

February 15, 2019

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 2018 Medicaid Cost Report for Church Home of Hartford, Inc. d/b/a Seabury.

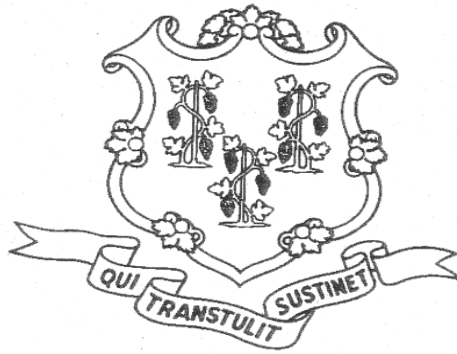
In preparing this cost report, we did not perform any disallowances for the owner/operator or administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We did not disallow any depreciation or interest expense in excess of amounts previously approved 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.

This Cost Report includes asset additions for both CCH and RCH. Each level of care includes CON approved additions as limited to amounts spent for the CON as well as additions outside of the CON, which includes Seabury Meadows additions as well as allocated pieces of overall campus additions which consist of computers additions and chapel costs.

Costs to be depreciated 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. In conjunction with the CON limitations, we have disallowed additions and related depreciation in excess of approved amounts were applicable. See pages 23d, 23e, and 23f for calculations. We anticipate your department will apply the applicable CON limitations for the current year CCH and RCH additions.

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 2018

Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury)	
Address (No. & Street, City, State, Zip Code) 200 Seabury Drive, Bloomfield, CT 06002	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

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 9/30/2018	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, 2017 and ending September 30, 2018, 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 10/1/2017	To 9/30/2018
Address of Facility 200 Seabury Drive, Bloomfield, CT 06002				
Report Prepared By Blum, Shapiro & Co. P.C.		Phone Number 203-944-2100	Date 2/15/2019	
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 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Church Home of Hartford, Inc. (DBA Seabury)		Address (No. & Street, City, State, Zip) 200 Seabury Drive, Bloomfield, CT 06002		
License Numbers:	CCNH 2103C	RHNS	Residential Care Home 1830HA	Medicare Provider No. 07-5383
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<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.:		







Seabury Boards 2017-2018

<b>CHHI Board 2017-2018 (19)</b>
Andersen Thomas E.
Babbitt, Bradford S.
Berry, Linda
Dixon, Jonathan A., <b>VICE CHAIR</b>
Douglas, The Right Rev. Ian T., <b>ECCLESIASTICAL AUTHORITY, Ex Officio</b>
Heath, Richard C., <b>PRESIDENT</b>
Kemp, Reverend Rowena, BISHOP'S REPRESENTATIVE
Madorin , A. Raymond, <b>DIRECTOR EMERITUS</b>
Mattison, Gale, <b>CHAIR</b>
Mueller, Marnie W.
Polidoro, Monique R.
Purnell, Erl G. "Puck", <b>SECRETARY</b>
Rives III, Harold L.
Roberts, George C.
Scott, Craig
Theriaux, Ronald
Thompson, William J., <b>TREASURER</b>
Wadsworth, John R.
Woodring, Richard
<b>SAHI Board 2017-2018 (7)</b>
Dugan, Rev. Jeffrey S.
Granger, Winifred
Heath, Richard, <b>President</b>
Kearns III, John F., <b>Vice President</b>
Madorin, A. Raymond, <b>Secretary, Treasurer</b>
Merritt, Joseph P.
<b>SCF Board 2017-2018 (12)</b>
Brock, Ken, <b>Asst. Secy</b>
Carle, Katharine
Granger, Winifred
Heath, Richard C., <b>Vice President</b>
Madorin, A. Raymond
Mattison, Gale A.
Moore, Marian
Purnell, Puck
Stanwood, Robert, <b>Treasurer</b>
Thompson, William J.
Trail, Jim
Winship, Ann, <b>President</b>

### 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	9/30/2018	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 9/30/2018		Page 4	of 37	
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> 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? <input type="radio"/> Yes <input checked="" type="radio"/> 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 A1	95,139	95,139
Robinson & Cole, LLP	280 Trumbull Street, Hartford, CT 06103	<input checked="" type="radio"/>	<input type="radio"/>		Legal - 100% disallowed prior to cost report	Page 15 9e		
Anne M. Sevcik	96 Reverknolls, Avon, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Administrative Employee	Page 31 B9		
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" 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 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input 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	9/30/2018			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	247	211		
Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Folding Machine	03/30/17	36 Months	497	426		
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	956	614		
GE Captial, PO Box 642111, Pittsburgh, PA 15264-2111	<input type="radio"/>	<input checked="" type="radio"/>	Digital Copier System	10/03/13	60 Months	373	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	1,894	1,622		
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	525	450		
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	170	145		
G E Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	One Copier - Marketing (disallowed)	05/24/18	36 Months	793	226		
G E Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	One Copier - Nursing	10/18/17	36 Months	936	801		
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No	<b>Total ***</b>	4,823

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

\*\* Attach copies of newly acquired leases.

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



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

# Lease Agreement

Number: 3678730

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				Renaud Le Pape			
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. 06-2935000 <i>(Do Not Insert Social Security No.)</i>		Billing Contact Telephone No. (860) 286-0243		Billing Contact Facsimile No.		Billing Contact E-Mail Address renaudlepe@seaburylife.org	

## EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make & Model
1	RICOH MPC4504EX BRANDING SET

Qty	Equipment Description: Make & Model

## PAYMENT SCHEDULE

Minimum Term (months)
36

Minimum Payment (Without Tax)
\$ 241.08

Minimum Payment Billing Frequency
<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	Date	Authorized Signer Printed Name	Authorized Signer Title
X <i>Richard C. Heath</i>	5-9-18	RICHARD C. HEATH	President/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 obligations 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 DISPUTE OR CONFLICT UNDER THIS GUARANTY.

X \_\_\_\_\_ Date: \_\_\_\_\_  
 Guarantor Signature Home Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (Printed Name of Guarantor - Do Not Include Title) 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 any financing statements covering the Equipment that we may reasonably require; provided, however, that you hereby authorize us to file any such financing statement without your authentication to the extent permitted by applicable law.
7. **Warranties.** We transfer to you, without recourse, for the term of this 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.

US TO IDENTIFY YOU. WE MAY ASK TO SEE IDENTIFYING DOCUMENTS.

- 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 valued at the discount rate of 3% per year to the date of default plus the present value (at the same discount rate) of our anticipated value of the equipment at the end of the term of this 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

- 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 <i>Richard C. Heath</i>	Date 5-9-18	Authorized Signer Printed Name RICHARD C HEATH	Authorized Signer Title President/CEO
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DocuSigned by:  
**GYANESH BHATNAGAR** 05-25-2018  
CD018728BD4F4A8...

GYANESH BHATNAGAR Funding Specialist







**RICOH**  
imagine. change.

**6 Months Free**

Customer agrees that the scheduled monthly payments required under their Lease, Image Management or Image Management Plus Agreement will begin on month seven (7). Six (6) monthly lease payments will be free to customer. Note: Image Management and Image Management Agreements include Six (6) monthly lease payments bundled with service free to customer.

Number of Free Payments:

6

Monthly Lease Payment:

\$ 116.52

(Note: IM/IMP includes monthly lease payment and monthly service payment)

Amount that is Free:

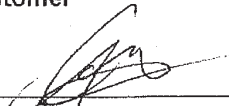
\$ 699.12

(monthly lease payment multiplied by 6 months)

By signing below, the customer acknowledges the above payments are free and agrees to begin payments to Ricoh USA, Inc. on the 7th month of their Lease Agreement.

Customer

RICOH USA, Inc.

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

2/23/2017

DocuSigned by:  
  
\_\_\_\_\_  
Authorized Signature                      Date

4/25/2017

GRAHAM FONG    IT DIRECTOR  
\_\_\_\_\_  
Print Authorized Signer Name                      Title

GYANESH BHATNAGAR                      Funding Specialist  
\_\_\_\_\_  
Print Authorized Signer Name                      Title

TERMS AND CONDITIONS: Promotional period runs from 12/26/2016 through 2/24/2017. The deal must invoice by 3/31/17 to qualify. Eligible for new equipment only. Ricoh has final approval as to the customer's eligibility. For complete terms and conditions, see your Sales Rep.



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

Number: 3608734

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

**CUSTOMER INFORMATION**

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

**EQUIPMENT DESCRIPTION**

Qty	Equipment Description: Make & Model	Qty	Equipment Description: Make & Model
1	RICOH MP2554SP		

**PAYMENT SCHEDULE**

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

Minimum Payment <i>(Without Tax)</i>
\$ 116.52

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

Guaranteed Minimum Images <sup>o</sup>	
Black/White	Color
N/A	N/A

Cost of Additional Images <sup>o</sup>	
Black/White	Color
\$0.0089	N/A

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

<sup>o</sup> Based upon Minimum Payment Billing Frequency  
<sup>o</sup> Based upon standard 8 1/2" x 11" paper size. Paper sizes greater than 8 1/2" x 11" may count as more than one image.

**ADDITIONAL PROVISIONS** (list here, if any): \_\_\_\_\_

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

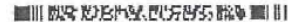
**TERMS AND CONDITIONS**

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

**AUTHORIZED SIGNER**

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

Authorized Signer Signature <i>X Richard C. Heath</i>	Date 2-17-17	Authorized Signer Printed Name RICHARD HEATH	Authorized Signer Title CEO
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3. **Ownership of Equipment, Assignment.** We are the sole owner and titleholder to the Equipment (except for any Software). You will keep the Equipment free of all liens and encumbrances. YOU HAVE NO RIGHT TO SELL, TRANSFER, ENCUMBER, SUBLET OR ASSIGN THE EQUIPMENT OR THIS AGREEMENT WITHOUT OUR PRIOR WRITTEN CONSENT (which consent shall not be unreasonably withheld). You agree that we may sell or assign all or a portion of our interests in the Equipment and/or this Agreement without notice to you even if less than all the Payments have been assigned. In that event, the assignee (the "Assignee") will have such rights as we assign to them but none of our obligations (we will keep those obligations) and the rights of the Assignee will not be subject to any claims, defenses or set-offs that you may have against us. No assignment to an Assignee will release Ricoh from any obligations Ricoh may have to you hereunder. The Maintenance Agreement (as defined below) you have entered into with a Servicer (as defined below) will remain in full force and effect with Servicer and will not be affected by any such assignment. You acknowledge that the Assignee did not manufacture or design the Equipment and that you have selected the Manufacturer, the Servicer and the Equipment based on your own judgment.
4. **Software or Intangibles.** To the extent that the Equipment includes Software, you understand and agree that we have no right, title or interest in the Software and you will comply throughout the term of this Agreement with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Effective Date (as defined below).
5. **Taxes and Origination Fee.** In addition to the payments under this Agreement, you agree to pay all taxes, assessments, fees and charges governmentally imposed upon our purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment. If we are required to file and pay property tax, you agree at our discretion, to either: (a) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (b) remit to us each billing period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the billing period sum includes a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the term of this Agreement. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Property Tax Administrative Fee" in an amount not to exceed the greater of 10% of the invoiced property tax amount or \$10 each time such tax is invoiced during the term of this Agreement, not to exceed the maximum amount permitted by applicable law. The Property Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year during the term of this Agreement to reflect our increased cost of administration and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. If we are required to pay upfront sales or use tax and you opt to pay such tax over the term of this Agreement and not as a lump sum at inception of this Agreement, then you agree to pay us a "Sales Tax Administrative Fee" equal to 3.5% of the total tax due per year. Sales and use tax, if applicable, will be charged until a valid sales and use tax exemption certificate is provided to us. In connection with this Agreement, you agree to pay us an origination fee of \$75.00 on the first payment date.
6. **Uniform Commercial Code ("UCC") Filing.** To protect our rights in the Equipment in the event this Agreement is determined to be a security agreement, you hereby grant to us a security interest in the Equipment, and all proceeds, products, rents or profits from the sale, casualty loss or other disposition thereof. You authorize us to file a copy of this Agreement as a financing statement, and you agree to promptly execute and deliver to us any financing statements covering the Equipment that we may reasonably require; provided, however, that you hereby authorize us to file any such financing statement without your authentication to the extent permitted by applicable law.
7. **Warranties.** We transfer to you, without recourse, for the term of this Agreement, any written warranties made by the Manufacturer or the Software Supplier with respect to the Equipment. YOU ACKNOWLEDGE THAT YOU HAVE SELECTED THE EQUIPMENT BASED ON YOUR OWN JUDGMENT AND YOU HEREBY AFFIRMATIVELY DISCLAIM RELIANCE ON ANY ORAL REPRESENTATION CONCERNING THE EQUIPMENT MADE TO YOU. WE MAKE NO WARRANTY, EXPRESS, OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AS TO US AND OUR ASSIGNEE, YOU RENT THE EQUIPMENT "AS-IS."
8. **Maintenance of Our Equipment.** You agree to install (if required), use and maintain the Equipment in accordance with Manufacturers' specifications and to use only those supplies which meet such specifications. You shall engage Ricoh, its subsidiaries or affiliates, or an independent third party (the "Servicer") to provide maintenance services pursuant to a separate agreement for such purpose ("Maintenance Agreement"). You will keep the Equipment in good condition, except for ordinary wear and tear.
9. **Indemnity, Liability and Insurance.** To the extent not prohibited by applicable law, you agree to indemnify us, defend us and hold us harmless from all claims arising out of the death or bodily injury of any person or the damage, loss or destruction of any tangible property caused by or to the Equipment, except to the extent caused by our gross negligence or willful misconduct. Notwithstanding anything to the contrary, in no event shall we be liable to you for any indirect, special or consequential damages. You are responsible for any theft of, destruction of, or damage to the Equipment from any cause at all, whether or not insured, from the time of Equipment delivery to you until it is delivered to us at the end of the term of this Agreement. You agree to maintain insurance to cover the Equipment for all types of loss, including, without limitation, theft, in an amount not less than the full replacement value, and you will name us as an additional insured and loss payee on your insurance policy. In addition, you agree to maintain comprehensive public liability insurance, which, upon our request, shall be in an amount acceptable to us and shall name us as an additional insured. Such insurance will provide that we will be given thirty (30) days advance notice of any cancellation. Upon our request, you agree to provide us with evidence of such coverage in a form reasonably satisfactory to us. If you fail to maintain such insurance or to provide us with evidence of such insurance, we may (but are not obligated to) obtain insurance in such amounts and against such risks as we deem necessary to protect our interest in the Equipment. Such insurance obtained by us will not insure you against any claim, liability or loss related to your interest in the Equipment and may be cancelled by us at any time. You agree to pay us an additional amount each month to reimburse us for the insurance premium and an administrative fee, on which we or our affiliates may earn a profit. In the event of loss or damage to the Equipment, you agree to remain responsible for the payment obligations under this Agreement until the payment obligations are fully satisfied.
10. **Renewal and Return of Equipment.** AFTER THE MINIMUM TERM OR ANY EXTENSION, THIS AGREEMENT WILL AUTOMATICALLY RENEW ON A MONTH-TO-MONTH BASIS UNLESS EITHER PARTY NOTIFIES THE OTHER IN WRITING AT LEAST THIRTY (30) DAYS, BUT NOT MORE THAN ONE HUNDRED TWENTY (120) DAYS, PRIOR TO THE EXPIRATION OF THE MINIMUM TERM OR EXTENSION; PROVIDED, HOWEVER, THAT AT ANY TIME DURING ANY MONTH-TO-MONTH RENEWAL, WE HAVE THE RIGHT, UPON THIRTY (30) DAYS NOTICE, TO DEMAND THAT YOU RETURN THE EQUIPMENT TO US IN ACCORDANCE WITH THE TERMS OF THIS SECTION 10. Notwithstanding the foregoing, nothing herein is intended to provide, nor shall be interpreted as providing, (x) you with a legally enforceable option to extend or renew the terms of this Agreement, or (y) us with a legally enforceable option to compel any such extension or renewal. At the end of or upon termination of this Agreement, you will immediately return the Equipment to the location designated by us, in as good condition as when you received it, except for ordinary wear and tear. You will bear all shipping, de-installing, and crating expenses and will insure the Equipment for its full replacement value during shipping. You must pay additional monthly Payments at the same rate as then in effect under this Agreement, until the Equipment is returned by you and is received in good condition and working order by us or our designees. Notwithstanding anything to the contrary set forth in this Agreement, the parties acknowledge and agree that we shall have no obligation to remove, delete, preserve, maintain or otherwise safeguard any information, images or content retained by or resident in any Equipment rented by you hereunder, whether through a digital storage device, hard drive or other electronic medium ("Data Management Services"). If desired, you may engage Ricoh to perform Data Management Services at then-prevailing rates. You acknowledge that you are responsible for ensuring your own compliance with legal requirements in connection with data retention and protection and that we do not provide legal advice or represent that the Equipment will guarantee compliance with such requirements. The selection, use and design of any Data Management Services,

and any decisions arising with respect to the deletion or storage of data, as well as the loss of any data resulting therefrom, shall be your sole and exclusive responsibility.

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

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

14. **No Waiver or Set Off; Entire Agreement; Delivery & Acceptance Certificate.** You agree that our delay, or failure to exercise any rights, does not prevent us from exercising them at a later time. If any part of this Agreement is found to be invalid, then it shall not invalidate any of the other parts and the Agreement shall be modified to the minimum extent as permitted by law. ALL PAYMENTS TO US ARE "NET" AND UNCONDITIONAL AND ARE NOT SUBJECT TO SET OFF, DEFENSE, COUNTERCLAIM OR REDUCTION FOR ANY REASON. ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE. YOU AGREE THAT THE TERMS AND CONDITIONS CONTAINED IN THIS AGREEMENT REPRESENT THE ENTIRE AGREEMENT BETWEEN YOU AND US AND SUPERSEDE ALL PRIOR WRITTEN OR ORAL COMMUNICATIONS, UNDERSTANDINGS OR AGREEMENTS. Neither of us will be bound by any amendment, waiver, or other change unless agreed to in writing and signed by both. Any purchase order, or other ordering documents will not modify or affect this Agreement, nor have any other legal effect and shall serve only the purpose of identifying the Equipment ordered. You agree to sign and return to us a delivery and acceptance certificate (which, at our request, may be done electronically) within three (3) business days after any Equipment is installed.
15. **Image Charges/Meters.** In return for the Minimum Payment, you are entitled to use the number of Guaranteed Minimum Images as specified in the Payment Schedule of this Agreement. The Meter Reading/Billing Frequency is the period of time (monthly, quarterly, etc.) for which the number of images used will be reconciled. If you use more than the Guaranteed Minimum Images during the selected Meter Reading/Billing Frequency period, you will pay additional charges at the applicable Cost of Additional Images as specified in the Payment Schedule of this Agreement for images, black and white and/or color, which exceed the Guaranteed Minimum Images ("Additional Images"). The charge for Additional Images is calculated by multiplying the number of Additional Images times the applicable Cost of Additional Images. The Meter Reading/Billing Frequency may be different than the Minimum Payment Billing Frequency as specified in the Payment Schedule of this Agreement. You will provide us or our designee with the actual meter reading(s) by submitting meter reads electronically via an automated meter read program, or in any other reasonable manner requested by us or our designee from time to time. If such meter reading is not received within seven (7) days of either the end of the Meter Reading/Billing Frequency period or at our request, we may estimate the number of images used. Adjustments for estimated charges for Additional Images will be made upon receipt of actual meter reading(s). Notwithstanding any adjustment, you will never pay less than the Minimum Payment.
16. **Ricoh Service Commitments; Counterparts; Facsimiles.** You acknowledge and agree that the Ricoh service commitments included on the "Image Management Plus Commitments" page attached to this Agreement (collectively, the "Commitments") are separate and independent obligations of Ricoh governed solely by the terms set forth on such page. They do not represent obligations of any Assignee of this Agreement and are not incorporated herein by reference. You agree that Ricoh alone is the party to provide all such services and is directly responsible to you for all of the Commitments. We are or, if applicable, our Assignee will be the party responsible for financing and billing this Agreement, including, but not limited to, the portion of your payments under this Agreement that reflects consideration owing to Ricoh in respect of its performance of the Commitments. Accordingly, you and we expressly agree that Ricoh is an intended third party beneficiary of your payment obligations

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

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

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

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

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

Accepted by RICOH USA, INC.:

DocuSigned by:	Date	Authorized Signer Printed Name	Authorized Signer Title
<b>GYANESH BHATNAGAR</b>	4/25/2017	GYANESH BHATNAGAR	Funding Specialist

9C3ECA8E010B42B



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

### 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 - 3608734 (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	

#### Original Equipment/Product:

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

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

**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

Wells Fargo Vendor Financial Services, LLC.

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

DocuSigned by:  
LEAH M ROWE 6/20/2017  
Authorized Signature Date

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

LEAH M ROWE Funding Specialist  
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 9/30/2018	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, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, PO Box 272000, West Hartford, CT 06127-2000
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Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report	\$ 10,725
2 Medicare Cost Report	\$ 6,400
3 Annual Audit and Preparation of 990 Tax Return	\$ 15,776
4	\$
	<b>Charge for Services Provided</b>
	\$ 32,901

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	\$ 1,739
2	\$
3	\$
4	\$
5	\$
	<b>Charge for Services Provided</b>
	\$ 1,739

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

### Schedule of Resident Statistics

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C		Report for Year Ended 9/30/2018				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	108	72		36
B. On last day of THIS report period	108	72		36	108	72		36	108	72		36
2. Number of Residents												
A. As of midnight of PREVIOUS report period	88	57		31	88	57		31	83	59		24
B. As of midnight of THIS report period	85	57		28	83	59		24	85	57		28
3. Total Number of Days Care Provided During Period												
A. Medicare	4,152	4,152			2,977	2,977			1,175	1,175		
B. Medicaid (Conn.)	4,666	4,666			3,404	3,404			1,262	1,262		
C. Medicaid (other states)												
D. Private Pay	4,831	2,803		2,028	3,585	1,979		1,606	1,246	824		422
E. State SSI for RCH	7,268			7,268	5,350			5,350	1,918			1,918
F. Other (Specify) CCC/ Private Insurance	10,996	10,357		639	8,234	7,687		547	2,762	2,670		92
G. Total Care Days During Period (3A thru F)	31,913	21,978		9,935	23,550	16,047		7,503	8,363	5,931		2,432
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	174			174	174			174				
B. Other Bed Reserve Days	180	120		60	159	99		60	21	21		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	32,267	22,098		10,169	23,883	16,146		7,737	8,384	5,952		2,432



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

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Residential Care Home	
11/15/2017	X						12			72			Due to addition of ILU beds CCNH beds were added proportionate to that increase
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									5,221				
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	6		15		36		5	23					
Per Diem Rate													
a. One bed rm.	PPS		236.85		509.00		170.00-312.00	138.95					
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									3,620	3,620			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									19,817	19,817			
D. <b>Total Physical Therapy Treatments</b>									23,437	23,437			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									674	674			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,604	1,604			
D. <b>Total Speech Therapy Treatments</b>									2,278	2,278			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									3,275	3,275			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									13,979	13,979			
D. <b>Total Occupational Therapy Treatments</b>									17,254	17,254			

### Report of Expenditures - Salaries & Wages

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2018	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
<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)	79,009	475			16,130	97
2. Administrator(s) (Complete also Sec. III of Schedule A1)	101,492	1,716			45,182	1,023
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	98,560	4,130			36,955	1,916
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	328,839	18,680			141,783	9,012
6. Housekeeping Service						
a. Head Housekeeper	14,509	483			4,511	150
b. Other Housekeeping Workers	133,082	10,143			74,330	5,374
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	16,915	390			8,448	224
b. Other Maintenance Workers	62,262	3,001			27,767	1,387
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	88,890	6,495			21,958	1,586
9. Barber and Beautician Services						
10. Protective Services	92,335	5,018			28,819	1,566
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	116,999	3,190			23,886	651
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	138,300	2,948			25,843	568
b. RN						
1. Direct Care	924,342	22,490			94,823	2,341
2. Administrative**	250,807	3,730			23,267	346
c. LPN						
1. Direct Care	239,616	7,032			52,002	1,799
2. Administrative**						
d. Aides and Attendants	1,192,177	72,597			362,302	22,450
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	111,633	4,961			112,622	4,992
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	45,355	1,730			4,207	161
n. Marketing						
o. Other (Specify) See Attached Schedule	202,688	6,268			41,722	1,576
<i>A-13. Total Salary Expenditures</i>	4,237,810	175,477			1,146,557	57,219

\* 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					\$ 7,482	449
Internal Technology	\$ 29,955	699			\$ 6,116	143
Human Resources	\$ 55,613	1,218			\$ 11,354	249
Chaplain and Holistic Medicine	\$ 17,459	450			\$ 1,620	42
Scheduler	\$ 42,582	1,786			\$ 3,619	152
Medical Records	\$ 57,079	2,115			\$ 11,531	541
<b>Total</b>	\$ 202,688	6,268	\$ -	-	\$ 41,722	1,576

**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	9/30/2018				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	79,009		16,130	Vehicle and Deferred Compensation	Responsible for all operations of facilities	572	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	9/30/2018			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>										
Brian Nyberg	101,492		45,182	Nondiscretionary	Administrator	2,739	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.

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

**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	9/30/2018	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	26,348	756			2,444	70
2. Dentist						
3. Pharmacist	5,710	284			530	26
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	22,838	147			2,119	15
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	4,026	199			2,853	76
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>58,922</b>	<b>1,386</b>			<b>7,946</b>	<b>187</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 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
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 checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" 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	9/30/2018		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 115,863	87,209			28,654
2. Disability Insurance	\$ 3,054				3,054
3. Unemployment Insurance	\$ 22,656	17,059			5,597
4. Social Security (F.I.C.A.)	\$ 374,617	292,833			81,784
5. Health Insurance	\$ 780,466	590,353			190,113
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 763				763
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 170,034	147,176			22,858
8. Uniform Allowance	\$ 1,064	921			143
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 2,897	2,508			389
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* Deferred Compensation	\$ 9,977	8,285			1,692
c. Bad Debts*	\$ 42,406	35,216			7,190
d. Accounting and Auditing	\$ 32,901	26,846			6,055
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 1,739	1,444			295
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$				
g. Office Supplies	\$ 25,514	19,883			5,631
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 22,338	18,551			3,787
2. Cellular Phones	\$ 8,529	7,083			1,446
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>	\$ 1,614,818	1,255,367			359,451

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

(Carry Subtotals forward to next page)



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

Church Home of Hartford, Inc. (DBA Seabury)  
9/30/2018

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
HR Employee Physicals	\$ 2,508		\$ 389
<b>Total</b>	\$ 2,508	\$ -	\$ 389

**Schedule of Other Taxes**

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

**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	9/30/2018		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b><i>Subtotals Brought Forward:</i></b>	1,614,818	1,255,367		359,451	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 7,920	6,567		1,353	
4. Employee Travel	\$ 15,535	12,884		2,651	
5. Education Expenses Related to Seminars and Conventions	\$ 9,624	7,992		1,632	
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> )	\$ 4,733	745		3,988	
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)***	\$ 5,354			5,354	
7. Postage	\$ 2,465	1,888		577	
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 6,429	5,339		1,090	
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> )	\$ 28,124	23,356		4,768	
12. Administrative Management Services**	\$				
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 72,394	58,785		13,609	
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$ 1,767,396	1,372,923		394,473	

\* 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	\$ 5,339		\$ 1,090
<b>Total Dues</b>	\$ 5,339	\$ -	\$ 1,090

**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
Licenses and Fees - Disallow	\$ 3,241		\$ 1,155
Supplies	\$ 2,770		\$ 566
Communication Systems	\$ 30,219		\$ 6,169
Bank Fees - Disallow	\$ 10,375		\$ 2,118
Fire/Safety Alarm System	\$ 12,043		\$ 2,459
Security Pager Service - Disallow	\$ 137		\$ 28
Travel - Disallow			\$ 1,114
<b>Total Other Administrative and General</b>	\$ 58,785	\$ -	\$ 13,609

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

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seal	2103C	9/30/2018	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 #	
Sodexo - 86 Hopmeadow St, Weatogue, CT 06089	110,279	Dietary Services	Page 18, Line 2c	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2018		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 416,597	304,242			112,355
2.	Non-Food Supplies	\$ 61,174	46,995			14,179
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. Other ( <i>Specify</i> ) _____						
	Uniforms and Miscellaneous Management Services	\$ 119,688	95,574			24,114
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 597,459</b>	<b>446,811</b>			<b>150,648</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.

**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 9/30/2018		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. \$	6,406	5,505		901
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$				
c. Other ( <i>Specify</i> ) Laundry Supplies		\$	16,173	13,088		3,085
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	22,579	18,593		3,986
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.

\*\*\* 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	9/30/2018		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. \$	15,923	7,181		8,742
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.	Other ( <i>Specify</i> )	\$				
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>	\$	15,923	7,181		8,742
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	49,131	44,960		4,171
c.	Medical and Therapeutic Supplies	\$	11,064	4,354		6,710
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	\$	34,604	23,110		11,494
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	130,008	122,835		7,173
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$	224,807	195,259		29,548

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>Residential Care Home</b>
Worship Materials/Supplies	\$ 7,555		\$ 701
Programs	\$ 119		\$ 11
Supplies (Non-Medical)	\$ 4,545		\$ 422
Medical Supplies - Non-Billable	\$ 97,690		
Nutrition Supplies - Billable	\$ 12,926		\$ 1,199
Activities Expense			\$ 4,485
Cleaning Services			\$ 355
<b>Total Other Resident Care</b>	<b>\$ 122,835</b>	<b>\$ -</b>	<b>\$ 7,173</b>

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**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 9/30/2018	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	Snow Removal	23,237		7,253	22	6f
Winterberry Landscape	2070 West Street, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping Services & Snow Removal	7,845		2,336	22	6f
ESCO	8940 Vincennes Circle, Indianapolis, IN 46268	<input type="radio"/>	<input checked="" type="radio"/>	N/A	TV/Internet/Telephone	35,976		7,345	15/ 16	1h1/ r
USL of Bloomfield	37 Peters Road, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	18,513		5,778	22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" 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	9/30/2018			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 46,141	34,509			11,632	
b. Heat	\$ 45,661	30,015			15,646	
c. Light & Power	\$ 161,696	114,181			47,515	
d. Water	\$ 35,004	25,436			9,568	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 4,823	3,420			1,403	
f. Other ( <i>itemize</i> )	\$ 129,709	91,486			38,223	
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 423,034</b>	<b>299,047</b>			<b>123,987</b>	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 1,297,397	920,921			376,476	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 248,082	176,838			71,244	
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 1,545,479</b>	<b>1,097,759</b>			<b>447,720</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	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,545,479</b>	<b>1,097,759</b>			<b>447,720</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>
Exterminations	\$ 1,720		\$ 892
Trash Removal	\$ 18,744		\$ 7,860
Snow Removal	\$ 23,237		\$ 7,253
Water Treatment	\$ 1,450		\$ 453
Mechanical System - HVAC	\$ 3,882		\$ 1,212
Contracted Professional Services	\$ 39,604		\$ 13,363
Small Equipment Expense	\$ 1,987		\$ 2,166
Tools	\$ 862		\$ 269
Flowers			\$ 16
Meadows Unit Refurbishing			\$ 158
Meadows Common Refurbishing			\$ 368
Cable Services - Disallow			\$ 338
Maintenance Supplies			\$ 3,875
<b>Total Other Repairs and Maintenance</b>	<b>\$ 91,486</b>	<b>\$ -</b>	<b>\$ 38,223</b>

### Depreciation Schedule

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)				License No. 2103C			Report for Year Ended 9/30/2018			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				81,322,581		81,322,581	29,365,875	SL	VAR	616,922			
2. Disposals (attach schedule)								SL	VAR				
3. Acquired during this report period (attach schedule)				72,019,844		72,019,844		SL	VAR	680,475			
B-4. Subtotal											1,297,397		
<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	206,243		206,243	9,346	SL	4	4,923	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						9,861,326		9,861,326	2,129,625	SL	VAR	212,346	
b. Disposals (attach schedule)						(288,435)		(288,435)	(288,435)	SL	VAR		
c. Acquired during this report period (attach schedule)						1,988,262		1,988,262		SL	VAR	30,813	
D-3. Subtotal													248,082
<b>E. Total Depreciation</b>													1,545,479

Church Home of Hartford, Inc. (DBA Seabury)  
9/30/2018

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	\$ 72,019,844		\$ 680,475
<b>Total additions for Building Improvements</b>		\$ 72,019,844		\$ 680,475 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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	\$ 1,988,262		\$ 30,813
<b>Total additions for Movable Equipment</b>		\$ 1,988,262		\$ 30,813 *
<b>Deletions:</b>				
	Computers	\$ (166,542)		
	Computers	\$ (121,893)		
<b>Total deletions for Movable Equipment</b>		\$ (288,435)		\$ - **

\*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)**

SNF CON Allowable	2,427,000
SNF Allowable	501,179
SNF CON Unallowable	4,598,938
RCH CON Allowable	609,800
RCH Allowable	152,944
Unallowable	63,308,537
	<u>71,598,398</u>

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

RCH Allowable	101,728	14/58
Unallowable	319,718	44/58
	<u>421,446</u>	

Total Building and Building Improvements 72,019,844

**Moveable Equipment**

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

SNF Allowable	27,177
RCH CON Allowable	191,686
RCH Allowable	6,218
Unallowable	1,647,839
	<u>1,872,920</u>

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

RCH Allowable	27,841	14/58
Unallowable	87,501	44/58
	<u>115,342</u>	

Total Moveable Equipment 1,988,262

Date	Description	Cost	Level	Life
10/31/2017	Phase C: Views 291 renovation	10,389	A	20
12/31/2017	Views 248 carpet	1,586	A	5
12/31/2017	Views 243 carpet	1,586	A	5
1/31/2018	Phase C: Views 266 renovation	10,764	A	20
1/31/2018	Views 232 renovation	10,764	A	10
6/25/2018	Carpet views 251/269	2,187	A	5
9/30/2018	Phase C Renovations - Capitalized Interest - Assisted	B 50,785	A	20
9/30/2018	Phase C Renovations - Assisted	B 1,349,133	A	20
9/30/2018	Chapel	2,045,537	All	25
11/30/2017	Bistro lighting	1,260	All	10
5/31/2018	MDC Water Meter Pits	3,480	All	10
5/31/2018	MDC Water Meter Pits	14,000	All	10
8/24/2018	Pool compressor	7,021	S	10
2/28/2018	Backflow prevention project	68,099	All	10
4/24/2018	Outdoor conduit extension	16,231	All	10
12/31/2017	Building - Health Center - Congregate	A 4,050,008	I	20
12/31/2017	Building - Health Center - Capitalized Interest - Assisted	A 320,504	I	20
12/31/2017	Building - South Wing	53,227,249	I	25
9/30/2018	Phase C Renovations - Capitalized Interest - Independent	B 33,857	I	20
9/30/2018	Phase C Renovations - Independent	B 899,422	I	20
10/1/2017	Unit 3136 renovation	7,077	I	10
10/31/2017	Unit 3128 renovations	13,798	I	10
10/31/2017	Unit 3106 renovations	1,243	I	5
10/31/2017	Tub modification unit 3111	2,250	I	10
10/31/2017	Unit 3136 renovation	7,077	I	10
11/30/2017	Unit 2111 renovation	5,711	I	10
12/31/2017	Renovation - Unit 4178	6,360	I	10
12/31/2017	Renovation - Unit 4178	6,360	I	10
12/31/2017	Unit 6216/6215 shelving	7,985	I	20
1/31/2018	Unit 3147-49 renovation	2,050	I	10
1/30/2018	Grab bars in apt.	2,295	I	10
1/30/2018	Unit 4222 renovations	3,000	I	10
1/30/2018	Unit 2121 renovations	4,235	I	10
1/30/2018	Unit 5160 renovation	5,533	I	10
1/31/2018	Grab bars in apt.	7,662	I	10
1/31/2018	Unit 3193 renovation	16,929	I	10
1/31/2018	Unit 4125 renovation	975	I	10
1/31/2018	Unit 4125 renovation	975	I	10
1/31/2018	Unit 2128 renovation	15,178	I	10
1/31/2018	Unit 2128 renovation	15,178	I	10
1/31/2018	Unit 3147-49 renovation	2,050	I	10
2/28/2018	Window unit 3146	1,871	I	10
2/22/2018	Unit 4152 renovation	5,583	I	10
2/12/2018	Unit 3147 renovation	5,940	I	10
3/31/2018	Unit 3142 renovation	6,903	I	10
3/31/2018	V347 renovation	10,739	I	10
3/31/2018	V347 renovation	10,739	I	10
3/31/2018	Cottage 349 renovation	11,630	I	10
3/31/2018	Cottage 349 renovation	11,630	I	10
3/8/2018	APT 3121 renovation	11,945	I	10
3/31/2018	APT 3121 renovation	12,545	I	10
4/17/2018	Carpet units 5207/6207	1,600	I	5
4/17/2018	Carpet units 5207/6207	1,600	I	5
4/26/2018	Stairwell Work	17,672	I	10
4/30/2018	Unit 4184 renovation	13,875	I	10
4/30/2018	Stairwell Work	17,672	I	10
4/30/2018	Water heating system	63,600	I	10
5/18/2018	Unit 3116 renovation	1,463	I	10
5/18/2018	Unit 4184 renovation	2,022	I	10
5/31/2018	Unit 5187 renovation	12,078	I	10
5/31/2018	Glass replacement-bus cntr/apts	3,307	I	10

<b>Totals:</b>	
All	2,148,607 1
I/A/S	- 1
Other	28,294 1
I/A	- I/A
Skilled	6,580,093 Direct
Assisted	1,437,193 Assisted
Independent	61,404,211 Direct
S/A	- 1
	<u>71,598,398</u>

<b>I/A/S, All and Other Allocation Breakout (Sum of 1)</b>					
Useful life	SNF	HFA	O	Total	
10	23,761	7,468	100,135	131,364	
25	369,994	116,284	1,559,259	2,045,537	
					SNF HFA Other
Allocation By Living units:					18.09% 5.68% 76.23%

<b>Assisted Allocation Breakout</b>					
Useful life	SNF	HFA	O	Total	
5	-	2,338	3,020	5,358	
10	-	4,696	6,068	10,764	
20	-	631,958	789,113	1,421,071	
					SNF HFA Other
Allocation By Assisted Living Units (22/51):					0.00% 44% 56%

<b>Total Building Improvements Additions After Allocation</b>					
Useful life	SNF	HFA	O	Total	
5	-	2,338	3,020	5,358	Assisted
5	-	-	4,443	4,443	Direct Independent
<b>Total 5 yr life</b>	-	2,338	7,463		
10	-	-	-	-	I/A
10	30,085	-	-	30,085	Direct Skilled
10	-	-	726,648	726,648	Direct Independent
10	-	4,696	6,068	10,764	Assisted
10	-	-	-	-	S/A
10	23,761	7,468	100,135	127,364	I/A/S, All, and Other Allocated
<b>Total 10 yr life</b>	53,845	12,164	832,851		
20	-	-	7,445,871	7,445,871	Direct Independent
20	-	631,958	789,113	1,419,071	Assisted
20	6,550,008	-	-	6,550,008	Direct Skilled
<b>Total 20 yr life</b>	6,550,008	631,958	8,234,984		
25	369,994	116,284	1,559,259	2,045,537	I/A/S, All, and Other Allocated
25	-	-	53,227,249	53,227,249	Direct Independent
<b>Total 25 yr life</b>	369,994	116,284	54,786,508		
<b>Total</b>	6,973,847	762,744	63,861,807		



6/30/2018 Unit 6219 electrical improve		4,000	I	10
6/30/2018 Cottage 305 renovation		4,125	I	10
6/30/2018 Unit 6222 renovation		5,971	I	10
6/30/2018 Cottage 341 renovation		18,025	I	10
6/30/2018 Unit 6222 renovation		7,063	I	10
6/30/2018 Cottage 341 renovation		18,025	I	10
7/24/2018 STAIRWELL Work		5,000	I	10
7/31/2018 Unit 4170 renovation		7,885	I	10
7/31/2018 Cottage 106 renovation		8,855	I	10
7/31/2018 Unit 5181 renovation		10,060	I	10
7/31/2018 Unit 5190 renovation		10,527	I	10
7/20/2018 Unit 5181 renovation		10,620	I	10
7/24/2018 Unit 5196 renovation		13,275	I	10
7/31/2018 Unit 5196 renovation		14,892	I	10
8/15/2018 Cottage 322 renovation		1,600	I	10
8/15/2018 Unit 5223 renovation		3,476	I	10
8/15/2018 Unit 3157 renovation		6,083	I	10
8/22/2018 Cottage 317 renovation		9,339	I	10
8/22/2018 Unit 2123 renovation		10,723	I	10
8/31/2018 Unit 2123 renovation		10,723	I	10
9/11/2018 Unit 1114 renovations		14,610	I	10
9/19/2018 South wing apt. porches		1,980	I	10
9/27/2018 cot327 renovation		16,454	I	10
9/27/2018 Unit 4193 renovations		12,673	I	10
9/30/2018 Unit 1114 renovations		6,800	I	10
9/30/2018 South wing apt. porches		2,955	I	10
9/30/2018 South wing apt. porches		2,891	I	10
9/30/2018 South wing apt. porches		2,972	I	10
9/30/2018 South wing apt. porches		2,613	I	10
9/30/2018 South wing apt. porches		3,014	I	10
9/30/2018 South wing apt. porches		3,347	I	10
9/30/2018 South wing apt. porches		3,492	I	10
9/30/2018 South wing apt. porches		3,840	I	10
9/30/2018 South wing apt. porches		4,728	I	10
9/30/2018 South wing apt. porches		2,664	I	10
9/30/2018 South wing apt. porches		2,772	I	10
9/30/2018 South wing apt. porches		3,564	I	10
9/30/2018 South wing apt. porches		2,724	I	10
9/30/2018 South wing apt. porches		3,576	I	10
9/30/2018 South wing apt. porches		3,900	I	10
9/30/2018 South wing apt. porches		2,664	I	10
9/30/2018 South wing apt. porches		22,601	I	10
9/30/2018 Cottage 327 renovation		16,454	I	10
9/30/2018 Unit 1114 renovations		14,610	I	10
9/30/2018 Unit 4193 renovations		12,673	I	10
9/30/2018 South wing apt. porches		29,910	I	10
12/31/2017 Building - Health Center - Other	A	1,977,596	I	20
12/31/2017 Building - Health Center - Capitalized Interest - Other	A	156,500	I	20
12/31/2017 Guest Room Renovation		4,496	Other	10
12/31/2017 Guest Room Renovation		4,496	Other	10
12/31/2017 Guest Room Renovation		4,496	Other	10
12/31/2017 Guest Room Renovation		4,496	Other	10
12/31/2017 Guest Room Renovation		4,496	Other	10
12/31/2017 Guest Room Renovation		4,496	Other	10
12/31/2017 Guest Room Renovation		4,496	Other	10
10/31/2017 Wire partition loading dock		1,318	Other	10
3/31/2018 Door		9,777	S	10
8/31/2018 Renovation - Davis Clean Room		3,742	S	10
12/31/2017 Building - Health Center - Skilled	A	4,772,417	S	20
12/31/2017 Building - Health Center - Capitalized Interest - Skilled	A	377,673	S	20
3/19/2018 Heat pump		9,545	S	10
9/30/2018 Phase C Renovations - Capitalized Interest - Skilled	B	50,785	S	20
9/30/2018 Phase C Renovations - Skilled	B	1,349,133	S	20
<b>TOTAL ADDITIONS</b>		<b>71,598,398</b>		

A: For FS purposes, these assets have a useful life of 25 years, but per CON, the useful life approved is 20 years and will be calculated as such on the cost report. The book to cost report difference is reconciled and resolved through the depreciation disallowance calculation at [07A-03g](#).

A: For FS purposes, these assets have a useful life of 10 years, but per CON, the useful life approved is 20 years and will be calculated as such on the cost report. The book to cost report difference is reconciled and resolved through the depreciation disallowance calculation at [07A-03g](#).

FURNITURE/EQUIPMENT COMPUTER ADDITIONS

Date	Description	Cost	Level	Life
10/27/2017	MAS90 Upgrade	4,000	Other	5
11/30/2017	Computers - Phase C	2,699	Other	5
11/30/2017	Licenses Hyper V Hosts upgrade	11,001	Other	5
12/21/2017	Refurbished Lenovo M90	2,370	Other	5
12/31/2017	Symantic anti-virus	2,992	Other	5
1/30/2018	Network switches	1,174	Other	5
1/31/2018	Wifi access points	4,046	Other	5
<b>TOTAL ADDITIONS</b>		<b>28,282</b>		

<b>Totals:</b>	
All	- 1
Other	28,282 1
	<u>28,282</u>

All and Other Allocation Breakout				
Useful life	SNF	HFA	O	Total
5	5,116	1,608	21,559	28,282
				<b>Sum of 1</b>
				<b>SNF HFA Other</b>
Allocation By Living units:				18.09% 5.68% 76.23%

Total Computer Additions After Allocation				
Useful life	SNF	HFA	O	
5	5,116	1,608	21,559	I/A/S, All, and Other Allocated
<b>Total</b>	<b>5,116</b>	<b>1,608</b>	<b>21,559</b>	

Date	Description	Cost	Level	Life
9/30/2018	Furniture - Phase C Renovation	325,574	A	15
9/30/2018	Artwork - Phase C Renovation	20,370	A	10
9/30/2018	Window Treatments - Phase C	5,327	A	5
9/30/2018	Signage - Phase C	59,221	A	5
9/30/2018	Smallwares - Phase C	11,573	A	5
9/30/2018	Equipment - Phase C	14,698	A	5
11/30/2017	Televisions - Phase C	1,346	A	5
11/30/2017	Radio Communication System	44,395	All	5
10/31/2017	UniMac Washer 40 lb - Main Laundry	9,158	All	10
11/30/2017	Radio Communication System	17,000	All	5
10/31/2017	Broom attachment for Polaris Brutus	4,320	All	5
10/31/2017	Ice cuber	1,885	All	10
10/31/2017	Mixer	2,134	All	10
10/31/2017	Ice cuber	1,950	All	10
10/31/2017	Mixer	2,134	All	10
4/30/2018	Screens for Chapel	3,734	All	25
4/30/2018	Pool pump motor	3,350	I	10
1/1/2018	TRM855 Treadmills - 2	3,378	I	10
1/20/2018	T4R Recumbent Cross Trainer	4,398	I	10
1/30/2018	Elliptical machine	11,180	I	5
12/31/2017	Furniture South Wing	400,518	I	15
12/31/2017	Window Treatments - South Wing	7,523	I	5
12/31/2017	Artwork - South Wing	45,000	I	10
12/31/2017	Signage - South Wing	25,269	I	5
12/31/2017	Accessories - South Wing	6,475	I	10
12/31/2017	Window Treatments - South Wing	56,969	I	5
9/30/2018	Fitness Equipment	91,413	I	10
10/31/2017	Two washers	1,400	I	10
10/31/2017	Appliances	2,766	I	10
10/31/2017	Washer/Dryer - Cottage 333	1,050	I	10
11/30/2017	Dryer	600	I	10
11/30/2017	Dishwasher	700	I	10
11/30/2017	Washer	1,050	I	10
12/31/2017	Appliances	1,990	I	10
1/31/2018	Appliances - Unit 3193	2,666	I	10
1/31/2018	Appliances - Unit 2128	2,277	I	10
3/31/2018	Appliances	2,790	I	5
4/30/2018	Appliances - Apt 4184	2,660	I	10
7/31/18	Appliances - Cottage 327	2,768	I	10
8/31/18	Appliances - Apt 1114	2,225	I	10
9/30/18	Refrigerator - Unit 1114	1,200	I	10
12/31/2017	Furniture - Health Center	357,961	S	15
12/31/2017	Equipment - Health Center	85,994	S	10
12/31/2017	Artwork - Health Center	47,894	S	10
12/31/2017	Signage - Health Center	25,269	S	5
12/31/2017	Pool - Health Center	104,118	S	25
11/30/2017	Wheelchair Washer	13,210	S	10
5/31/18	Big Tex trailer	3,758	Other	10
<b>TOTAL ADDITIONS</b>		<b>1,844,637</b>		

Totals:	
I/A/S	-
All	86,709
I/A	-
Other	3,758
Skilled	634,446
Assisted	438,109
Independent	681,615
<b>1,844,637</b>	

I/A/S, All and Other Allocation Breakout (Includes all 1's)				
Useful life	SNF	HFA	O	Total
4	-	-	-	-
5	11,886	3,736	50,093	65,715
8	-	-	-	-
10	3,802	1,195	16,022	21,018
25	675	212	2,846	3,734
30	-	-	-	-
				SNF
				HFA
				Other
				76.23%
Allocation By Living units:				
SNF 18.09% HFA 5.68% Other 76.23%				

I/A Allocation Breakout (includes all 2's)				
Useful life	SNF	HFA	O	Total
20	-	-	-	-
				SNF
				HFA
				Other
				93.17%
Allocation By Living units:				
SNF 0.00% HFA 6.83% Other 93.17%				

Assisted Allocation Breakout				
Useful life	SNF	HFA	O	Total
5	-	40,213	51,952	92,165
10	-	8,888	11,482	20,370
15	-	142,053	183,521	325,574
				SNF
				HFA
				Other
				56%
Allocation By Assisted Living Units (22/51):				
SNF 0.00% HFA 44% Other 56%				

Direct by Level Allocation Breakout				
Useful life	SNF	HFA	O	Total
5	25,269	-	103,731	129,000
7	-	-	-	-
10	147,098	-	177,366	324,464
15	357,961	-	400,518	758,479
25	104,118	-	-	104,118

Total Other Additions After Allocation				
Useful life	SNF	HFA	O	Total
5	25,269	-	103,731	129,000
5	-	40,213	51,952	92,165
5	11,886	3,736	50,093	65,715
Total 5 yr life				
37,155 43,949 205,776				
10	147,098	-	177,366	324,464
10	-	8,888	11,482	20,370
10	3,802	1,195	16,022	21,018
Total 10 yr life				
150,900 10,083 204,870				
15	357,961	-	400,518	758,479
15	-	142,053	183,521	325,574
Total 15 yr life				
357,961 142,053 580,039				
25	104,118	-	-	104,118
25	675	212	2,846	3,734
Total 25 yr life				
104,793 212 2,846				
Total Additions				
650,810 196,296 997,531				

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

**Building Improvements**

DATE	DESCRIPTION	LIFE	AMOUNT
10/31/2017	Renovation	25	54,630
10/31/2017	Renovation	25	341,858
12/31/2017	Renovation	25	24,958
			<u>421,446</u>

Meadows Allocation Breakout - Building Improvements				
Useful life	SNF	HFA	O	Total
5	-	-	-	-
10	-	-	-	-
15	-	-	-	-
25	-	101,728	319,718	421,446
	-	101,728	319,718	421,446
Allocation By Meadows Beds:				
	SNF	HFA	Other	
	0.00%	24.14%	75.86%	

**Furniture/Equipment**

DATE	DESCRIPTION	LIFE	AMOUNT
10/31/2017	Chairs	12	6,254
10/31/2017	Sofa and settee	12	3,500
10/31/2017	Bookcase	20	1,100
10/31/2017	Workstations	10	15,400
10/31/2017	Entertainment consoles	20	7,800
12/31/2017	Artwork	10	3,575
1/29/2018	Furniture	15	26,493
1/31/2018	Artwork	10	3,838
1/31/2018	Furniture	15	20,671
1/31/2018	Furniture	15	26,713
			<u>115,343</u>

Meadows Allocation Breakout - Furniture/ Equip				
Useful life	SNF	HFA	O	Total
10	-	5,506	17,306	22,813
12	-	2,354	7,400	9,754
15	-	17,832	56,044	73,876
20	-	2,148	6,752	8,900
	-	27,841	87,501	115,343
Allocation By Meadows Beds:				
	SNF	HFA	Other	
	0.00%	24.14%	75.86%	

**Total Additions Allocation - Seabury Only**

Useful life	SNF	HFA	O	Total	
5	-	42,551	54,972	97,523	Assisted
5	-	-	108,174	108,174	Direct Independent
5	25,269	-	-	25,269	Direct Skilled
5	17,002	5,343	71,651	93,997	I/A/S, All, and Other Allocated
<b>Total 5 yr life</b>	<b>42,271</b>	<b>47,894</b>	<b>234,798</b>	<b>324,963</b>	
10	177,183	-	-	177,183	Direct Skilled
10	-	-	904,014	904,014	Direct Independent
10	-	13,584	17,550	31,134	Assisted
10	27,563	8,663	116,157	152,382	I/A/S, All, and Other Allocated
<b>Total 10 yr life</b>	<b>204,745</b>	<b>22,247</b>	<b>1,037,721</b>	<b>1,264,713</b>	
15	357,961	-	-	357,961	Direct Skilled
15	-	-	400,518	400,518	Direct Independent
15	-	142,053	183,521	325,574	Assisted
<b>Total 15 yr life</b>	<b>357,961</b>	<b>142,053</b>	<b>584,039</b>	<b>1,084,053</b>	
20	-	-	7,445,871	7,445,871	Direct Independent
20	-	631,958	789,113	1,421,071	Assisted
20	6,550,008	-	-	6,550,008	Direct Skilled
<b>Total 20 yr life</b>	<b>6,550,008</b>	<b>631,958</b>	<b>8,234,984</b>	<b>15,416,950</b>	
25	370,669	116,496	1,562,106	2,049,271	I/A/S, All, and Other Allocated
25	104,118	-	-	104,118	Direct Skilled
25	-	-	53,227,249	53,227,249	Direct Independent
<b>Total 25 yr life</b>	<b>474,787</b>	<b>116,496</b>	<b>54,789,355</b>	<b>55,380,638</b>	
<b>Total</b>	<b>7,629,773</b>	<b>960,648</b>	<b>64,880,897</b>	<b>73,471,317</b>	

**Total Additions Allocation - Meadows Only**

Useful life	SNF	HFA	O	Total
10	-	5,506	17,306	22,813
12	-	2,354	7,400	9,754
15	-	17,832	56,044	73,876
20	-	2,148	6,752	8,900
25	-	101,728	319,718	421,446
<b>Total</b>	<b>-</b>	<b>129,570</b>	<b>407,219</b>	<b>536,789</b>

<b>Total Additions</b>	<b>7,629,773</b>	<b>1,090,217</b>	<b>65,288,116</b>	<b>74,008,106</b>
	-	0	(0)	

	SNF	HFA	O	Total
CON Additions Total	6,751,500	801,485	N/A	
CON Limit	2,427,000	2,000,000	N/A	
CON Allowable	2,427,000	801,485	N/A	3,228,485
CON Disallowed	4,324,500	-	-	4,324,500
Transfer Disallowed CON to Other	(4,324,500)	-	4,324,500	-
Capitalized Interest	428,458	22,158	-	450,616
Transfer Disallowed Capitalized Interest Related to Additions in Excess of CON Allowable Additions	(274,438)	-	274,438	-
Additions outside of CON	449,814	137,004	65,288,116	65,874,934
Meadows Additions	-	129,570	-	129,570
Transfer Portion of Additions Related to 12 new beds not eligible for reimbursement	(75,479)	-	75,479	-
<b>Total additions</b>	<b>2,955,356</b>	<b>1,090,217</b>	<b>69,962,533</b>	<b>74,008,106</b>

**Total Building Improvement Additions - Prior to Disallowances**

Useful life	SNF	HFA	O	Total
Total 5 yr life	-	2,338	7,463	9,801
Total 10 yr life	53,845	12,164	832,851	898,861
Total 20 yr life	6,550,008	631,958	8,234,984	15,416,950
Total 25 yr life	369,994	218,012	55,106,226	55,694,232
<b>Total</b>	<b>6,973,847</b>	<b>864,472</b>	<b>64,181,524</b>	<b>72,019,844</b>

**Total Building Improvement Additions - After Disallowances**

Useful life	SNF	HFA	O	Total
Total 5 yr life	-	2,338	7,463	9,801
Total 10 yr life	46,079	12,164	840,617	898,861
Total 20 yr life	2,573,771	631,958	12,211,221	15,416,950
Total 25 yr life	308,328	218,012	55,167,892	55,694,232
<b>Total</b>	<b>2,928,179</b>	<b>864,472</b>	<b>68,227,193</b>	<b>72,019,844</b>

**Total Other Additions - Prior to Disallowances**

Useful life	SNF	HFA	O	Total
Total 5 yr life	42,271	45,556	227,334	315,162
Total 10 yr life	150,900	15,589	222,176	388,665
Total 12 yr life	-	2,354	7,400	9,754
Total 15 yr life	357,961	159,885	640,083	1,157,929
Total 20 yr life	-	2,148	6,752	8,900
Total 25 yr life	104,793	212	2,846	107,852
<b>Total</b>	<b>655,925</b>	<b>225,745</b>	<b>1,106,591</b>	<b>1,988,262</b>

**Total Other Additions - After Disallowances**

Useful life	SNF	HFA	O	Total
Total 5 yr life	14,168	45,556	255,437	315,162
Total 10 yr life	12,955	15,589	360,120	388,665
Total 12 yr life	-	2,354	7,400	9,754
Total 15 yr life	-	159,885	998,044	1,157,929
Total 20 yr life	-	2,148	6,752	8,900
Total 25 yr life	53	212	107,587	107,852
<b>Total</b>	<b>27,177</b>	<b>225,745</b>	<b>1,735,340</b>	<b>1,988,262</b>

<b>Total additions</b>	2,955,356	1,090,217	69,962,533	74,008,106
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<b>Check to calculation above</b>	-	-	-	-
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**SNF additions outside of CON:**

**Building Improvements - 10 year useful life:**

*Direct Skilled:*

3/31/2018 Door	9,777	BI	10
8/31/2018 Renovation - Davis Clean Room	3,742	BI	10
3/19/2018 Heat pump	9,545	BI	10
<b>Building Improvement Additions - Directly Allocated to SNF:</b>	<u>23,064</u>		

*Allocated to Skilled:*

	18.09%		
5/31/2018 MDC Water Meter Pits	3,480	BI	10
5/31/2018 MDC Water Meter Pits	14,000	BI	10
2/28/2018 Backflow prevention project	68,099	BI	10
4/24/2018 Outdoor conduit extension	16,231	BI	10
12/31/2017 Guest Room Renovation	4,496	BI	10
12/31/2017 Guest Room Renovation	4,496	BI	10
12/31/2017 Guest Room Renovation	4,496	BI	10
12/31/2017 Guest Room Renovation	4,496	BI	10
12/31/2017 Guest Room Renovation	4,496	BI	10
12/31/2017 Guest Room Renovation	4,496	BI	10
12/31/2017 Guest Room Renovation	4,496	BI	10
10/31/2017 Wire partition loading dock	1,318	BI	10
<b>Building Improvement Additions - Allocated to SNF:</b>	<u>23,533</u>		
<b>Total Building Improvement Additions - Direct and Allocated to SNF:</b>	<u>46,597</u>		
<b>Weighted Average of 12 new beds not eligible for reimbursement:</b>	<u>17%</u>		
<b>Transfer out to Other - 10 year useful life:</b>	7,766		

**Building Improvements - 25 year useful life:**

*Allocated to Skilled:*

9/30/2018 Chapel	2,045,537	BI	25
<b>Total Building Improvement Additions - Allocated to SNF:</b>	<u>369,994</u>		
<b>Weighted Average of 12 new beds not eligible for reimbursement:</b>	<u>17%</u>		
<b>Transfer out to Other - 25 year useful life:</b>	61,666		
<b>Total Building Improvements Transfer out to Other:</b>	69,432		

**Other - 5 year useful life:**

*Allocated to Skilled:*

	18.09%		
10/27/2017 MAS90 Upgrade	4,000	Computer	5
11/30/2017 Computers - Phase C	2,699	Computer	5
11/30/2017 Licenses Hyper V Hosts upgrade	11,001	Computer	5
12/21/2017 Refurbished Lenovo M90	2,370	Computer	5
12/31/2017 Symantic anti-virus	2,992	Computer	5
1/30/2018 Network switches	1,174	Computer	5
1/31/2018 Wifi access points	4,046	Computer	5
11/30/2017 Radio Communication System	44,395	Other	5
11/30/2017 Radio Communication System	17,000	Other	5
10/31/2017 Broom attachment for Polaris Brutus	4,320	Other	5
<b>Other Additions - Allocated to SNF:</b>	<u>17,002</u>		
<b>Weighted Average of 12 new beds not eligible for reimbursement:</b>	<u>17%</u>		
<b>Transfer out to Other - 5 year useful life:</b>	2,834		

**Other - 10 year useful life:**

*Direct Skilled:*

11/30/2017 Wheelchair Washer	13,210	Other	10
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*Allocated to Skilled:*

	18.09%		
10/31/2017 UniMac Washer 40 lb - Main Laundry	9,158	Other	10
5/31/18 Big Tex trailer	3,758	Other	10
<b>Other Additions - Allocated to SNF:</b>	<u>15,546</u>		
<b>Weighted Average of 12 new beds not eligible for reimbursement:</b>	<u>17%</u>		
<b>Transfer out to Other - 10 year useful life:</b>	2,591		

**Other - 25 year useful life:**

*Allocated to Skilled:*

	18.09%		
4/30/2018 Screens for Chapel	3,734	Other	25
<b>Weighted Average of 12 new beds not eligible for reimbursement:</b>	<u>17%</u>		
<b>Transfer out to Other - 25 year useful life:</b>	622		

**Total Other Additions Transfer out to Other:** 6,047

**Total Building Improvement and Other Transfer out to Other:** 75,479

## 2018 CON ANALYSIS

**SNF: Health Center***Building Improvements*

Building - Health Center - Skilled	4,772,417
Capitalized Interest	377,673
Pool compressor	7,021
Bistro lighting	228

**SNF: Phase C**

Capitalized Interest	50,785
Phase C Renovations	1,349,133

**Total SNF CON Building Improvement Additions:** 6,128,799

**SNF: Other***Other - Health Center: Direct to SNF*

Furniture	357,961	15
Equipment	85,994	10
Wallcovering	47,894	10
Wallcovering	25,269	5
Pool	104,118	25
	<u>621,236</u>	

*Other - Allocated to SNF*

Ice cuber	1,885	10
Mixer	2,134	10
Ice cuber	1,950	10
Mixer	2,134	10
	<u>8,102</u>	

Allocated to SNF 70 beds of 387:

	18.09%
	<u>1,466</u>

**Total SNF CON Other Additions:** 622,702

**Total SNF CON Additions:** 6,751,500

**SNF Building Improvements Disallowed:** 3,701,799

**SNF Other Additions Disallowed:** 622,702

*Breakout of Other Additions Disallowed by Useful Life:*

5 Years	25,269
10 Years	135,354
15 Years	357,961
25 Years	104,118
	<u>622,702</u>

**Total SNF Capitalized Interest:** 428,458

**Portion of allowable capitalized interest:**

Total CON additions	6,751,500
Total allowable CON additions	<u>2,427,000</u>
Percentage Allowable	36%
<b>Total allowable capitalized interest</b>	154,020
<b>Total disallowed capitalized interest</b>	274,438

**AL: Phase C Renovation***Building Improvements*

Phase C Renovations - Assisted Living	1,349,133
Allocated to RCH 22 beds out of 51:	44%
Total allocated to RCH	<u>588,647</u>

**CON Additions directly allocated to RCH Per Rus:**

Phase C: Views 291 renovation	10,389
Phase C: Views 266 renovation	10,764
	<u>21,153</u>

**Total RCH CON Building Improvement Additions:** 609,800

**AL: Other***Other - Phase C*

Furniture	325,574
Wallcovering	20,370
Window Treatments	5,327
Wallcovering	59,221
Smallwares	11,573
Equipment	14,698
Televisions	<u>1,346</u>

Allocated to RCH 22 beds out of 51: 44%

Total allocated to RCH 191,153

*Other - Allocated to RCH*

Ice cuber	1,885
Mixer	2,134
Ice cuber	1,950
Mixer	2,134
Bistro lighting	<u>1,260</u>

Allocated to RCH 22 beds out of 387: 5.68%

532

**Total RCH CON Other Additions:** 191,686

**Total RCH CON Additions:** 801,485

**Capitalized Interest allocated to AL Units:**

Phase C Renovations	50,785
22 RCH units out of 51	44%
<b>Total RCH Capitalized Interest</b>	<u>22,158</u>



HEALTH CENTER AND PHASE C RENOVATION SPLITS

**Health Center Split:**

**Total Health Center:**

Capitalized Interest	854,678
Health Center	<u>10,800,021</u>
	11,654,699

**Phase C Renovation Split:**

**Total Phase C Renovations:**

Capitalized Interest	135,426
Phase C Renovations	<u>3,597,688</u>
	3,733,114

	<b>Building</b>	<b>Capitalized Interest</b>		<b>Building</b>	<b>Capitalized Interest</b>
37.50% SNF	4,050,008	320,504	37.50% SNF	1,349,133	50,785
37.50% AL - Congregate (Other)	4,050,008	320,504	37.50% Assisted Living	1,349,133	50,785
25.00% ILU and SNF - See below	<u>2,700,005</u>	<u>213,670</u>	25.00% Congregate (Other)	<u>899,422</u>	<u>33,857</u>
	10,800,021	854,678		3,597,688	135,426

ILU and SNF Split:

26.76% Rehab (SNF)	722,409	57,169
10.70% Seabury at Home (Other)	288,964	22,868
62.54% Tenant Space (Other)	<u>1,688,632</u>	<u>133,633</u>
	2,700,005	213,670

**Total SNF Portion**

**Total Congregate (Other) Portion**

**Total Other Portion**

	4,772,417	377,673
	4,050,008	320,504
	<u>1,977,596</u>	<u>156,500</u>
	10,800,021	854,678

**Attachment Page 23g**

**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		1,297,397
Total Phase A Depreciation - Unallowable		546,703
Seabury - Depreciation on Assets Acquired in CY:	2,266,983	
Allocation using Method 14	<u>30%</u>	
Total Allowable Related to Assets Acquired in CY	678,440	
Meadows - Depreciation on Assets Acquired in CY:	8,429	
Includable Cost Allocation Basis	<u>24%</u>	
Total Allowable Related to Assets Acquired in CY	2,035	
Total Depreciation Related to Assets Acquired in CY		680,475
Total Phase A Depreciation Related to Assets Acquired in PY		<u>546,703</u>
Depreciation Related to Assets Acquired in Prior Years		<u>616,922</u>
<b>Moveable Equipment</b>		
Total Depreciation Allowable		248,082
Total Phase A Depreciation - Unallowable		208,488
Seabury - Depreciation on Assets Acquired in CY:	99,504	
Allocation using Method 14	<u>30%</u>	
Total Allowable Related to Assets Acquired in CY	29,779	
Meadows - Depreciation on Assets Acquired in CY:	4,284	
Includable Cost Allocation Basis	<u>24%</u>	
Total Allowable Related to Assets Acquired in CY	1,034	
Total Depreciation Related to Assets Acquired in CY		30,813
Total Phase A Depreciation Related to Assets Acquired in PY		<u>208,488</u>
Depreciation Related to Assets Acquired in Prior Years		<u>217,269</u>





	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	60	22	192	
							22%	8%	70%	
<b>2014</b>										
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
<b>Total Assets</b>	<b>1,304,333</b>	<b>405,227</b>	<b>8,697,159</b>	<b>10,406,719</b>	<b>129,481</b>	<b>41,283</b>	<b>882,457</b>	<b>230,632</b>	<b>84,565</b>	<b>738,023</b>
Building					89,850	34,183	800,372	202,424	74,222	647,758
Movable					39,632	7,100	82,085	28,208	10,343	90,266
<b>Disallowance</b>										
Building					112,575	40,040				
Movable					(11,424)	3,243				

2014 -Vehicle disallowance

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

	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
							SNF	HFA	Other	
<b>2015</b>										
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
<b>Total Assets</b>	<b>1,499,822</b>	<b>485,728</b>	<b>10,599,511</b>	<b>12,585,061</b>	<b>150,684</b>	<b>50,731</b>	<b>1,079,135</b>	<b>280,412</b>	<b>102,818</b>	<b>897,319</b>
Building					100,088	38,738	960,792	240,792	88,291	770,535
Movable					50,596	11,992	118,343	39,620	14,527	126,784
<b>Disallowance</b>										
Building					140,704	49,552				
Movable					(10,976)	2,535				

2015 -Vehicle disallowance

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

	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
							SNF	HFA	Other	
<b>2016</b>										
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	105,262
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
<b>Total Assets</b>	<b>2,164,750</b>	<b>755,406</b>	<b>14,141,134</b>	<b>17,061,290</b>	<b>200,818</b>	<b>72,713</b>	<b>1,369,433</b>	<b>359,773</b>	<b>131,917</b>	<b>1,151,274</b>
Building					110,965	45,155	1,096,246	274,241	100,555	877,571
Movable					89,853	27,557	273,187	85,532	31,362	273,703
<b>Disallowance</b>										
Building					163,276	55,400				
Movable					(4,321)	3,804				

2016 -Vehicle disallowance

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

**Total 2016 Vehicle Depreciation** 29,082      **Disallowance**      4,485      1,644  
**Total Unallowed Amount** -20,481

2017	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
Building										
5 Year	-	-	-	-	-	-	-	-	-	
8 Year	18,328	6,720	73,616	98,664	1,146	420	4,601	1,350	495	
10 Year	176,943	67,750	1,301,823	1,546,516	8,847	3,388	65,091	16,933	6,209	
15 Year	4,880	11,835	56,877	73,592	163	395	1,896	537	197	
20 Year	-	-	160	160	-	-	4	1	0	
25 Year	-	2,414	7,586	10,000	-	48	152	44	16	
Equipment										
3 Year	14,025	5,142	56,328	75,495	2,338	857	9,388	2,755	1,010	
4 Year	2,683	984	10,777	14,444	335	123	1,347	395	145	
5 Year	16,695	8,948	75,943	101,586	1,670	895	7,594	2,225	816	
8 Year	1,765	647	7,088	9,500	110.31	40	443	130	48	
10 Year	19,838	12,626	95,683	128,147	992	631	4,784	1,403	514	
15 Year	357	131	1,435	1,923	12	4	48	14	5	
20 Year	-	-	2,833	2,833	-	-	71	16	6	
<b>Total Assets</b>	<b>2,420,264</b>	<b>872,603</b>	<b>15,831,283</b>	<b>19,124,150</b>	<b>216,430</b>	<b>79,514</b>	<b>1,464,852</b>	<b>385,576</b>	<b>141,378</b>	<b>1,233,842</b>
Building					121,120	49,406	1,167,990	293,106	107,472	937,938
Movable					95,309	30,108	296,862	92,470	33,906	295,904
<b>Disallowance</b>					171,985	58,066				
Building										
Movable					(2,839)	3,797				

**2017 -Vehicle disallowance**

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

2018	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
Building							70	22	295	
5 Year	-	2,338	7,463	9,801	-	233.80	746	177	56	
10 Year	46,079	12,164	840,618	898,861	2,304	608	42,031	8,129	2,555	
20 Year	2,573,771	631,958	12,211,221	15,416,950	64,344	15,799	305,281	69,715	21,910	
25 Year	308,328	218,012	55,167,892	55,694,232	6,167	4,360	1,103,358	201,478	63,322	
Equipment										
5 Year	14,168	45,556	255,438	315,162	1,417	4,556	25,544	5,701	1,792	
10 Year	12,955	15,589	360,121	388,665	648	779	18,006	3,515	1,105	
12 Year	-	2,354	7,400	9,754	-	98	308	74	23	
15 Year	-	159,885	998,044	1,157,929	-	5,330	33,268	6,981	2,194	
20 Year	-	2,148	6,752	8,900	-	54	169	40	13	
25 Year	53	213	107,586	107,852	1	4	2,445	390	123	
<b>Total Assets</b>	<b>5,375,618</b>	<b>1,962,820</b>	<b>85,793,818</b>	<b>93,132,256</b>	<b>291,310</b>	<b>111,336</b>	<b>2,996,008</b>	<b>681,776</b>	<b>234,469</b>	<b>2,482,115</b>
<b>FY18 Additions</b>	<b>2,955,354</b>	<b>1,090,217</b>	<b>69,962,535</b>	<b>74,008,106</b>						
Building					193,935	70,407	2,619,406	572,605	195,315	2,115,828
Movable					97,375	40,929	376,602	109,171	39,155	366,287
<b>Disallowance</b>					378,670	124,908	Page 29/29a - Line 48			
Building					11,796	(1,774)	Page 29/29a - Line 35			
Movable										

**2018 -Vehicle disallowance**

Total Vehicles in fleet as of 9/30/18	9	Vehicle with highest depreciation	7,592 A	Per allocation template	Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
					SNF	HFA	Other	SNF	HFA	Other
<b>Total 2018 Vehicle Depreciation</b>	<b>16,451</b>	<b>Disallowance</b>			1,662	610	5,320	3,602	1,321	11,528
<b>Total Unallowed Amount</b>	<b>-8,859</b>				1,940	711				

A BSC notes no CY additions or disposals. The car with the highest depreciation has a cost of \$30,368 and will be fully depreciated at the end of FY19. Seabury is allowed one vehicle. As such, the vehicle with the highest depreciation is allowed, and all other amounts are disallowed.

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)			2103C		9/30/2018			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 9/30/2018	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		108		
6. Square Footage		429,551		
7. Acquisition Cost				
a. Land		4,429,495		
b. Building		107,766,869		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Multiple Bonds - Fixed	Multiple Bonds -	
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 9/30/2018		31,475,000	54,225,000	
<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	9/30/2018			26	37
Item			Total	CCNH	RHNS	Residential Care Home	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 478,521	364,695			113,826
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)			\$ 478,521	364,695			113,826

(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		9/30/2018			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				478,521	364,695		113,826	
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>				\$ 478,521	364,695		113,826	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 40,842	26,914		13,928	
b. Insurance on Automobiles				\$ 4,943	3,767		1,176	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 12,861	9,119		3,742	
2. Fire and Extended Coverage				\$ 12,480	8,861		3,619	
3. Other (Specify) D&O and Crime				\$ 7,990	5,666		2,324	
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$ 79,116	54,327		24,789	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$ 10,605,549	8,153,327		2,452,222	

### 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	9/30/2018	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	\$ 114,372			114,372
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 14,264	9,292		4,972
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.	15	1B	Discriminatory Benefits	\$ 9,977	8,285		1,692
9.	15	1C	Bad Debts	\$ 42,406	35,216		7,190
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	H2	Cellular Telephone	\$ 7,089	5,887		1,202
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)	\$ 3,707	2,825		882
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M6	Barber and Beauty	\$ 5,354			5,354
23.			Other - See attached Schedule	\$ 127,433	76,138		51,295
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 739			739
<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>				\$ 325,341	137,643		187,698

\* 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			\$ 91,403
10	12c	LPN Direct Care - Disallow to reduce LPN down to Aide Cost			\$ 22,969
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ 114,372

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8e	Psychiatrist	\$ 4,026		\$ 2,853
13	8a	Medical Director	\$ 5,266		\$ 2,119
<b>Total Other Fees Adjustments</b>			\$ 9,292	\$ -	\$ 4,972

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits - Disallow			\$ 33,245
16	M13	Licenses and Fees - Disallow	\$ 3,241		\$ 1,155
16	M13	Bank Fees - Disallow	\$ 10,375		\$ 2,118
16	M13	Security Pager Service Rental - Disallow	\$ 137		\$ 28
16	M13	Travel - Disallow			\$ 1,114
22	6F	Cable Services			\$ 338
30	8	ANC - Other Revenue - Disallow	\$ 13,027		\$ 2,719
30	8	ANC - Laundry	\$ 588		\$ 93
15	h1	ANC Revenue - Telephone	\$ 18,551		\$ 3,787
16	M13	ANC Revenue - Internet	\$ 30,219		\$ 6,169
30	8	C.N.A. Escort Revenue - Disallow			\$ 253
30	8	Miscellaneous Other Revenue - Disallow			\$ 276
<b>Total Other A&amp;G Adjustments</b>			\$ 76,138	\$ -	\$ 51,295

**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	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 325,341	137,643		187,698
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.	20	5c	Medical Supplies	\$ 11,064	4,354		6,710
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 14,125	12,926		1,199
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 10,670	11,796		(1,126)
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	\$ 14,231	10,890		3,341
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 12,334	9,651		2,683
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 528,943	378,670		150,273
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 916,708	565,930		350,778

\*\*\* 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)  
 9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5	Nutrition Supplies - Billable	\$ 12,926		\$ 1,199
<b>Total Other Ancillary Costs</b>			\$ 12,926	\$ -	\$ 1,199

**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	\$ 11,796		\$ (1,774)
		Movable in excess of CON -Meadows			\$ 648
<b>Total Excess Movable Equipment Depreciation</b>			\$ 11,796	\$ -	\$ (1,126)

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Outpatient - A&G	\$ 1,617		\$ 486
		Outpatient - Indirect	\$ 1,167		\$ 351
		Outpatient - Fixed Asset Depreciation and Interest	\$ 4,439		\$ 1,335
		Outpatient - Capital	\$ 1,006		\$ 302
		Outpatient - Fair Rent	\$ 2,066		\$ 622
22	6e	Marketing Copier	\$ 596		\$ 244
<b>Total Other Property Adjustments</b>			\$ 10,890	\$ -	\$ 3,341

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
18	2a1	Liquor Purchases	\$ 3,299		\$ 773
		Home Health - A&G	\$ 2,709		\$ 815
		Home Health - Indirect	\$ 1,957		\$ 588
		Home Health - Capital	\$ 1,686		\$ 507
<b>Total Other Adjustments</b>			\$ 9,651	\$ -	\$ 2,683

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Excess Building Depreciation Actual vs Estimate-Seabury	\$ 378,670		\$ 124,908
		Building Dep in excess of CON Allowable of pre 2007 amount of 200K			\$ 25,365
<b>Total Unallowable Building Interest</b>			\$ 378,670	\$ -	\$ 150,273

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seal2103C)		9/30/2018			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> )	\$ 4,650,591	2,857,615		1,792,976		
b. Medicaid Room and Board Contractual Allowance **	\$ (2,312,067)	(1,534,444)		(777,623)		
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,776,481	1,776,481				
b. Medicare Room and Board Contractual Allowance **	\$ 11,314	11,314				
4. a. Private-Pay Residents and Other	\$ 3,541,302	2,702,259		839,043		
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.)	\$ 7,667,621	5,813,225		1,854,396		
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 739			739		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$ 48,429	36,909		11,520		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 6,175			6,175		
8. Other ( <i>Specify</i> )	\$ 117,720	100,625		17,095		
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 173,063	137,534		35,529		
<b>VI. Total All Revenue</b> (III +V)	\$ 7,840,684	5,950,759		1,889,925		

\* 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**

		<b>Account</b>			
Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
	Interest Income - See attached schedule. Amount does not tie directly as schedule is for entire facility.		\$ 36,909		\$ 11,520
<b>Total Interest Income</b>			\$ 36,909	\$ -	\$ 11,520

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	Residential Care Home
	ANC Laundry	\$ 588		\$ 93
	ANC Telephone & Internet - Disallow	\$ 87,010		\$ 13,754
	ANC Other Revenue - Disallow	\$ 13,027		\$ 2,719
	Miscellaneous Other Revenue - Disallow			\$ 276
	C.N.A. Escort Revenue - Disallow			\$ 253
<b>Total Other Revenue</b>		\$ 100,625	\$ -	\$ 17,095

**Interest Income  
Seabury Retirement  
FYE 09/2018**

	<u>Interest Amount</u>	<u>G/L Account #</u>	<u>Balance at 9/30/18</u>
<b>CCNH</b>			
Operating Acct	3	1-000-1011	448,485
Payroll Acct	-	1-000-1013	2,753
Eq/Entrance Fund	25,601	1-000-1070	2,189,952
Asset Replacement	764	1-000-1060	68,378
	<u>26,368</u>		
<b>RCH</b>			
Operating Acct	-	1-000-1190	0
Asset Replacement	2,465	1-000-1192	160,277
	<u>2,465</u>		
Bond Fund Adj	(176,336)		
<b>Grand Total</b>	<b>(147,503)</b>		

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Se	2103C	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	3,130,935
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,062,094
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	830,354
4. Inventories			\$	46,752
5. Prepaid Expenses			\$	724,995
a. Prepaid Expenses	226,662			
b. Prepaid Taxes	434,676			
c. Preapid FF&E	63,657			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	5,187,306
Escrow Account	203,562			
Accounts Receivable - Related Party	256,153			
Cash and cash equivalents held by trustee	4,554,079			
See Schedule	173,512			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>11,982,436</b>
B. Fixed Assets				
1. Land			\$	4,429,495
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>152,981,812</u>		\$	103,139,227
	Accum. Depreciation <u>49,842,585</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>1,057,625</u>		\$	675,734
	Accum. Depreciation <u>381,891</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>11,580,727</u>		\$	6,840,418
	Accum. Depreciation <u>4,740,309</u>	Net		
7. Motor Vehicles	*Historical Cost <u>206,243</u>		\$	15,447
	Accum. Depreciation <u>190,796</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	1,636,835
Construction in Process	1,636,835			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>116,737,156</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	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA S	2103C	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	128,719,592
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	26,332,588
	Investments	13,205,815		
	Investments held by trustee	7,173,564		
	See Schedule	5,953,209		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	26,332,588
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	155,052,180

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			\$ -

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
31	A8	Eversource Receivable	173,512
<b>Total Other Current Assets (Itemize)</b>			\$ 173,512

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Assets Whose Use is Limited	\$ 228,655
32	D7	Investment in Limited Partnership	270,123
32	D7	Beneficial Interest in Perpetual Trust	\$ 5,279,476
32	D7	Deferred Compensation Investments	\$ 174,955
<b>Total Other Assets</b>			\$ 5,953,209

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			\$ -

Schedule of Other Long-Term Liabilities (itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</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	9/30/2018	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,643,534
2. Notes Payable ( <i>itemize</i> )				\$	
_____ _____ _____ See Schedule					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	92,735
Name of Lender		Purpose	Amount	Date Due	
Various		TV, Phone, & Internet	92,735	Various	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	623,841
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	155,327
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	970,000
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	352,590
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	718,219
Accrued Auditing Fees		71,925	Custom Improvement De:	39,716	
Entrance Fee Deposits		204,062			
Residential Care Service		80,134			
Other Accrued Payables		322,382	See Schedule		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	4,556,246

\* 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 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				4,556,246
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$ 392,505
Name of Lender	Purpose	Amount	Date Due	
Various	TV, Phone & Internet	392,505	Various	
2. Mortgages Payable				\$ 86,350,722
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> )				\$ 63,504,879
Deferred Revenue from Entrance Fees		63,329,924		
Deferred Compensation Plan		174,955		
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 150,248,106
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 154,804,352

**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	9/30/2018	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			\$	3,135,961
6. Gain or Loss for Period			\$	(2,888,133)
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	247,828
<b>C. Total Reserves and Net Worth</b>			\$	247,828
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	155,052,180



### 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	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	10,924,161
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	34,862,980
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	37,751,113
D. Net Income or Deficit			\$	<span style="color: red;">(2,888,133)</span>
E. Balance			\$	8,036,028
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>		09/30/18	\$	8,036,028

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

Name of Facility Church Home of Hartford, Inc. (DBA	License No. 2103C	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<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 Address			Phone Number	
2 Enterprise Drive, Shelton, CT 06484-1488			203-944-2100	
Annual Report Contact			Phone Number	
George Thomas			860-561-6853	
Annual Report Contact Email Address				
gthomas@blumshapiro.com				