

February 15, 2018

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

Dear Chris:

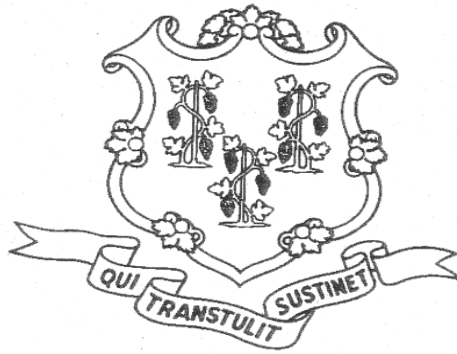
Enclosed please find the 2017 Medicaid Cost Report for Church Home of Hartford, Inc. d/b/a Seabury.

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

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 2017

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 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 10/1/2016	Report for Year Ending 9/30/2017

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

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**General Information**

Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2017	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, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Brian Nyberg			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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 200 Seabury Drive, Bloomfield, CT 06002				
Report Prepared By Blum Shapiro & Company		Phone Number 860-561-4000	Date 2/15/2018	
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. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-286-0243		Report for Year Ended 9/30/2017	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 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.				
<b>Administrator</b>				
Name of Administrator Brian Nyberg		Nursing Home Administrator's License No.:	001943	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		







**CHHI BOARD OF DIRECTORS  
November 2016-2017**

<p align="center"><b>The Right Rev. Ian T. Douglas</b> <b>Chairman, Ex Officio</b> Episcopal Diocesan House 290 Pratt Street, Box 52 Meriden, CT 06450 203-639-3501 (O) E-mail: <a href="mailto:itdouglas@ctdiocese.org">itdouglas@ctdiocese.org</a></p> <p align="center">One Collins Lane Essex, CT 06426 860-767-0771 (H)</p>	<p align="center"><b>BISHOP'S REPRESENTATIVE</b> <b>*The Reverend Canon Wilborne A. Austin</b> St. Stephen's Episcopal Church 590 Bloomfield Avenue Bloomfield, CT 06002 860-769-0556 (O) 860-242-4154 (Fax) E-mail: <a href="mailto:st9@snet.net">st9@snet.net</a></p> <p align="center">18 Richard Road East Hartford, CT 06108 860-290-1238 (H) 860-205-5607 (Cell)</p>
<p align="center"><b>Mr. Thomas E. Andersen     2017</b> Bartlett Brainard Eacott, Incorporated 70 Griffith Road South Bloomfield, CT 06002-1352 860-380-5550 (O) 860-243-8929 (Fax) E-mail: <a href="mailto:tandersen@bbeinc.com">tandersen@bbeinc.com</a></p> <p align="center">253 Center Hill Road Barkhamsted, CT 06063-4110 860-379-0487 (H) 860-992-5001 (Cell)</p>	<p align="center"><b>Bradford S. Babbitt     2019</b> Robinson &amp; Cole LLP 280 Trumbull Street Hartford, CT 06103 860-275-8209 (O) 860-275-8299 (Fax) E-mail: <a href="mailto:bbabbitt@rc.com">bbabbitt@rc.com</a></p>
<p align="center"><b>Linda Berry     2019</b> 343 Seabury Drive Bloomfield, CT 06002 860-521-9709 (H) E-mail: <a href="mailto:lindaberry343@gmail.com">lindaberry343@gmail.com</a></p>	<p align="center"><b>Dr. Jonathan A. Dixon     2018</b> <b>Board Vice President</b> Hartford Hospital Rheumatology Clinic 85 Seymour Street, Suite #601 Hartford, CT 06106 860-545-2791 (O) E-mail: <a href="mailto:Jonathan.Dixon@hhchealth.org">Jonathan.Dixon@hhchealth.org</a></p> <p align="center">7 Fernwood Road West Hartford, CT 06119 860-233-6997 (H) 860-748-7865 (Cell)</p>
<p>*Voice but not vote</p>	

**CHHI BOARD OF DIRECTORS  
November 2016-2017**

<p align="center"><b>Dr. Donna R. Galluzzo      2017</b> Corridor Group 8 Research Parkway Wallingford, CT 06492 203-294-6676 (O-Direct) 201-294-6711 (Fax) E-mail: <a href="mailto:dgalluzzo@corridorgroup.com">dgalluzzo@corridorgroup.com</a></p> <p align="center">224R Skeet Club Road Durham, CT 06422 860-349-3349 (H) 860-539-8866 (Cell)</p>	<p align="center"><b>*Mr. Richard C. Heath</b> <b>Executive Vice President &amp; CEO</b> Seabury 200 Seabury Drive Bloomfield, CT 06002 860-243-6002 (O) E-mail: <a href="mailto:richardheath@seaburylife.org">richardheath@seaburylife.org</a></p> <p align="center">96 Reverknolls Avon, CT 06001 860-675-3370 (H) 860-461-5267 (Cell)</p>
<p align="center"><b>Mr. A. Raymond Madorin</b> <b>Director Emeritus</b> 300 Mountain Spring Road Farmington, CT 06032 860-676-1970 (O) 855-623-6746 (Fax) E-mail: <a href="mailto:ray.madorin@gmail.com">ray.madorin@gmail.com</a></p> <p align="center">300 Mountain Spring Road Farmington, CT 06032 860-674-0211 (H) 860-573-3998 (Cell)</p>	<p align="center"><b>Mr. Gale A. Mattison      2018</b> <b>Board President</b> 12 Sandhurst Drive West Hartford, CT 06107 860-561-3723 (H) 860-944-0922 (Cell) E-mail: <a href="mailto:g.mattison@comcast.net">g.mattison@comcast.net</a></p>
<p align="center"><b>Ms. Marnie W. Mueller      2018</b> 102 N. Beacon Street Hartford, CT 06105 860-233-6821 (H)-prefers 860-508-5545 (Cell) E-mail: <a href="mailto:muellermw@yahoo.com">muellermw@yahoo.com</a></p>	<p align="center"><b>Monique R. Polidoro, Esq.      2017</b> Rogin Nassau LLC CityPlace I, 22<sup>nd</sup> Floor 185 Asylum Street Hartford, CT 06103-3460 860-256-6358 (O) E-mail: <a href="mailto:mpolidoro@roginlaw.com">mpolidoro@roginlaw.com</a></p> <p align="center">11 White Road Tolland, CT 06084</p>
<p>*Voice but no vote</p>	

**CHHI BOARD OF DIRECTORS  
November 2016-2017**

<p align="center"><b>The Rev. Erl (Puck) G. Purnell      2018</b> <b>Board Secretary</b> 46 Overlook Terrace Simsbury, CT 06070 860-508-1898 E-mail: <a href="mailto:puckpurnell@mac.com">puckpurnell@mac.com</a></p>	<p align="center"><b>Mr. Harold L. Rives III      2019</b> New England Guild Wealth Advisors 139 Simsbury Road Avon, CT 06001 860-404-5900 (O) 860-404-5598 (Fax) E-mail: <a href="mailto:hrives@neguild.com">hrives@neguild.com</a></p> <p align="center">45 Uplands Drive West Hartford, CT 06107-1038 860-521-7796 (H) 860-841-9110 (Cell)</p>
<p align="center"><b>The Rev. George C. Roberts      2019</b> St. James' Church 3 Mountain Road Farmington, CT 06032 860-677-1564 (O) E-mail: <a href="mailto:rector.st.james@sbcglobal.net">rector.st.james@sbcglobal.net</a></p> <p align="center">12 Diamond Glen Road Farmington, CT 06032 860-558-8110 (Cell)</p>	<p align="center"><b>Mr. Craig Scott      2017</b> Aero Gear, Inc. 1050 Day Hill Road Windsor, CT 06095 860-688-0888 ext. 130 (O) 860-285-8514 (Fax) E-mail: <a href="mailto:cwscott5@hotmail.com">cwscott5@hotmail.com</a></p> <p align="center">10 Harvest Lane Bloomfield, CT 06002 860-243-9151 (H) 860-930-2471 (Cell)</p>
<p align="center"><b>Mr. Ronald Theriault      2017</b> Ovation 5 Batterson Park Road, Suite 1 Farmington, CT 06032 860-773-6965 (O) 860-712-4747 (Cell) 860-677-0612 (Fax) E-mail: <a href="mailto:rtheriault@onedigital.com">rtheriault@onedigital.com</a></p> <p align="center">64 Stagecoach Road Avon, CT 06001 860-712-4747 (H)</p>	<p align="center"><b>Mr. William J. Thompson      2018</b> <b>Board Treasurer</b> Milliman, Inc. 80 Lamberton Road Windsor, CT 06095 860-687-0124 (O) 860-687-4881 (Fax) E-mail: <a href="mailto:bill.thompson@millilman.com">bill.thompson@millilman.com</a></p> <p align="center">103 Sunset Farm Road West Hartford, CT 06107 860-561-4630 (H) 860-463-9486 (Cell)</p>
<p>*Voice but no vote</p>	

**CHHI BOARD OF DIRECTORS**  
**November 2016-2017**

<p><b>Mr. James Trail            2017</b> 400 Seabury Drive, Apt. 3191 Bloomfield, CT 06002 860-243-8353 E-mail: <a href="mailto:uconnjim@yahoo.com">uconnjim@yahoo.com</a></p>	<p><b>Mr. John R. Wadsworth    2017</b> 292 Fern Street West Hartford, CT 06119 860-233-1622 (H) E-mail: <a href="mailto:29Wadsworth@comcast.net">29Wadsworth@comcast.net</a></p>
<p>*Voice but no vote</p>	

### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2017	3B	37

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

Owner(s) of Facility

N/A

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Richard C. Heath	200 Seabury Drive, Bloomfield CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Executive Vice President and CEO	Page 10 A-1	97,459	97,459
Robinson & Cole, LLP	280 Trumbull Street, Hartford, CT 06103	<input checked="" type="radio"/>	<input type="radio"/>		Legal - 100% disallowed	Page 15 9e	24,361	
Anne M. Sevick	96 Reverknolls, Avon, CT	<input type="radio"/>	<input checked="" type="radio"/>		Administrative Employee	Page 31 B9		
Bartlett Brainard Eacott, Inc.	PO Box 330037, West Hartford, CT	<input checked="" type="radio"/>	<input type="radio"/>		Construction - capital costs \$539,195	Page 31 B9		
A. Raymond Madorin	56 Mountain View Ave, Avon, CT	<input checked="" type="radio"/>	<input type="radio"/>		Legal - 100% disallowed	Page 15 9e	629	
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.

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

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (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.

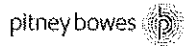
Name of Facility			License No.	Report for Year Ended			Page	of	
Church Home of Hartford, Inc. (DBA Seabury)			2103C	9/30/2017			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	04/04/15	39 Months	268	268		
Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Folding Machine	03/30/17	36 Months	541	270		
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 Captial, 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	2,060		
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	571		
G E Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Punch Unit	05/01/17	36 Months	185	77		
	<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 type="radio"/> Yes	<input type="radio"/> No	<b>Total ***</b>
								4,614	

\* 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.





**Lease Agreement**

Agreement Number																			

**Your Business Information**

Seabury Life Care Community			
Full Legal Name of Lessee / DBA Name of Lessee		Tax ID # (FEIN/TIN)	
200 Seabury Dr	Bloomfield	CT	06002-2650
Billing Address : Street	City	State	ZIP+4
Ruslan Kuzmenko	(860) 243-6036	0018147817	
Billing Contact Name	Billing Contact Phone #	Billing Account #	
200 Seabury Dr	Bloomfield	CT	06002-2650
Installation Address (if different from billing address) : Street	City	State	ZIP+4
Ruslan Kuzmenko	(860) 243-6036	0018147817	
Installation Contact Name	Installation Contact Phone #	Installation Account #	
	2017-06-14		
PO #	Quote Expiration Date		

**Your Business Needs**

Qty	Item	Business Solution Description
1	RELAY1000	RELAY 1000 INSERTING SYSTEM
1	STD SLA	Standard SLA-Equipment Service Agreement (for RELAY 1000 INSERTING SYSTEM)
1	TI11	RELAY 1000 Sys 3 Station w/Install & Trg

**Your Payment Plan**

Initial Term: 36 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
36	\$ 151.05	\$ 453.15

- Tax Exempt Certificate Attached
- Tax Exempt Certificate Not Required
- Purchase Power® transaction fees included
- Purchase Power® transaction fees extra

\*Does not include any applicable sales, use, or property taxes which will be billed separately.

**Your Signature Below**

By signing below, you agree to be bound by all the terms of this Agreement including the Pitney Bowes Terms (Version 8/16), which are available at [www.pb.com/termsconditions](http://www.pb.com/termsconditions) and are incorporated by reference. You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The lease requires you either to provide proof of insurance or participate in the ValueMAX® equipment protection program (see Section L9 of the Pitney Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at [www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html](http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html). Those additional terms are incorporated by reference.

Not Applicable

State/Entity's Contract#

*Richard C. Heath*

Lessee Signature

RICHARD C. HEATH

Print Name

EXEC VP/CEO

Title

3-30-17

Date

Richardheath@SEABURYLIFE.ORG

Email Address

Pitney Bowes Signature

Print Name

Title

Date

**Sales Information**

James Burdacki

james.burdacki@pb.com

Account Rep Name

Email Address

## Lease Agreement

Number: \_\_\_\_\_

This Lease Agreement (this "Lease") 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 Lease 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 06002-265			
City	County	State	Zip	City	County	State	Zip
Federal Tax ID No. <i>(Do Not Insert Social Security No.)</i>		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	PUNCH UNIT PU3050 NA
1	FINISHER SR3210
1	BRIDGE UNIT BU3070

Qty	Equipment Description: Make & Model

### PAYMENT SCHEDULE

<b>Minimum Term</b> <i>(months)</i>
36

<b>Minimum Payment</b> <i>(Without Tax)</i>
\$ 51.55

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

### ADDITIONAL PROVISIONS (if any) are:

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:

- Lease Agreement.** You agree to lease from us the equipment listed above ("Equipment"). **THIS LEASE IS UNCONDITIONAL AND NON-CANCELABLE.** Effective as of delivery of the Equipment, you agree to all of the terms and conditions contained in this Lease. You agree this Lease is for the entire lease term indicated above. You also agree that the Equipment will be used solely for lawful business purposes and not for personal, family or household purposes and the "Equipment Location" identified above 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 indicates our acceptance of this Lease.
- 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. *(The terms and conditions set forth on the next page(s) of this Lease are hereby incorporated herein by reference.)*

### 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 <b>X</b> <i>Richard C. Heath</i>	Date 5-3-17	Authorized Signer Printed Name RICHARD C. HEATH	Authorized Signer Title EXEC/VP/CEO
---	----------------	--	--

**PERSONAL GUARANTY** In consideration of Ricoh USA, Inc. entering into the above Lease, I unconditionally guarantee that the Customer will make all payments and pay all other charges required under such Lease when they are due, and that the Customer will perform all other obligations under the Lease fully and promptly. I also agree that Ricoh USA, Inc. or its Assignee may modify the Lease or make other arrangements with the Customer, and I will still be responsible for those payments and other obligations under the Lease. I agree that Ricoh USA, Inc. or its Assignee need not notify me of any default under the Lease 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 Lease. 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.

**X** \_\_\_\_\_ Date: \_\_\_\_\_  
Guarantor Signature Home Address \_\_\_\_\_  
\_\_\_\_\_  
(Printed Name of Guarantor - Do Not Include Title) City State Zip \_\_\_\_\_  
\_\_\_\_\_  
Home Phone \_\_\_\_\_



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 LEASE 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 Lease 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 you have entered into with a Servicer 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 Lease 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 Lease, 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 sums include 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 Lease. 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 Lease, 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 Lease 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 Lease and not as a lump sum at Lease inception, 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 Lease, 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 Lease 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 Lease as a financing statement, and you agree to promptly execute and deliver to us a ny 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 Lease, 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. However, if you enter into a Maintenance Agreement with the Servicer with respect to any Equipment, no provision, clause or paragraph of this Lease shall alter, restrict, diminish or waive the rights, remedies or benefits that you may have against the Servicer under such Maintenance Agreement. 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 LEASE 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 and support 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. You agree to provide us with evidence of such insurance 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 Lease until the payment obligations are fully satisfied.
10. **Renewal and Return of Equipment.** After the Minimum Term or any extension, this Lease 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, (a) you with a legally enforceable option to extend or renew the terms of this Lease, or (b) us with a legally enforceable option to compel any such extension or renewal. At the end of or upon termination of this Lease, 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 Lease, 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 Lease, 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 leased 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. **Lease Payments.** Payments will begin on the Equipment delivery and acceptance date ("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 Lease 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 Lease: (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 Lease is false or incorrect and/or you do not perform any of your other obligations under this Lease 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 OF THE EQUIPMENT). 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 Lease present value 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 Lease, 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 Lease. This action will not void your responsibility to maintain and care for the Equipment, nor will Ricoh be liable for any action taken on our behalf. If we take possession of the Equipment, 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 LEASE 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 LEASE. 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.** 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 Lease is found to be invalid, then it shall not invalidate any of the other parts and the Lease 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.
15. **Entire Agreement; Delivery & Acceptance Certificate.** 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 LEASE REPRESENT THE ENTIRE AGREEMENT BETWEEN US AND YOU 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 Lease, 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.
16. **Counterparts; Facsimiles.** This Lease 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 Lease to us by facsimile or by other electronic transmission, the facsimile or other electronic transmission of this Lease, 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 Lease. You agree that the facsimile or other electronic transmission of this Lease 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 this Lease containing your manual signature.
17. **Miscellaneous.** It is the intent of the parties that this Lease shall be deemed and constitute 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 Lease by any representation or warranty not expressly set forth in this Lease. This Lease 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 Lease. We make no representation or warranty of any kind, express or implied, with respect to the legal, tax or accounting treatment of this Lease 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 Lease and make your own determination of the proper accounting treatment of this Lease. We may receive compensation from the Manufacturer or supplier of the Equipment in order to enable us to reduce the cost of leasing the Equipment to you under this Lease below what we otherwise would charge. If we received such compensation, the reduction in the cost of leasing 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 Lease or the Equipment. You agree to provide updated annual and/or quarterly financial statements to us upon request.

Accepted by RICOH USA, INC.:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title



## Co-Terminus Accessory Addition Amendment

This CO-TERMINUS ACCESSORY ADDITION AMENDMENT (this "Amendment"), dated as of the 28 day of April, 2017, is to that certain agreement/product schedule no. 1462244 - \_\_\_\_\_ (the "Agreement"), between Ricoh USA, Inc. or, if applicable, the party identified below ("we" or "us") and CHURCH HOME OF HARTFORD INCORPORATED as customer ("Customer" or "you"). Except to the extent modified by this Amendment, the terms and conditions of the Agreement will remain unchanged and shall continue in full force and effect.

The parties, intending to be legally bound, agree that the Agreement shall be modified as follows:

### Additional Accessory(ies) To Be Added:

Qty	Accessory Make/Model	Serial Number
1	PUNCH UNIT PU3050 NA	
1	FINISHER SR3210	
1	BRIDGE UNIT BU3070	

Added To:  
 Added To:  
 Added To:  
 Added To:  
 Added To:  
 Added To:

### Original Equipment/Product:

Make/Model	Serial Number
RICOH MP 2555ASP (SPDF)	C296RC00058
RICOH MP 2555ASP (SPDF)	C296RC00058
RICOH MP 2555ASP (SPDF)	C296RC00058

**Minimum Periodic Payment Change (not including taxes):** The minimum periodic payment required under the Agreement will increase by \$51.55.

**Additional Provisions:** You are applying to us to amend the Agreement as described above. The above Additional Accessory(ies) will be added on a "co-terminus" basis to the above Agreement (that is, the term for the Additional Accessory(ies) will expire on the same date as the term of the Agreement for the original equipment/product).

IN WITNESS WHEREOF, each party has caused its duly authorized officer to execute this Addendum, as of the date first written above. -

CUSTOMER

x Richard C. Heath 5-3-17  
 Authorized Signature Date

\_\_\_\_\_  
 Authorized Signature Date

RICHARD C HEATH EXEC.VP/CEO  
 Print Authorized Signer Name Title

\_\_\_\_\_  
 Print Authorized Signer Name Title

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

Name of Facility Church Home of Hartford, Inc. (DB)	License No. 2103C	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

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

1 Medicaid Cost Report	\$ 10,500
2 Medicare Cost Report	\$ 6,400
3 Annual Audit and Preparation of 990 Tax Return	\$ 19,613
4	\$
	<b>Charge for Services Provided</b>
	\$ 36,513

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 Robert Noonan & Associates 2 3 4 5	Telephone Number 860-349-7010
--	----------------------------------

Address (*No. & Street, City, State, Zip Code*)  
 1 6 Way Road #031, Middlefield, CT 06455  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1 Various general matters	\$ 2,436
2	\$
3	\$
4	\$
5	\$
	<b>Charge for Services Provided</b>
	\$ 2,436

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 16 Line 1E

### Schedule of Resident Statistics

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)				License No. 2103C		Report for Year Ended 9/30/2017				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	95	60		35	95	60		35	88	56		32
B. As of midnight of THIS report period	88	57		31	88	56		32	88	57		31
3. Total Number of Days Care Provided During Period												
A. Medicare	2,578	2,578			1,926	1,926			652	652		
B. Medicaid (Conn.)	4,965	4,965			3,791	3,791			1,174	1,174		
C. Medicaid (other states)												
D. Private Pay	6,410	3,740		2,670	5,064	2,970		2,094	1,346	770		576
E. State SSI for RCH	7,309			7,309	5,304			5,304	2,005			2,005
F. Other (Specify) CCC/ Private Insurance	10,186	9,396		790	7,413	6,899		514	2,773	2,497		276
G. Total Care Days During Period (3A thru F)	31,448	20,679		10,769	23,498	15,586		7,912	7,950	5,093		2,857
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	183	19		164	169	19		150	14			14
B. Other Bed Reserve Days	264	84		180	163	51		112	101	33		68
5. <b>Total Resident Days (3G + 4A + 4B)</b>	31,895	20,782		11,113	23,830	15,656		8,174	8,065	5,126		2,939



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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2017	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?  Yes  No  
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(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	5	13		39		10	21	
Per Diem Rate								
a. One bed rm.	PPS	235.18		489.00		163-294	138.26	
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	7,725	7,725		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	6,840	6,840		
D. <b>Total Physical Therapy Treatments</b>	14,565	14,565		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	572	572		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	287	287		
D. <b>Total Speech Therapy Treatments</b>	859	859		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	2,378	2,378		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	6,939	6,939		
D. <b>Total Occupational Therapy Treatments</b>	9,317	9,317		

### Report of Expenditures - Salaries & Wages

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>						
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	79,883	503			17,576	111
2. Administrator(s) (Complete also Sec. III of Schedule A1)	88,640	1,692			50,689	1,077
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	116,000	4,877			41,957	2,127
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	431,258	24,048			203,361	12,483
6. Housekeeping Service						
a. Head Housekeeper	13,927	486			4,439	155
b. Other Housekeeping Workers	106,897	8,463			67,693	4,910
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	33,034	386			16,718	306
b. Other Maintenance Workers	61,798	2,941			30,868	1,558
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	83,606	5,905			15,795	1,160
9. Barber and Beautician Services						
10. Protective Services	100,150	6,486			36,722	2,378
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	133,933	3,518			29,469	774
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	136,835	2,784			27,939	619
b. RN						
1. Direct Care	774,172	20,994			95,388	2,778
2. Administrative**	217,816	2,867			23,903	315
c. LPN						
1. Direct Care	213,755	7,519			45,896	2,399
2. Administrative**						
d. Aides and Attendants	1,049,467	71,658			376,321	28,552
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	107,317	5,499			98,135	4,978
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	56,191	2,002			6,166	220
n. Marketing						
o. Other (Specify) See Attached Schedule	274,513	8,633			52,918	1,949
<i>A-13. Total Salary Expenditures</i>	4,079,192	181,261			1,241,953	68,849

\* 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
Medical Clerk					\$ 8,011	501
Internal Technology	\$ 46,486	1,491			\$ 10,228	328
Human Resources	\$ 64,913	1,724			\$ 14,283	379
Chaplain and Holistic Medicine	\$ 67,128	1,730			\$ 7,367	190
Scheduler	\$ 41,407	1,646			\$ 3,934	157
Medical Records	\$ 54,579	2,042			\$ 9,095	394
<b>Total</b>	\$ 274,513	8,633	\$ -	-	\$ 52,918	1,949

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

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

**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	9/30/2017				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
<b>Section I - Operators/Owners</b>										
Richard Heath	79,883		17,576	Vehicle and Deferred Compensation	Responsible for all operations of facilities	614	A1			
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Church Home of Hartford, Inc. (DBA Seabury)				2103C	9/30/2017			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
<b>Section III - Administrators***</b>										
Ann Erickson (October 2017 - August 14, 2017)	78,578		27,461	Nondiscretionary	Administrator	2,071	A2			
Brian Nyberg (August 16, 2017 - Present)	10,062		5,042	Nondiscretionary	Administrator	242	A2			
Jennifer Cavallaro			18,186	Nondiscretionary	Administrator - Meadows	456	A2			
<b>Section IV - Assistant Administrators</b>										

\*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	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	29,675	624			3,257	69
2. Dentist						
3. Pharmacist	5,623	279			617	31
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	20,602	127			2,261	14
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	7,569	376			3,198	98
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>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>63,469</b>	<b>1,406</b>			<b>9,333</b>	<b>212</b>

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

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

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

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		License No. 2103C		Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Tracey Luciani & Marla Alibrio	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
University Physicians	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Thelissa Harris	Psychiatric Services	<input type="radio"/>	<input checked="" 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"/>			
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		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2017	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 152,072	112,175		39,897
2. Disability Insurance	\$ 2,957			2,957
3. Unemployment Insurance	\$ 24,987	18,436		6,551
4. Social Security (F.I.C.A.)	\$ 391,435	299,599		91,836
5. Health Insurance	\$ 782,474	579,926		202,548
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 739			739
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 180,052	152,211		27,841
8. Uniform Allowance	\$ 1,644	1,390		254
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 9,066	7,664		1,402
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* Deferred Compensation Plan	\$ 5,268	4,318		950
c. Bad Debts*	\$ 89,772	73,582		16,190
d. Accounting and Auditing	\$ 36,513	29,317		7,196
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 2,436	1,997		439
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 27,798	21,124		6,674
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,276	16,619		3,657
2. Cellular Phones	\$ 9,496	7,598		1,898
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	\$			
<b>Subtotal</b>	<b>\$ 1,736,985</b>	<b>1,325,956</b>		<b>411,029</b>

\* 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	9/30/2017	16	37	
Item		Total	CCNH	RHNS	Residential Care Home
<b>Subtotals Brought Forward:</b>		1,736,985	1,325,956		411,029
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	7,568	6,083		1,485
4. Employee Travel	\$	25,376	20,692		4,684
5. Education Expenses Related to Seminars and Conventions	\$	21,871	17,927		3,944
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> )	\$	12,169	7,376		4,793
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)***	\$	5,241			5,241
7. Postage	\$	3,390	2,587		803
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	6,327	5,186		1,141
See Attached Schedule					
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> )	\$	56,309	46,154		10,155
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> )	\$	65,850	52,927		12,923
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>		\$ 1,941,086	1,484,888		456,198

\* 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
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	Residential Care Home
<b>Total Other Advertising</b>	\$ -	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	Residential Care Home
Leading Age Connecticut	\$ 4,964		\$ 1,092
ICAA	\$ 222		\$ 49
<b>Total Dues</b>	\$ 5,186	\$ -	\$ 1,141

**Schedule of Contributions**

Description	CCNH	RHNS	Residential Care Home
<b>Total Contributions</b>	\$ -	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	Residential Care Home
Bank Fees - Disallow	\$ 16,442		\$ 3,813
Licenses and Fees - Disallow	\$ 2,753		\$ 765
Pet Supplies - Disallow	\$ -		\$ 49
Travel - Disallow	\$ -		\$ 873
Supplies	\$ 3,546		\$ 780
Communication Systems	\$ 18,464		\$ 4,063
Fire/Safety Alarm System	\$ 11,433		\$ 2,516
Security Pager Service - Disallow	\$ 281		\$ 62
General Expenses	\$ 8		\$ 2
<b>Total Other Administrative and General</b>	\$ 52,927	\$ -	\$ 12,923

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

Name of Facility Church Home of Hartford, Inc. (DBA Seal	License No. 2103C	Report for Year Ended 9/30/2017	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

**\* 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 Church Home of Hartford, Inc. (DBA Seabury)		License No. 2103C	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food \$	435,479	301,509		133,970
2.	Non-Food Supplies \$	69,937	51,118		18,819
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.		\$ 11,177	6,993		4,184
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 516,593</b>	<b>359,620</b>		<b>156,973</b>
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 Church Home of Hartford, Inc. (DBA Seabury)		License No. 2103C	Report for Year Ended 9/30/2017		Page 19	of 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. \$				
	4. Repair and/or purchase of linens.***	Lbs.				
		Amt. \$	13,496	11,850		1,646
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)	\$				
	c. Management Services**	\$				
	d. Other ( <i>Specify</i> ) Laundry Supplies	\$	13,810	11,707		2,103
3E.	<b>Total Laundry Expenditures</b> (3a + b + c + d)	\$	27,306	23,557		3,749
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	9/30/2017		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. \$	10,378	4,814		5,564
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
<b>4E.</b>	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>	\$	10,378	4,814		5,564
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Multiple Vendors	\$	602	542		60
b.	Medicine Cabinet Drugs	\$	16,062	14,474		1,588
c.	Medical and Therapeutic Supplies	\$	9,095	4,760		4,335
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	\$	36,401	23,450		12,951
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	121,714	115,169		6,545
<b>5K.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	183,874	158,395		25,479

\* 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 9/30/2017			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Property Management	Bloomfield, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping Services & Snow Removal	21,784		11,211	22	6f
BrightView	Road, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping Services	5,513		2,022	22	6f
Winterberry Landscape	2070 West Street, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping Services & Snow Removal	35,372		12,970	22	6f
Winterberry Irrigation	2070 West Street, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Water Irrigation	6,608		2,423	22	6f
ESCO	8940 Vincennes Circle, Indianapolis, IN 46268	<input type="radio"/>	<input checked="" type="radio"/>	N/A	TV/Internet/Telephone	24,639		5,421	15/ 16	1h1/ r
		<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	9/30/2017			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 37,336	25,875			11,461	
b. Heat	\$ 50,920	33,093			17,827	
c. Light & Power	\$ 168,987	114,103			54,884	
d. Water	\$ 29,647	19,752			9,895	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 4,614	3,376			1,238	
f. Other ( <i>itemize</i> )	\$ 130,477	85,178			45,299	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 421,981</b>	<b>281,377</b>			<b>140,604</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 648,331	447,760			200,571	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 192,232	136,799			55,433	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 840,563</b>	<b>584,559</b>			<b>256,004</b>	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$</b>					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 195,846	121,000			74,846	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,036,409</b>	<b>705,559</b>			<b>330,850</b>	

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
Contracted Professional Services	\$ 35,689		\$ 16,907
Flowers	\$ -		\$ 48
Small Equipment Expense	\$ 1,947		\$ 2,260
Exterminations	\$ 2,230		\$ 1,177
Trash Removal	\$ 16,137		\$ 8,223
Snow Removal	\$ 22,280		\$ 11,393
Unit Refurbishing	\$ -		\$ 617
Meadows Commons Refurbishing	\$ -		\$ 79
Cable Services	\$ -		\$ 308
Maintenance Supplies	\$ -		\$ 1,759
Water Treatment	\$ 1,793		\$ 658
Mechanical System - HVAC	\$ 4,184		\$ 1,534
Tools	\$ 918		\$ 336
<b>Total Other Repairs and Maintenance</b>	<b>\$ 85,178</b>	<b>\$ -</b>	<b>\$ 45,299</b>

### Depreciation Schedule

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)				License No. 2103C			Report for Year Ended 9/30/2017			Page 23	of 37		
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period				79,743,649		79,743,649	28,840,044	SL	VAR	622,215			
2. Disposals (attach schedule)				(150,000)			(122,500)	SL	VAR				
3. Acquired during this report period (attach schedule)				1,728,932			1,728,932	SL	VAR	26,116			
B-4. Subtotal											648,331		
<b>C. Non-Movable Equipment</b>													
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								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. Vehicles		Yes		VAR	VAR	191,799		191,799	3,156	SL	4	6,190	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						9,547,983		9,547,983	1,943,583	SL	SL	176,638	
b. Disposals (attach schedule)						(20,585)				SL	VAR		
c. Acquired during this report period (attach schedule)						333,928			333,928	SL	VAR	9,404	
D-3. Subtotal													192,232
<b>E. Total Depreciation</b>													840,563

Church Home of Hartford, Inc. (DBA Seabury)  
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
	See attached schedules (pages 23a-23e); allowable depreciation only	\$ 1,728,932		\$ 26,116
<b>Total additions for Building Improvements</b>		\$ 1,728,932		\$ 26,116 *
<b>Deletions:</b>				
	Cottage 116	\$ 150,000		\$ 122,500
<b>Total deletions for Building Improvements</b>		\$ 150,000		\$ 122,500 **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*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
<b>Additions:</b>				
	See attached schedules (pages 23a-23e); allowable depreciation only	\$ 333,928		\$ 9,404
<b>Total additions for Movable Equipment</b>		\$ 333,928		\$ 9,404 *
<b>Deletions:</b>				
	See attached schedules (pages 23e-23f)	\$ 20,585		
<b>Total deletions for Movable Equipment</b>		\$ 20,585		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Leasehold Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$ -		\$ - **

\*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	200,151
RCH Allowable	56,784
Unallowable	1,339,696
	<u>1,596,631</u>

**Meadows (see Page 23c(3))**

RCH Allowable	31,935	14/58
Unallowable	100,366	44/58
	<u>132,301</u>	

Total Building and Building Improvements 1,728,932

**Moveable Equipment**

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

Skilled	55,362
RCH	19,014
Unallowable	220,342
	<u>294,718</u>

**Meadows (see Page 23c(3))**

RCH Allowable	9,464	14/58
Unallowable	29,746	44/58
	<u>39,210</u>	

Total Moveable Equipment 333,928

Page 23b  
**BUILDING IMPROVEMENT ADDITIONS**

Date	Description	Cost	Level	Life
3/31/2017	Views285 carpet & cove base	583.00	a	10
11/30/2016	View 258 patch & paint	632.50	a	10
3/31/2017	Views 256 & 259 TV wall outlets	744.03	a	10
3/31/2017	Views 241 renovations	1,166.00	a	10
11/30/2016	Views 231 renovations	1,771.00	a	10
11/30/2016	Views 251 carpet	1,771.00	a	10
7/31/2017	Views 289 carpet & cove base	3,483.00	a	10
7/31/2017	refund on job	(511.28)	all	10
2/28/2017	Project 2016058 Landscape maintenance manual	242.50	all	10
1/31/2017	Hair salon paint	567.00	all	10
9/30/2017	Roadside traffic mirror	800.00	all	10
2/28/2017	Project 2016034 Utility screening	865.00	all	10
6/30/2017	Project 2016034 Utility screening	910.00	all	10
6/30/2017	Solar panel array	1,248.00	all	8
8/31/2017	Solar project	1,300.00	all	8
5/31/2017	Twist lock power outlets in mechanical room	1,625.00	all	10
8/31/2017	Norton 5800 operator and pull side conversion kits	1,870.91	all	10
2/28/2017	Project 2014073.01 Bid CA services	2,772.50	all	10
12/31/2016	Project 2014073.01 Bid CA services	2,892.50	all	10
12/31/2016	Project 2016058 Landscape maintenance manual	3,317.50	all	10
6/30/2017	2 Norton 5845-ADAEZ door openers	3,320.00	all	10
12/31/2016	5th floor hair salon renovations	3,437.50	all	10
1/31/2017	5th floor hair salon renovations	3,437.50	all	10
1/31/2017	Bank tenant space	3,443.00	all	10
10/31/2016	Temporary parking lot lighting	3,598.00	all	15
1/31/2017	Ladders/Project engineer hours	3,692.84	all	10
9/30/2017	1 Guest room renovation	4,496.00	all	10
12/31/2016	Job# 440 clean ductwork	6,369.00	all	10
6/30/2017	Project 2014073.01 Bid CA services	8,543.75	all	10
1/31/2017	Ladders/Carpenter hours	8,678.00	all	10
12/31/2016	Project 2016034 Utility screening generator project	9,142.50	all	10
1/31/2017	5th floor hair salon heat pump replacement	9,235.48	all	10
2/28/2017	Versatech heat pumps	13,250.00	all	10
12/31/2016	Job# 438 Replace vestibule sliding doors	14,084.00	all	10
9/30/2017	Backflow preventer labor & materials	14,732.30	all	10
12/31/2016	Job# 438 Isolation valves	34,086.00	all	10
12/31/2016	Job# 439 Replace exterior sheathing	36,721.00	all	10
11/30/2016	Seabury lighting project JN 21663	113,061.50	all	15
4/30/2017	Lighting project - yard	387,527.00	all	10
12/31/2016	refund on job	(2,300.00)	i	10
6/30/2017	C305,C104 additional shelving	137.33	i	10
6/30/2017	Parts for C312 boiler replacement	160.33	i	20
6/30/2017	Unit 3110 repair fiberglass tub surround	200.00	i	10
11/30/2016	2110 closet system renovations	251.20	i	10
7/20/2017	Unit 4162 porch entrance door	255.64	i	10
7/31/2017	Unit 4162 porch door glass replacement	255.64	i	10
11/30/2016	Villa 345 glass replacement	300.00	i	10
3/29/2017	Kiosk mailboxes installation hardware	300.00	i	10
7/31/2017	Unit 3148 GE Electric range	349.95	i	10
3/31/2017	Chandelier stem extentions/Light lenses	395.00	i	10
2/28/2017	Unit 3189 install glass enclosure on porch	635.00	i	10
6/30/2017	Unit 4144 glass replacement	675.00	i	10
3/31/2017	Unit 3122 modifications per Marketing	690.00	i	10

Totals:			
All	585,694	1	
I/A/S	160,068	1	
Other	5,134	1	
I/A	7,920	I/A	
Skilled	59,521	Direct	
Assisted	10,151	Assisted	
Independent	766,580	Direct	
S/A	1,565	1	
	<u>1,596,631</u>		

I/A/S, All and Other Allocation Breakout (Sum of 1)						
Useful life	SNF	HFA	O	Total		
8	18,328	6,720		73,616	98,663	
10	116,277	42,635		467,047	625,959	
15	4,880	1,789		19,603	26,273	
				<u>SNF</u>	<u>HFA</u>	<u>Other</u>
Allocation By Living units:				18.58%	6.81%	74.61%

S/A Allocation Breakout						
Useful life	SNF	HFA	O	Total		
10	1,145	420		-	1,565	
				<u>SNF</u>	<u>HFA</u>	<u>Other</u>
Allocation By Living units:				73.17%	27%	0.00%

I/A Allocation Breakout						
Useful life	SNF	HFA	O	Total		
10	-	662		7,257	7,920	
				<u>SNF</u>	<u>HFA</u>	<u>Other</u>
Allocation By Living units:				0.00%	8.37%	91.63%

Assisted Allocation Breakout						
Useful life	SNF	HFA	O	Total		
10	-	4,557		5,593	10,151 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	-	-		-	Direct
8	18,328	6,720		73,616	I/A/S, All, and Other Allocated
<b>Total 8 yr life</b>	18,328	6,720		73,616	
10	-	662		7,257	I/A
10	59,521	-		-	Direct Skilled
10				760,720	Direct Independent
10	-	4,557		5,593	Assisted
10	1,145	420		-	S/A
10	116,277	42,635		467,047	I/A/S, All, and Other Allocated
<b>Total 10 yr life</b>	176,943	48,275		1,240,617	



6/30/2017	C305,C104 closet system renovations	758.68	i	10
7/31/2017	Unit 3109 lighting and porch door	875.00	i	10
10/31/2016	Picture window glass replacements	930.00	i	10
6/30/2017	Glass replacements Units 5193 and 4147	1,050.00	i	10
1/31/2017	Elevator renovation	1,100.00	i	10
2/28/2017	Unit 3179 bathroom floor replacement	1,111.00	i	10
6/30/2017	Units 3122, 4135, 3110 glass replacements	1,258.64	i	10
6/30/2017	Unit 3110 LED surface lights and switches	1,350.00	i	10
2/28/2017	Data network Views,Bistro and main dining room	1,392.00	i	10
6/22/2017	Glass replacements -C301, 3122, 4135, 3110	1,429.33	i	10
2/28/2017	Unit 3122 renovation appliances	1,595.75	i	10
3/31/2017	Unit 5154 carpet	1,685.00	i	10
10/31/2016	Unit 1116 new kitchen layout	1,863.00	i	10
10/31/2016	Unit 5154 white appliances	1,896.60	i	10
12/31/2016	Duct connections Units 3108 & 3110	1,926.00	i	10
6/30/2017	Unit 3148 renovation appliances	2,056.65	i	10
10/31/2016	Unit 1116 appliances	2,166.65	i	10
5/31/2017	Unit 3109 renovation appliances	2,215.75	i	10
8/31/2017	Unit 3116 renovations	2,236.50	i	10
9/30/2017	Unit 3116 renovations	2,236.50	i	10
4/30/2017	Unit 2119 appliances	2,276.65	i	10
4/30/2017	Unit 2144 renovation appliances	2,276.65	i	10
5/31/2017	C303 renovation appliances	2,276.65	i	10
5/31/2017	Unit 3165 renovation appliances	2,276.65	i	10
11/30/2016	Bistro renovations	2,300.00	i	10
5/31/2017	Unit 3128 renovations	2,324.00	i	10
5/31/2017	Unit 3165 floor underlayment	2,324.00	i	10
4/30/2017	C303 renovations	2,417.00	i	10
5/31/2017	C303 renovations	2,417.00	i	10
7/31/2017	Unit 5181 renovation appliances	2,534.65	i	10
3/31/2017	Main dining room lighting	2,700.00	i	15
10/31/2016	Unit 4144 white appliances	2,712.65	i	10
7/31/2017	Unit 4165 kitchen renovation	2,742.00	i	10
4/30/2017	Unit 5160 renovations	2,860.00	i	10
4/30/2017	Unit 5160 renovations	2,860.00	i	10
6/30/2017	Unit 1112 10 year upgrade	2,939.00	i	10
4/30/2017	Seabury lighting project JN 21663	3,000.00	i	15
12/31/2016	Units 3108, 3110 appliances	3,046.55	i	10
8/31/2017	Lighting installation	3,180.92	i	10
8/31/2017	Heat pump for main campus laundry room	3,200.00	i	10
5/31/2017	C104 renovation appliances	3,326.60	i	10
5/31/2017	C305 renovation appliances	3,326.60	i	10
2/28/2017	Unit 2138 renovation appliances	3,336.55	i	10
5/31/2017	Unit 2128 cabinets	3,399.00	i	10
6/30/2017	Unit 2128 cabinets	3,399.00	i	10
3/31/2017	Unit 2138 modifications per Marketing	3,750.00	i	10
2/28/2017	Re-siding, roofing south side of west wing	3,960.00	i	10
1/26/2017	Kiosk mailboxes	4,231.58	i	10
11/30/2016	Unit 2122 renovations	4,246.00	i	10
12/31/2016	Unit 2122 renovations	4,246.00	i	10
10/31/2016	Unit 1116 renovations	4,484.00	i	10
4/30/2017	C331 renovations	4,939.00	i	10
7/31/2017	C331 cabinets & floor in entry and kitchen	4,939.00	i	10
1/31/2017	Unit 3122 renovations	5,830.00	i	10
2/28/2017	Unit 3122 renovations	5,830.00	i	10
1/31/2017	C331 demo basic renovations	6,511.50	i	10
2/28/2017	C331 renovations	6,511.50	i	10
10/31/2016	Unit 2110 renovations	6,941.00	i	10

	15	4,880	1,789	19,603	I/A/S, All, and Other Allocated
	15			5,700	Direct Independent
<b>Total 15 yr life</b>		<b>4,880</b>	<b>1,789</b>	<b>25,303</b>	
	20	-	-	160	Direct Independent
<b>Total</b>		<b>200,151</b>	<b>56,784</b>	<b>1,339,696</b>	

11/30/2016	Unit 2110 renovations	6,941.00	i	10
5/31/2017	Unit 3165 renovations	7,709.50	i	10
5/31/2017	Unit 3165 renovations	7,709.50	i	10
5/31/2017	Unit 4184 renovations	8,334.00	i	10
6/30/2017	Unit 4184 renovations	8,334.00	i	10
10/31/2016	Unit 3108 renovations	9,281.50	i	10
6/30/2017	Unit 5181 renovations	9,982.00	i	10
7/31/2017	Unit 5181 renovations	9,982.00	i	10
6/30/2017	Unit 3128 renovations	10,741.50	i	10
8/31/2017	C323 renovations	11,064.50	i	10
8/31/2017	C323 renovations	11,064.50	i	10
11/30/2016	Unit 4149 renovations	13,529.50	i	10
12/31/2016	Unit 4149 renovations	13,529.50	i	10
8/31/2017	Unit 3128 renovations	13,797.50	i	10
3/31/2017	C 305 final renovations	14,343.50	i	10
5/31/2017	C 305 renovations	14,343.50	i	10
10/31/2016	Unit 4144 renovations	14,416.00	i	10
9/30/2017	Unit 3196 renovations	15,496.50	i	10
9/30/2017	Unit 3196 renovations	15,496.50	i	10
3/31/2017	C104 renovations	15,798.50	i	10
4/30/2017	C104 renovations	15,798.50	i	10
3/31/2017	Unit 2119 renovations (kitchen & bath)	16,049.00	i	10
4/30/2017	Unit 2119 renovations	16,049.00	i	10
4/30/2017	Unit 2144 renovations	16,169.00	i	10
4/30/2017	Unit 3109 renovations	17,232.50	i	10
5/31/2017	Unit 3109 renovations	17,232.50	i	10
4/30/2017	Unit 3148 renovations	18,109.00	i	10
6/30/2017	Unit 3148 renovations	18,109.00	i	10
2/28/2017	Unit 2144 renovations	18,396.00	i	10
11/30/2016	Re-siding south side of west wing	19,380.00	i	10
10/31/2016	3108, 3110 combo updated revisions	22,700.50	i	10
11/30/2016	Unit 3108 Unit 3110 combo renovations	22,700.50	i	10
12/31/2016	Unit 2138 renovations	27,720.50	i	10
2/28/2017	Unit 2138 renovations	27,720.50	i	10
10/31/2016	Infinity renovations	40,645.00	i	10
2/28/2017	Re-siding, roofing south side of west wing	55,860.00	i	10
10/31/2016	Unit 5154 renovations/Views 260 paint	7,919.50	i/a	10
8/31/2017	Door 18 carpet	425.00	i/a/s	10
6/30/2017	Labor & materials install braille jamb plates	4,782.00	i/a/s	10
10/31/2016	Solid state linestarter/soft start-elevators 5 & 6	5,372.50	i/a/s	10
12/31/2016	Labor & materials repair of Pool and door 30	6,002.00	i/a/s	10
10/31/2016	Renovate entrance project	6,656.40	i/a/s	10
6/30/2017	Main courtyard improvements	7,380.00	i/a/s	10
12/31/2016	Spa/pool upgrade	10,660.00	i/a/s	10
1/31/2017	Main campus lighting project	18,000.00	i/a/s	15
6/30/2017	Main campus generator landscaping design	20,585.55	i/a/s	8
6/30/2017	Main campus lighting project	24,000.00	i/a/s	15
1/31/2017	Main campus generator landscaping design	75,529.75	i/a/s	8
3/31/2017	Employee hallway decorative cove base	393.80	o	10
1/31/2017	Millwork base for employee hallway refurbish	693.00	o	10
1/31/2017	Employee hallway refurbish	1,797.00	o	10
6/30/2017	Water furnace heat pump replace employee hallway	2,250.00	o	10
2/22/2017	Smartparts	79.91	s	10
2/22/2017	Parts for nurse call system enhancement	237.50	s	10
1/31/2017	Carpet for 6 rooms in skilled	4,520.50	s	10
1/31/2017	Brewer/Davis corridor carpet	6,466.50	s	10
2/28/2017	Brewer/Davis corridor carpet	6,466.50	s	10
3/31/2017	5 vertical NBH009 heat pumps for Skilled	10,750.00	s	10

3/31/2017 5 vertical downflow heat pumps	15,500.00	s	10
3/31/2017 5 vertical downflow heat pumps	15,500.00	s	10
12/31/2016 Data network cables Skilled & Views	1,564.71	s/a	10
11/30/2016 To reclass to prepaid FFE items not plac	(113,061.50)	all	15
1/31/2017 Reclass out of fixed assets to prepaid ffe	(18,000.00)	i/a/s	15
9/30/2017 To reclass infinity group payments to prepaid	(4,496.00)	i	10
10/31/2016 Dufour invoices wrong acct/to CIP	<u>(1,325.00)</u>	i/a/s	15
<b>TOTAL ADDITIONS</b>	<b>1,596,631</b>		

FURNITURE/EQUIPMENT COMPUTER ADDITIONS

Date	Description	Cost	Level	Life
1/31/2017	Cisco Firewall	1,004	all	5
2/28/2017	WiFi Sports. 5 Ubiquiti access points	517	all	5
3/31/2017	2 UPS battery backup for ESCO	2,450	all	5
8/31/2017	New WiFi access points	2,590	all	3
11/30/2016	Switches to replace main mech room	4,765	all	5
5/31/2017	Unifi WiFi access point	1,523	all	5
6/30/2017	Spare Cisco switch	2,802	all	5
1/31/2017	Think Pad Rick	1,319	o	5
1/26/2017	Rene -laptop/ CAS TV/video transmitter Marketing	1,700	o	5
2/22/2017	5 Lenovo laptops	2,293	o	5
8/31/2017	110x windows 2016 RDS User	12,884	o	3
8/31/2017	160x windows server 2016 User	5,403	o	3
8/31/2017	2 Windows SQL server 2016	9,565	o	3
9/30/2017	IT Equipment Phase C MDF	(88)	o	5
9/30/2017	IT Equipment Phase C MDF	4,121	o	5
10/31/2016	5 gig ether fiber perconv	932	o	5
11/30/2016	Computers VGA adapters	1,319	o	5
7/31/2017	4 hard drives for server upgrade	1,208	o	5
6/30/2017	5 Lenovo small desktops	2,058	o	5
7/31/2017	Laptop-Stacy-ann	1,554	o	5
1/31/2017	Expense-video transmitter Marketing	(181)	o	5
5/31/2017	Kronos Timekeeping SW	44,819	o	3
5/31/2017	Kronos Timekeeping SW	155	o	3
5/31/2017	Kronos Timekeeping SW	78	o	3
<b>TOTAL ADDITIONS</b>		<b>104,790</b>		

Totals:		
All	15,651	1
Other	89,138	1
	<u>104,790</u>	

All and Other Allocation Breakout							
Useful life	SNF	HFA	O	Total			
3	14,024	5,142		56,328	75,494	Sum of 1	
5	5,442	1,995		21,859	29,296	Sum of 1	
10	-	-		-		Sum of 1	
						SNF HFA Other	
Allocation By Living units:					18.58%	6.81%	74.61%

Total Additions After Allocation						
Useful life	SNF	HFA	O			
3	14,024	5,142		56,328		I/A/S, All, and Other Allocated
5	5,442	1,995		21,859		I/A/S, All, and Other Allocated
10	-	-		-		I/A/S, All, and Other Allocated
<b>Total</b>	<b>19,466</b>	<b>7,137</b>		<b>78,187</b>		

FURNITURE/EQUIPMENT OTHER ADDITIONS

Date	Description	Cost	Level	Life
12/31/2016	Views washer and dryer	1,701	a	10
8/31/2017	Replace door 18 & 24 video intercoms	3,870	all	10
6/9/2017	Seabury generator site project	43,035	all	10
12/31/2016	GE solar array farm south fence	9,500	all	8
11/30/2016	High white vinyl fence/Utility screen/posts/caps/concrete footing	26,243	all	10
3/31/2017	Polaris Brutus PTO cab w/blade & spreader attachment	26,099	all	5
3/31/2017	Polaris Brutus PTO cab w/snow blower & bucket attachment	5,275	all	5
3/31/2017	Polaris brutus fork attachment	1,105	all	5
5/31/2017	Polaris brutus mower attachment	3,499	all	5
6/30/2017	Polaris brutus HDPTO replacement UTV	23,099	all	5
4/13/2017	Purchase of used Arien's snow blower	1,500	all	5
11/30/2016	Metron electric tilt table Rehab	3,062	all	10
11/30/2016	Appliance	600	i	10
11/30/2016	Appliance	600	i	10
6/30/2017	C312 boiler & parts	2,833	i	20
3/31/2017	Speed Queen top load washer	690	i	10
3/31/2017	Unit 5174 GE black microwave	185	i	10
3/31/2017	Unit 2119 all in one washer dryer	1,270	i	10
8/31/2017	GE series 18 built in dishwasher	700	i	10
8/31/2017	C313 microwave replacement	170	i	10
10/31/2016	Appliance	1,385	i	10
1/31/2017	2 Speed Queen top load washers	1,380	i	10
1/31/2017	Unit 5165 GE stackable washer dryer	1,050	i	10
1/31/2017	Unit 5173 refrigerator replacement	850	i	10
2/28/2017	GE space maker built in dishwasher	560	i	10
2/28/2017	C316 dishwasher replacement	380	i	10
4/30/2017	Unit 4189 microwave replacement	180	i	10
4/30/2017	Unit 2134 microwave	170	i	10
5/31/2017	Unit 5189 replace washer & dryer	760	i	10
5/31/2017	Unit 4152 replace freezer door	169	i	10
5/31/2017	Unit 5160 replace freezer door	420	i	10
5/31/2017	Unit 4132 dryer replacement	600	i	10
5/31/2017	C333 microwave replacement	180	i	10
5/31/2017	Unit 4173 GE stackable washer dryer	1,050	i	10
5/31/2017	Unit 5158 GE stackable washer dryer	1,050	i	10
7/31/2017	Unit 2105 Speed Queen laundry room dryer	770	i	10
7/31/2017	Unit 4138 black refrigerator replacement	650	i	10
3/31/2017	Unit 3148 GE30" free standing electric range	326	i	10
4/30/2017	3 Kohler high line toilets	504	i	10
11/30/2016	Toilets	168	i/a/s	10
11/30/2016	Toilets	336	i/a/s	10
8/31/2017	Garden bench seating for front entrance	968	i/a/s	15
8/31/2017	Arm chair seating for front entrance	956	i/a/s	15
7/31/2017	2011 Chevy Colorado truck	100	o	4
7/31/2017	2011 Chevy Colorado truck	14,344	o	4
3/31/2017	Maxi move lift	5,588	s	10
		<u>189,928</u>		

Totals:				
I/A/S	2,428	1		
All	146,287	1		
		2		
I/A				
Other	14,444	1		
Skilled	5,588	Direct		
Assisted	1,701	Assisted		
Independent	19,480	Direct		
	<u>189,928</u>			

I/A/S, All and Other Allocation Breakout (Includes all 1's)				
Useful life	SNF	HFA	O	Total
4	2,683	984	10,777	14,444
5	11,253	4,126	45,198	60,577
8	1,765	647	7,088	9,500
10	14,250	5,225	57,239	76,714
20	-	-	-	-
Allocation By Living units:				
		SNF	HFA	Other
		18.58%	6.81%	74.61%

I/A Allocation Breakout (includes all 2's)				
Useful life	SNF	HFA	O	Total
20	-	-	-	-
Allocation By Living units:				
		SNF	HFA	Other
		0.00%	8.37%	91.63%

Assisted Allocation Breakout				
Useful life	SNF	HFA	O	Total
10	-	764	937	1,701
Allocation By Assisted Living Units (22/49ths):				
		SNF	HFA	Other
		0.00%	44.90%	55.10%

Direct by Level Allocation Breakout				
Useful life	SNF	HFA	O	Total
5	-	-	-	-
7	-	-	-	-
10	5,588	-	16,647	22,235
20	-	-	2,833	2,833

Total Additions After Allocation				
Useful life	SNF	HFA	O	Total
4	2,683	984	10,777	I/A/S, All, and Other Allocated
5	-	-	-	Direct
5	11,253	4,126	45,198	I/A/S, All, and Other Allocated
Total 5 yr life	11,253	4,126	45,198	
8	1,765	647	7,088	I/A/S, All, and Other Allocated
Total 8 yr life	1,765	647	7,088	
10	5,588	-	16,647	Direct
10	-	764	937	Assisted
10	14,250	5,225	57,239	I/A/S, All, and Other Allocated
Total 10 yr life	19,838	5,989	74,823	
15	357	131	1,435	I/A/S, All, and Other Allocated
20	-	-	2,833	Direct
Total Additions	35,896	11,877	142,155	

**BUILDING IMPROVEMENTS AND FURNITURE/EQUIPMENT OTHER ADDITIONS  
MEADOWS**

**Building Improvements**

DATE	DESCRIPTION	LIFE	AMOUNT
6/30/2017	Meadows landscaping design	10	1,898
3/31/2017	Attic fire sprinkler system coverage-rectify issues	10	33,150
3/31/2017	Replace dry pipe valve-tie in existing devices	10	4,962
3/31/2017	Attic fire sprinkler system coverage-rectify issues	25	10,000
9/30/2017	Meadows front entrance awning replacement	10	5,200
4/30/2017	Place in service the lighting project	15	41,620
1/31/2017	Main campus generator landscaping design	10	5,985
6/30/2017	Meadows landscaping design-2nd payment	10	29,487
			<b>132,301</b>

Meadows Allocation Breakout - Building Improvements							
Useful life	SNF	HFA	O				
5	-	-	-	-			
10	-	19,475	61,206	80,681			
15	-	10,046	31,574	41,620			
25	-	2,414	7,586	10,000			
	-	31,935	100,366	132,301			
					<b>SNF</b>	<b>HFA</b>	<b>Other</b>
Allocation By Meadows Beds:					0.00%	24.14%	75.86%

**Furniture/Equipment**

DATE	DESCRIPTION	LIFE	AMOUNT
10/27/2016	UniMac Washers	10	5,994
11/30/2016	Quick connect gas line	10	606
11/30/2016	installation of double oven	10	1,272
11/30/2016	double oven	10	9,894
2/28/2017	matresses	5	11,713
10/27/2016	Refridgerator compressor	10	3,329
12/31/2016	Condensing unit for Refridgerator	10	3,329
10/31/2016	Dishwasher pmt	10	3,073
			<b>39,210</b>

Meadows Allocation Breakout - Furniture/ Equip							
Useful life	SNF	HFA	O				
5	-	2,827	8,886	11,713			
10	-	6,637	20,860	27,497			
	-	9,464	29,746	39,210			
					<b>SNF</b>	<b>HFA</b>	<b>Other</b>
Allocation By Meadows Beds:					0.00%	24.14%	75.86%

**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	648,331
Total Phase A Depreciation - Unallowable	546,703

Seabury - Depreciation on Assets Acquired in CY:	80,528
Allocation using Method 14	<u>30%</u>
Total Allowable Related to Assets Acquired in CY	24,100

Meadows - Depreciation on Assets Acquired in CY:	8,353
Includable Cost Allocation Basis	<u>24%</u>
Total Allowable Related to Assets Acquired in CY	2,016

Total Depreciation Related to Assets Acquired in CY	26,116
Total Phase A Depreciation Related to Assets Acquired in PY	<u>546,703</u>

Depreciation Related to Assets Acquired in Prior Years	<u><u>622,215</u></u>
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**Moveable Equipment**

Total Depreciation Allowable	192,232
Total Phase A Depreciation - Unallowable	208,488

Seabury - Depreciation on Assets Acquired in CY:	29,221
Allocation using Method 14	<u>30%</u>
Total Allowable Related to Assets Acquired in CY	8,745

Meadows - Depreciation on Assets Acquired in CY:	2,731
Includable Cost Allocation Basis	<u>24%</u>
Total Allowable Related to Assets Acquired in CY	659

Total Depreciation Related to Assets Acquired in CY	9,404
Total Phase A Depreciation Related to Assets Acquired in PY	<u>208,488</u>

Depreciation Related to Assets Acquired in Prior Years	<u><u>182,828</u></u>
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		2013 -Vehicle disallowance			Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
		SNF	HFA	Other	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			-	-	-			
Total 2013 Vehicle Depreciation	31,327	Disallowance			-	-				
Total Unallowed Amount	-23,443									

		Asset Value			Depreciation Allowed			Depreciation Taken		
		SNF	HFA	Other	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
20 Year										
Equipment										
5 Year	51,994	4,392	65,304	121,690	10,399	878	13,061	5,329	1,954	17,054
8 Year	3,348	1,228	13,449	18,025	419	154	1,681	493	181	1,579
10 Year	42,419	6,278	77,025	125,722	4,242	628	7,703	2,753	1,009	8,810
15 Year	28,722	430	4,713	33,865	1,915	29	314	494	181	1,582
20 Year	16,388	6,009	65,827	88,224	819	300	3,291	966	354	3,091
Total Assets	1,407,047	424,190	9,369,309	11,200,546	144,506	44,534	959,220	251,444	92,196	804,672
Building Movable					95,294	34,723	854,474	215,582	79,047	689,863
Equipment Movable					49,212	9,811	104,745	35,862	13,149	114,809
Disallowance Building Movable					120,288	44,323	(13,350)			

		2014 -Vehicle disallowance			Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
		SNF	HFA	Other	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		
		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
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
8 Year	1,221	448	4,903	6,572	152.63	56	612.88	180	66	576
10 Year	10,306	2,686	33,477	46,469	1,030.60	268.60	3,347.70	1,018	373	3,256
15 Year	23,963	4,277	46,849	75,089	1,597.53	285.13	3,123.27	1,096	402	3,508
20 Year	22,259	8,161	89,405	119,825	1,112.95	408.05	4,470.25	1,312	481	4,198
Total Assets	1,602,536	504,691	11,271,661	13,378,888	165,709	53,982	1,155,898	301,224	110,449	963,968
Building Movable					105,533	39,279	1,014,894	253,950	93,115	812,640
Equipment Movable					60,176	14,703	141,004	47,274	17,334	151,328
Disallowance Building Movable					148,418	53,836	(12,902)			

		2015 -Vehicle disallowance			Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
		SNF	HFA	Other	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		
		SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other
2016 Building										
5 Year	0	965	3,034	3,999	-	193	607	175	64	560
8 Year	1,684	618	11,539	13,841	211	77	1,442	379	139	1,212
10 Year	106,663	61,468	1,334,052	1,502,183	10,666	6,147	133,405	32,895	12,061	105,282
Equipment										
3 Year	1,184	434	4,757	6,375	395	145	1,586	465	171	1,489
5 Year	13,706	15,499	85,171	114,376	2,741	3,100	17,034	5,009	1,837	16,029
7 Year	16,117			16,117	2,302			504	185	1,613
10 Year	144,046	54,762	609,354	808,162	14,405	5,476	60,935	17,697	6,489	56,630
15 Year	20,243	2,877	36,159	59,279	1,350	192	2,411	865	317	2,769
20 Year	361,285	133,055	1,457,557	1,951,897	18,064	6,653	72,878	21,371	7,836	68,388
Total Assets	2,267,464	774,369	14,813,284	17,855,117	215,842	75,965	1,446,196	380,584	139,548	1,217,922

Building				116,409	45,696		1,150,348	287,399	105,379	919,676
Movable				99,433	30,268		295,847	93,186	34,168	298,247
<b>Disallowance</b>										
Building				170,989	59,683					
Movable				(6,247)	3,900					

**2016 -Vehicle disallowance**

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

	Asset Value				Depreciation Allowed			Depreciation Taken		
	SNF	HFA	Other		SNF	HFA	Other	SNF	HFA	Other
<b>2017</b>										
Building										
5 Year	-	-	-	-	-	-	-	-	-	-
8 Year	18,328	6,720	73,616	98,664	1,146	420	4,601	1,350	495	4,321
10 Year	176,943	67,750	1,301,823	1,546,516	8,847	3,388	65,091	16,933	6,209	54,185
15 Year	4,880	11,835	56,877	73,592	163	395	1,896	537	197	1,719
20 Year	-	-	160	160	-	-	4	1	0	3
25 Year	-	2,414	7,586	10,000	-	48	152	44	16	140
<b>Equipment</b>										
3 Year	14,025	5,142	56,328	75,495	2,338	857	9,388	2,755	1,010	8,817
4 Year	2,683	984	10,777	14,444	335	123	1,347	395	145	1,265
5 Year	16,695	8,948	75,943	101,586	1,670	895	7,594	2,225	816	7,118
8 Year	1,765	647	7,088	9,500	110.31	40	443	130	48	416
10 Year	19,838	12,626	95,683	128,147	992	631	4,784	1,403	514	4,490
15 Year	357	131	1,435	1,923	12	4	48	14	5	45
20 Year	-	-	2,833	2,833	-	-	71	16	6	50
<b>Total Assets</b>	<b>2,522,978</b>	<b>891,566</b>	<b>16,503,433</b>	<b>19,917,977</b>	<b>231,454</b>	<b>82,766</b>	<b>1,541,615</b>	<b>406,387</b>	<b>149,009</b>	<b>1,300,491</b>
Building					126,565	49,947	1,222,092	306,263	112,297	980,043
Movable					104,889	32,819	319,523	100,124	36,712	320,448
<b>Disallowance</b>										
Building					179,699	62,350				
Movable					(4,766)	3,893				

**2017 -Vehicle disallowance**

Total Vehicles in fleet as of 9/30/17 Vehicle with highest depreciation (Ford Lift Van-2014)	11	8,601 <sup>A</sup>	Per allocation template	Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)			
				SNF	HFA	Other	SNF	HFA	Other	
				1,883	691		6,027	4,529	1,661	14,493
<b>Total 2017 Vehicle Depreciation</b>		<b>20,683</b>	<b>Disallowance</b>	2,646	970					
<b>Total Unallowed Amount</b>		<b>-12,082</b>								

<sup>A</sup> Per review of CY vehicle additions, there were 2 cars in the amount of \$100 and 14,344 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 09/30/17**

11/14/17  
03:18PM

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								
1	2002 Ford Truck	04/01/04	07/31/17	100.00	20,372.00	0.00	20,372.00	100.00
Total for (No Sale Desc)				100.00	20,372.00	0.00	20,372.00	100.00
Total				100.00	20,372.00	0.00	20,372.00	100.00

**Seabury Memory Care Center, Inc.**  
**Asset Disposition by Sale Description**  
**For the 12 Months Ended 09/30/17**

11/14/17  
03:20PM

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								
45	Mattresses/box springs/bed fram	04/30/16	10/04/16	22,435.07	20,585.07	0.00	4,117.02	5,967.02
Total for (No Sale Desc)				22,435.07	20,585.07	0.00	4,117.02	5,967.02
Total				22,435.07	20,585.07	0.00	4,117.02	5,967.02

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)			2103C		9/30/2017			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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 S	License No. 2103C	Report for Year Ended 9/30/2017	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input 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 <b>NOT</b> Original Owner, Date of Purchase		08/27/03		
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		
<b>Part B - Owner and Related Parties</b>	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	Multiple Bonds - Fixed			
b. Date Mortgage Obtained	04/01/15	04/01/16		
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 9/30/2017	32,410,000	75,265,000		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA)		2103C	9/30/2017			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 175,132	128,145			46,987	
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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$ 175,132	128,145			46,987	

(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		9/30/2017		27	37
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:				175,132	128,145		46,987
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. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$ 175,132	128,145		46,987
14. Insurance							
a. Insurance on Property (buildings only)				\$ 29,070	17,578		11,492
b. Insurance on Automobiles				\$ 4,545	3,326		1,219
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 14,290	9,759		4,531
2. Fire and Extended Coverage				\$ 12,807	8,758		4,049
3. Other (Specify) D&O and Crime				\$ 7,867	5,371		2,496
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 68,579	44,792		23,787
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 9,775,285	7,333,808		2,441,477

### 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	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 115,053	1,831		113,222
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 15,301	9,842		5,459
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.	15	1B	Discriminatory Benefits	\$ 5,268	4,318		950
9.	15	1C	Bad Debts	\$ 89,772	73,582		16,190
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.	15	H2	Cellular Telephone	\$ 7,898	6,490		1,408
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			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)	\$ 3,409	2,495		914
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M6	Barber and Beauty	\$ 5,241			5,241
23.			Other - See attached Schedule	\$ 170,645	120,377		50,268
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 790			790
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 413,377	218,935		194,442

\* 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			\$ 98,305
10	12c	LPN Direct Care - Disallow to reduce LPN down to Aide Cost			\$ 14,277
10	A2	Administrator Severance	\$ 1,831		\$ 640
<b>Total Other Salaries Adjustment</b>			\$ 1,831	\$ -	\$ 113,222

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8e	Psychiatrist	\$ 7,569		\$ 3,198
13	8a	Medical Director	\$ 2,273		\$ 2,261
<b>Total Other Fees Adjustments</b>			\$ 9,842	\$ -	\$ 5,459

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits - Disallow	\$ -		\$ 32,174
16	M13	Licenses and fees - Disallow	\$ 2,753		\$ 765
16	M13	Bank fees - Disallow	\$ 16,442		\$ 3,813
16	M13	Security Pager Service Rental - Disallow	\$ 281		\$ 62
16	M13	Travel - Disallow	\$ -		\$ 873
16	M13	Pet Supplies - Disallow	\$ -		\$ 49
22	6F	Cable Services	\$ -		\$ 308
30	8	ANC - Other Revenue - Disallow	\$ 24,263		\$ 5,419
30	8	ANC - Laundry	\$ 1,152		\$ 104
15	h1	ANC Revenue - telephone	\$ 50,576		\$ 4,551
16	13	ANC Revenue - internet	\$ 24,910		\$ 2,242
30	8	Trip Activity Fees - Disallow	\$ -		\$ 19
30	8	C.N.A. Escort revenue - Disallow	\$ -		\$ 121
30	8	Miscellaneous Other Revenue - Disallow	\$ -		\$ (232)
<b>Total Other A&amp;G Adjustments</b>			\$ 120,377	\$ -	\$ 50,268

**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	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 413,377	218,935		194,442
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 602	542		60
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.	20	5j	Medical Supplies	\$ 50,004	50,004		
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 11,825	10,656		1,169
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (225)	(4,766)		4,541
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	\$ 10,192	7,627		2,565
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
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	\$ 24,162	18,154		6,008
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 267,414	179,699		87,715
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 777,350	480,851		296,500

\*\*\* 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.

Church Home of Hartford, Inc. (DBA Seabury)  
9/30/2017

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5	Nutrition Supplies - Billable	\$ 10,656		\$ 1,169
<b>Total Other Ancillary Costs</b>			\$ 10,656	\$ -	\$ 1,169

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Excess Movable Depreciation based on actual vs estimate-Seabury	\$ (4,766)		\$ 3,893
		Movable in excess of CON -Meadows	\$ -		\$ 648
<b>Total Excess Movable Equipment Depreciation</b>			\$ (4,766)	\$ -	\$ 4,541

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Outpatient - A&G	\$ 1,309		\$ 436
		Outpatient - Indirect	\$ 825		\$ 275
		Outpatient - Fixed Asset Depreciation and Interest	\$ 2,364		\$ 787
		Outpatient - Capital	\$ 708		\$ 236
		Outpatient - Fair Rent	\$ 1,660		\$ 552
22	6e	Marketing Copier	\$ 761		\$ 279
<b>Total Other Property Adjustments</b>			\$ 7,627	\$ -	\$ 2,565

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
18	2a1	Liquor Purchases	\$ 2,451		\$ 780
		Home Health - A&G	\$ 9,890		\$ 3,293
		Home Health - Indirect	\$ 461		\$ 153
		Home Health - Capital	\$ 5,352		\$ 1,782
<b>Total Other Adjustments</b>			\$ 18,154	\$ -	\$ 6,008

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Excess Building Depreciation Actual vs Estimate-Seabury	\$ 179,699		\$ 62,350
		Building Dep in excess of CON Allowable of pre 2007 amount of 200K	\$ -		\$ 25,365
<b>Total Unallowable Building Interest</b>			\$ 179,699	\$ -	\$ 87,715

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seal2103C)		9/30/2017			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 4,065,623	2,277,858		1,787,765		
b. Medicaid Room and Board Contractual Allowance **	\$ (2,042,592)	(1,243,936)		(798,656)		
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,261,461	1,261,461				
b. Medicare Room and Board Contractual Allowance **	\$ 24,704	24,704				
4. a. Private-Pay Residents and Other	\$ 4,128,808	3,236,606		892,202		
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
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 ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 7,438,004	5,556,693		1,881,311		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 790			790		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 10,940	7,503		3,437		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 6,107			6,107		
8. Other ( <i>Specify</i> )	\$ 114,470	102,135		12,335		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 132,307	109,638		22,669		
<b>VI. Total All Revenue</b> (III +V)	\$ 7,570,311	5,666,331		1,903,980		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
	Interest Income - see attached schedule. Does not tie directly as schedule is for entire facility		\$ 7,503		\$ 3,437
<b>Total Interest Income</b>			\$ 7,503	\$ -	\$ 3,437

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	Miscellaneous Other Revenue - Disallow			\$ (232)
	Trip Activity Fees - Disallow			\$ 19
	C.N.A. Escort Revenue - Disallow			\$ 121
	ANC Laundry	\$ 1,152		\$ 104
	ANC Telephone & Internet - Disallow	\$ 76,720		\$ 6,904
	ANC Other Revenue - Disallow	\$ 24,263		\$ 5,419
<b>Total Other Revenue</b>		\$ 102,135	\$ -	\$ 12,335



Interest Income  
 Seabury Retirement  
 FYE 09/2017

	<u>Interest Amount</u>	<u>G/L Account #</u>	<u>Balance at 9/30/17</u>
<b>CCNH</b>			
Operating Acct	1	1-000-1011	534,449
Payroll Acct	-	1-000-1013	9,034
Eq/Entrance Fund	12,453	1-000-1070	2,139,944
Asset Replacement	2,146	1-000-1060	67,634
	<b>14,600</b>		
<b>RCH</b>			
Operating Acct	-	1-000-1190	3,918
Asset Replacement	2,842	1-000-1192	157,812
	<b>2,842</b>		
Bond Fund Adj	(25,791)		
<b>Grand Total</b>	<b>(8,349)</b>		

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Se	2103C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	3,186,707
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,359,570
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	251,138
4. Inventories			\$	40,701
5. Prepaid Expenses			\$	486,787
a. Prepaid Expenses	80,772			
b. Prepaid Taxes	307,672			
c. Prepaid FF&E	69,203			
d. Prepaid Escrow Fee	29,140			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	5,786,159
Escrow Account	2,757,215			
Accounts Receivable - Related Party	373,763			
Cash and cash equivalents held by trustee	2,655,181			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>11,111,062</b>
B. Fixed Assets				
1. Land			\$	4,429,495
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>81,383,415</u>		\$	37,359,791
	Accum. Depreciation <u>44,023,624</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>636,179</u>		\$	297,285
	Accum. Depreciation <u>338,894</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>9,880,902</u>		\$	5,607,823
	Accum. Depreciation <u>4,273,079</u>	Net		
7. Motor Vehicles	*Historical Cost <u>206,243</u>		\$	31,898
	Accum. Depreciation <u>174,345</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	57,926,590
Construction in Process	57,926,590			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>105,652,882</b>

\* 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 Church Home of Hartford, Inc. (DBA S	License No. 2103C	Report for Year Ended 9/30/2017	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 116,763,944	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$ 48,965,945	
See Attached	48,839,603			
Deferred Compensation Investments	126,342			
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$ 48,965,945</b>	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$ 165,729,889</b>	

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

**Other Assets Attachment**

**SEABURY**

Investments	<b>14,761,272</b>
Investments held by trustee	<b>29,756,533</b>
Assets Whose Use is Limited	<b>225,446</b>
Investment in Limited Partnership	<b>180,399</b>
Loan Receivable - Seabury at Home	<b>317,294</b>
Loan Receivable - Other	<b>5,567</b>
Beneficial Interest in Perpetual Trust	<b><u>3,593,092</u></b>
 Total Other Assets	 <b>48,839,603</b>

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

Name of Facility		License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	8,115,003
2. Notes Payable ( <i>itemize</i> )				\$	27,081
Connecticut Light & Power					27,081
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	87,309
Name of Lender		Purpose	Amount	Date Due	
Various		TV, Phone & Internet	87,309	Various	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	695,522
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	259,292
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	935,000
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	406,816
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	3,589,343
Accrued Auditing Fees		82,475	Custom Improvement De:	217,719	
Entrance Fee Deposits		2,757,715			
Residential Care Service		99,624			
Other Accrued Payables		431,810			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	14,115,366

\* 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 Seabur		License No. 2103C	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				14,115,366	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	493,418
Name of Lender	Purpose	Amount	Date Due		
Various	TV, Phone & Internet Equip.	493,418	Various		
2. Mortgages Payable				\$	106,315,341
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> )				\$	41,669,803
Deferred Revenue from Entrance Fees		41,543,462			
Deferred Compensation Plan		126,341			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	148,478,562
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	162,593,928

**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	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	5,645,560
6. Gain or Loss for Period			\$	(2,509,599)
	10/1/2016	thru 9/30/2017		
7. Total Net Worth			\$	3,135,961
<b>C. Total Reserves and Net Worth</b>			\$	3,135,961
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	165,729,889

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Sea	2103C	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	13,433,760
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	29,376,885
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	31,886,484
D. Net Income or Deficit			\$	(2,509,599)
E. Balance			\$	10,924,161
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. <b>Balance at End of Period</b>			\$	10,924,161
				09/30/17



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

Name of Facility Church Home of Hartford, Inc. (DBA)	License No. 2103C	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input 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		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum, Shapiro & Company, P.C.				
Address			Phone Number	
2 Enterprise Drive, Shelton, CT 06484-1488			860-561-4000	