2031
20 Year	22,259	8,161	89,405	119,825	1,112.95	408.05	4,470.25	1,312	481	4,198	Remove in 2036
Total Assets	1,751,391	520,691	12,561,014	14,833,096	190,680	56,092	1,292,361	337,036	123,580	1,078,569	
Building					110,333	40,369	1,136,301	281,825	103,336	901,841	
Movable					80,347	15,723	156,060	55,211	20,244	176,727	
Disallowance											
Building					171,493	62,967					
Movable					(25,136)	4,521					

2015 -Vehicle disallowance

			Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
			SNF	HFA	Other	SNF	HFA	Other
Total Vehicles in fleet as of 9/30/15	10							
Vehicle with highest depreciation (Ford Lift Van-2014)	8,601	Per allocation template	1,883	691	6,027	7,484	2,744	23,950
Total 2015 Vehicle Depreciation	34,178	Disallowance	5,601	2,053				
Total Unallowed Amount	-25,577							

Asset Value

Depreciation Allowed

Depreciation Taken

	Asset Value				Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other		SNF	HFA	Other	SNF	HFA	Other	
2016 Building											
5 Year	0	965	3,034	3,999	-	97	303	44	16	140	Remove in 2022
8 Year	1,684	618	11,539	13,841	105	39	721	152	56	485	Remove in 2025
10 Year	106,663	61,468	1,334,052	1,502,183	5,333	3,073	66,703	16,447	6,031	52,631	Remove in 2027
Equipment											
3 Year	1,184	434	4,757	6,375	197	72	793	140	51	447	Remove in 2020
5 Year	13,706	15,499	85,171	114,376	1,371	1,550	8,517	2,505	918	8,015	Remove in 2022
7 Year	16,117	-	-	16,117	1,151	-	-	221	81	706	Remove in 2024
10 Year	144,046	54,762	609,354	808,162	7,202	2,738	30,468	8,848	3,244	28,315	Remove in 2027
15 Year	20,243	2,877	36,159	59,279	675	96	1,205	433	159	1,385	Remove in 2032
20 Year	361,285	133,055	1,457,557	1,951,897	9,032	3,326	36,439	10,686	3,918	34,194	Remove in 2037
Total Assets	2,416,319	790,369	16,102,637	19,309,325	215,746	67,083	1,437,510	376,510	138,054	1,204,886	
Building					115,771	43,578	1,204,028	298,468	109,438	955,098	
Movable					99,975	23,505	233,482	78,043	28,616	249,788	
Disallowance											
Building					182,697	65,860					
Movable					(21,933)	5,110					

			2016 -Vehicle disallowance			Depreciation Taken (all vehicles)		
			Depreciation Allowed (1 Vehicle)			SNF	HFA	Other
			SNF	HFA	Other			
<i>Total Vehicles in fleet as of 9/30/16</i>	10							
<i>Vehicle with highest depreciation (Ford Lift Van-2014)</i>	8,601 ^A	Per allocation template	1,883	691	6,027	6,368	2,335	20,379
Total 2016 Vehicle Depreciation	<u>29,082</u>	Disallowance	4,485	1,644				
Total Unallowed Amount	<u><u>-20,481</u></u>							

^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.

Seabury Asset Disposition by Sale Description For the 12 Months Ended 09/30/16

Asset No.	Asset Description	Date Acquired	Date of Sale/Disp	Gross Sales Price	Cost or Basis	Expenses of Sale	Accumulated Depreciation	Gain/(loss) on Sale
No Sale Description								
126	COMPUTERS	04/01/07	09/30/16	0.00	123,130.00	0.00	123,130.00	0.00
127	COMPUTERS	04/01/08	09/30/16	0.00	60,090.00	0.00	60,090.00	0.00
128	COMPUTERS	04/01/09	09/30/16	0.00	64,401.00	0.00	64,401.00	0.00
129	COMPUTERS	04/01/10	09/30/16	0.00	106,593.00	0.00	106,593.00	0.00
204	COMPUTERS FY 1999	04/01/99	09/30/16	0.00	7,915.00	0.00	7,915.00	0.00
206	COMPUTERS FY 2000	04/01/00	09/30/16	0.00	17,529.00	0.00	17,529.00	0.00
208	COMPUTERS FY 2002	04/01/02	09/30/16	0.00	289.00	0.00	289.00	0.00
210	COMPUTERS FY 2003	04/01/03	09/30/16	0.00	75,154.00	0.00	75,154.00	0.00
212	COMPUTERS FY 2004	04/01/04	09/30/16	0.00	32,623.00	0.00	32,623.00	0.00
214	COMPUTERS FY 2005	04/01/05	09/30/16	0.00	128,793.00	0.00	128,793.00	0.00
216	COMPUTERS FY 2006	04/01/06	09/30/16	0.00	17,876.00	0.00	17,876.00	0.00
310	Computer - Macbook	05/31/14	11/30/15	1,200.00	2,199.00	0.00	879.60	-119.40
Total for (No Sale Desc)				1,200.00	636,592.00	0.00	635,272.60	-119.40
Total				1,200.00	636,592.00	0.00	635,272.60	-119.40

Seabury Memory Care Center, Inc. Asset Disposition by Sale Description For the 12 Months Ended 09/30/16

11/09/16
05:36PM

Asset No.	Asset Description	Date Acquired	Date of Sale/Disp	Gross Sales Price	Cost or Basis	Expenses of Sale	Accumulated Depreciation	Gain/(loss) on Sale
No Sale Description								
25	Front Reception Desk	04/01/13	09/30/16	0.00	10,032.00	0.00	1,504.80	-8,527.20
Total for (No Sale Desc)				0.00	10,032.00	0.00	1,504.80	-8,527.20
Total				0.00	10,032.00	0.00	1,504.80	-8,527.20

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)			2103C		9/30/2016			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Church Home of Hartford, Inc. (DBA)	License No. 2103C	Report for Year Ended 9/30/2016	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*			<input type="radio"/> Yes	<input checked="" type="radio"/> No
			If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		1991		
2. Date Structure Completed		1993		
3. If NOT Original Owner, Date of Purchase		8/27/2003		
4. Date of Initial Licensure		1991/ 2006		
5. Total Licensed Bed Capacity		96		
6. Square Footage		315,359		
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
1. Financing				4th Mortgage
a. Type of Financing (e.g., fixed, variable)		Multiple Bonds-Fixe	Multiple Bonds	
b. Date Mortgage Obtained		4/1/2015	4/1/2016	
c. Interest Rate for the Cost Year		4%-5%	2.875-5%	
d. Term of Mortgage (number of years)		5-23 years	4-37 years	
e. Amount of Principal Borrowed		34,510,000	75,265,000	
f. Principal balance outstanding as of 9/30/16		33,305,000	75,265,000	
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
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

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA)		2103C	9/30/2016			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 127,462	93,265			34,197	
Name of Lender		Rate					
UMB Bond/ CHEFA		2.875-5%					
Address of Lender							
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							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 127,462	93,265			34,197	

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DB)		2103C		9/30/2016			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				127,462	93,265		34,197	
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify)				\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 127,462	93,265		34,197	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 25,334	15,278		10,056	
b. Insurance on Automobiles				\$ 4,133	3,024		1,109	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 11,019	7,516		3,503	
2. Fire and Extended Coverage				\$ 18,091	12,375		5,716	
3. Other (Specify) D&O and Crime				\$ 5,698	3,930		1,768	
14d. Total Insurance Expenditures (14a + b + c)				\$ 64,275	42,123		22,152	
15. Total All Expenditures (A-13 thru C-14)				\$ 9,101,156	6,753,742		2,347,414	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)				2103C	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 135,870			135,870
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 13,993	9,288		4,705
Pages 15 & 16 - Administrative and General							
8.	15	1B	Discriminatory Benefits	\$ 5,355	4,351		1,004
9.	15	1C	Bad Debts	\$ 68,524	55,679		12,845
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	H2	Cellular Telephone	\$ 10,266	8,243		2,023
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
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)	\$ 3,100	2,268		832
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M6	Barber and Beauty	\$ 5,944			5,944
23.			Other - See attached Schedule	\$ 125,128	69,828		55,300
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 1,212			1,212
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 369,392	149,657		219,734

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	12b	RN - Direct Care - Disallow to reduce RN down to Aide Cost			\$ 115,936
10	12c	LPN Direct Care - Disallow to reduce LPN down to Aide Cost			\$ 19,934
Total Other Salaries Adjustment			\$ -	\$ -	\$ 135,870

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8e	Psychiatrist	\$ 5,683		\$ 1,779
13	8a	Medical Director	\$ 3,605		\$ 2,926
Total Other Fees Adjustments			\$ 9,288	\$ -	\$ 4,705

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits - Disallow	\$ -		\$ 39,795
16	M13	Licenses and fees - Disallow	\$ 2,896		\$ 779
16	M13	Bank fees - Disallow	\$ 14,985		\$ 3,457
16	M13	Security Pager Service Rental - Disallow	\$ 268		\$ 62
16	M13	Miscellaneous	\$ 433		\$ 100
16	M13	Travel - Disallow	\$ -		\$ 443
16	M13	Pet Supplies - Disallow	\$ -		\$ 85
22	6F	Cable Services	\$ -		\$ 334
30	8	ANC - Other Revenue - Disallow	\$ 14,904		\$ 3,417
30	8	ANC - Laundry	\$ 1,101		\$ 171
15	h1	ANC Revenue - telephone	\$ 23,612		\$ 5,447
16	13	ANC Revenue - internet	\$ 11,629		\$ 2,683
30	8	Finance Charges on Unpaid Balances - Disallow	\$ -		\$ 51
30	8	Trip Activity Fees - Disallow	\$ -		\$ 39
30	8	C.N.A. Escort revenue - Disallow	\$ -		\$ 36
30	8	Miscellaneous Other Revenue - Disallow	\$ -		\$ (1,599)
Total Other A&G Adjustments			\$ 69,828	\$ -	\$ 55,300

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

Name of Facility				License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)				2103C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 369,392	149,657		219,734
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 1,747	1,551		196
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 15,341	13,623		1,718
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (16,175)	(21,933)		5,758
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 43,847	32,475		11,372
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 29,537	21,930		7,607
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 273,922	182,697		91,225
51.	Total Amount of Decrease (Items 1 - 50)			\$ 717,611	380,000		337,611

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
18	2a1	Liquor Purchases	\$ 2,841		\$ 972
		Home Health - A&G	\$ 8,860		\$ 3,079
		Home Health - Indirect	\$ 5,172		\$ 1,798
		Home Health - Capital	\$ 5,057		\$ 1,758
Total Other Adjustments			\$ 21,930	\$ -	\$ 7,607

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Excess Building Depreciation Actual vs Estimate-Seabury	\$ 182,697		\$ 65,860
		Building Dep in excess of CON Allowable of pre 2007 amount of 200K	\$ -		\$ 25,365
Total Unallowable Building Interest			\$ 182,697	\$ -	\$ 91,225

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Sea 2103C)		9/30/2016			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 4,016,310	2,515,477		1,500,833		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,875,870)	(1,270,330)		(605,540)		
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 1,031,058	1,031,058				
b. Medicare Room and Board Contractual Allowance **	\$ 109,700	109,700				
4. a. Private-Pay Residents and Other	\$ 4,644,447	3,527,647		1,116,800		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
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.)	\$ 7,925,645	5,913,552		2,012,093		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 1,212			1,212		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 948	(211)		1,159		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 6,899			6,899		
8. Other (Specify)	\$ 61,171	53,280		7,891		
V. Total Other Revenue (1 thru 8)	\$ 70,230	53,069		17,161		
VI. Total All Revenue (III +V)	\$ 7,995,875	5,966,621		2,029,254		

* 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.

Interest Income
 Seabury Retirement
 FYE 09/2016

	<u>Interest Amount</u>	<u>G/L Account #</u>	<u>Balance at 9/30/16</u>
CCNH			
Operating Acct	1	1-000-1011	2,913,559
Payroll Acct	-	1-000-1013	5,859
Eq/Entrance Fund	11,411	1-000-1070	2,191,450
Asset Replacement	5,376	1-000-1060	549,647
	16,788.00		
RCH			
Operating Acct	-	1-000-1190	3,918
Asset Replacement	5,121	1-000-1192	572,995
	5,121.00		
Bond Fund Adj	(17,923)		
Grand Total	3,986		

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA S	2103C	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	5,621,652
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,451,635
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,175,886
4. Inventories			\$	40,467
5. Prepaid Expenses			\$	471,277
a. Prepaid Expenses	11,653			
b. Prepaid Taxes	244,124			
c. Prepaid FF&E	180,014			
d. Prepaid Escrow Fee	35,486			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	21,265,435
Escrow Account	2,359,629			
Accounts Receivable - Related Party	191,379			
Cash and cash equivalents held by trustee	18,714,427			
A-9. Total Current Assets (Lines A1 thru 8)			\$	30,026,352
B. Fixed Assets				
1. Land			\$	4,429,495
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>79,936,784</u>		\$	39,328,306
	Accum. Depreciation <u>40,608,478</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>503,878</u>		\$	197,820
	Accum. Depreciation <u>306,058</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>19,625</u>		\$	
	Accum. Depreciation <u>19,625</u>	Net		
6. Movable Equipment	*Historical Cost <u>9,582,003</u>		\$	5,973,973
	Accum. Depreciation <u>3,608,030</u>	Net		
7. Motor Vehicles	*Historical Cost <u>212,171</u>		\$	38,136
	Accum. Depreciation <u>174,035</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	16,063,684
Construction in Process	16,063,684			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	66,031,414

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA S	2103C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	96,057,766
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care <i>(itemize)</i>			\$	

6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	
Name and Address		Amount	Loan Date	
7. Other Assets <i>(itemize)</i>			\$	69,370,372
See Attached				69,275,830
Deferred Compensation Investments				94,542
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	69,370,372
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	165,428,138

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

Other Assets Attachment

SEABURY

Investments	13,374,809
Investments held by trustee	49,680,543
Assets Whose Use is Limited	1,122,642
Investment in Limited Partnership	171,143
Loan Receivable - Seabury at Home	1,565,663
Loan Receivable - Other	5,567
Beneficial Interest in Perpetual Trust	<u>3,355,463</u>
 Total Other Assets	 69,275,830

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2016	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	4,810,033
2. Notes Payable (<i>itemize</i>)				\$	88,571
Connecticut Light & Power					88,571
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	83,229
Name of Lender		Purpose	Amount	Date Due	
Various		TV, Phone & Internet	83,229	Various	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	659,050
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	193,453
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	895,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	411,804
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	3,243,574
Accrued Auditing Fees					81,075
Entrance Fee Deposits					2,360,129
Residential Care Service					102,974
Other Accrued Payables					699,396
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	10,384,714

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA Seabu		License No. 2103C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				10,384,714	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	583,463
Name of Lender	Purpose	Amount	Date Due		
Various	TV, Phone & Internet Equip.	583,463	Various		
2. Mortgages Payable				\$	107,234,960
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	41,579,441
Deferred Revenue from Entrance Fees		41,457,818			
Deferred Compensation Plan		94,542			
Notes Payable - Connecticut Light & Power		27,081			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	149,397,864
C. Total All Liabilities (Lines A-13 + B-5)				\$	159,782,578

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

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA S	2103C	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	4,698,765
6. Gain or Loss for Period			\$	946,795
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	5,645,560
C. Total Reserves and Net Worth			\$	5,645,560
D. Total Liabilities, Reserves, and Net Worth			\$	165,428,138

H. Changes in Total Net Worth

Name of Facility Church Home of Hartford, Inc. (DBA Se	License No. 2103C	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	12,486,965
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	29,823,801
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	28,877,006
D. Net Income or Deficit			\$	946,795
E. Balance			\$	13,433,760
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	13,433,760

I. Preparer's/Reviewer's Certification

Name of Facility Church Home of Hartford, Inc. (DBA)		License No. 2103C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>		Title		Date Signed <i>2/10/17</i>	
Printed Name of Preparer Blum, Shapiro & Company, P.C.					
Address Address 2 Enterprise Drive, Shelton, CT, 06484-1488				Phone Number 860-561-4000	