

February 9, 2016

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

Dear Chris:

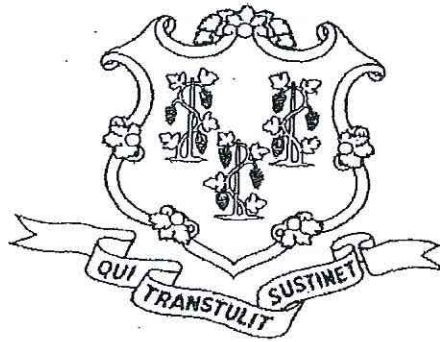
Enclosed please find the 2015 Medicaid Cost Report for Church Home of Hartford, Inc. d/b/a Seabury.

In preparing this cost report, we did not perform any disallowances for the owner/operator or administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review, other than noted on page 29. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We have allocated out of the cost report all costs related to speech, physical and occupational therapy, although treatments are included on page 9. In addition to this, all costs related to pharmacy, lab, x-ray, billable supplies and nursing for individuals in the independent units. We have also allocated out of the cost report all costs for meals, laundry and the medical director not relating to the nursing facility. We have removed all legal expenses and dues related to non-nursing facility costs. We have removed all marketing costs of the facility.

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

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

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) 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 10/1/2014	Report for Year Ending 9/30/2015

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 9/30/2015	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, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 200 Seabury Drive, Bloomfield, CT 06002				
Report Prepared By Blum Shapiro & Company		Phone Number 860-561-4000	Date 2/9/2016	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-286-0243		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Church Home of Hartford, Inc. (DBA Seabury)		Address (No. & Street, City, State, Zip) 200 Seabury Drive, Bloomfield, CT 06002		
License Numbers:	CCNH 2103C	RHNS	Residential Care Home 1830HA	Medicare Provider No. 07-5383
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
Administrator				
Name of Administrator Anne Erickson		Nursing Home Administrator's License No.:	1804	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Church Home of Hartford, Inc. (DBA Seabury)	200 Seabury Drive, Bloomfield, CT 06002	Connecticut		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See Attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

Seabury Boards 2014 -2015

CHHI Board 2014-2015 (20)
Andersen Thomas E.
Armstrong, Doris, Resident Director
Austin, Wilborne A., BISHOP'S REP
Babbitt, Bradford S. (replaces Bette-Jane Hardersen, who resigned)
Bain, Connie, SECY
Bridburg, Richard M.
<i>Briggs II, Paul R. - RESIGNED AUGUST 2015</i>
Dixon, Jonathan A.
Douglas, The Right Rev. Ian T.,
Galluzzo, Donna R.
Glover III, Paul W.
Heath, Richard C., Executive VP & CEO
Madorin , A. Raymond, PRES
Mattison, Gale, VP
Rives III, Harold L.
Stanwood, Robert
Thompson, William J., TREASURER
Trail, Jim, Resident Director
Viets, Priscilla B., ASST. SECY
Wadsworth, John R.
SAHI Board 2014-2015 (10)
<i>Briggs II, Rev. Paul R. - RESIGNED AUGUST 2015</i>
Dugan, Rev. Jeffrey S., President
Galluzzo, Donna R.
Granger, Winifred
Heath, Richard, Vice President
Kearns III, John F.
Madorin, A. Raymond
Merritt, Joseph P., Secretary
Stanwood, Robert, Treasurer
Therriault, Ronald
SCF Board 2014-2015 (11)
Beeching, Barbara, Secretary
Brock, Ken, Asst. Secy
Carle, KathArine
Glover III, Paul W.
Granger, Winifred, VP
Hardersen, Bette-Jane
Madorin, A. Raymond
Stanwood, Robert, Treasurer
Thompson, William J.
Viets, Priscilla
Winship, Ann, President

**General Information and Questionnaire
 Related Parties***

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2015	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Richard C. Heath	200 Seabury Drive, Bloomfield CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Executive Vice President and CEO	page 10 A-1	102,747	102,747
Mobile Health Technologies, LLC	100 York Street, Unit 12-P, New Haven CT 06511	<input checked="" type="radio"/>	<input type="radio"/>		Electronic monitoring devices, hardware and	page 23 D-2c	605	
Anne M. Sevick	96 Reverknolls, Avon, CT, 06001	<input type="radio"/>	<input checked="" type="radio"/>		Administrative Employee	page 10 A11b	7,724	7,724
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

* Use additional sheets if necessary.

** 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 9/30/2015	Page 5	of 37
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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
Dictary	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? Yes 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.)

Yes 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	9/30/2015			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes, 2225 American Drive, Neenah, MI 54956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	04/04/15	39 Months	268	134	
Pitney Bowes, 2225 American Drive, Neenah, MI 54956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	09/09/11	39 Months	120	59	
Marlin Leasing, PO Box 13604, Philadelphia, PA 19101-3604	<input type="radio"/>	<input checked="" type="radio"/>	Two Copiers	01/19/11	60 Months	3,614	3,614	
G E Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	One Copier	01/14/14	36 Months	332	332	
G E Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	One Copier - Marketing	06/18/15	36 Months	1,040	260	
GE Capital, PO Box 642111, Pittsburgh, PA 15264-2111	<input type="radio"/>	<input type="radio"/>	Digital Copier System	10/03/13	60 Months	328	328	
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***							4,727	

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

PITNEY BOWES LEASE AGREEMENT

4216982 008

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Agreement Number

Your Business Information

CHURCH HOME OF HARTFORD INC		060293500	
Full Legal Name of Lessee	DBA Name of Lessee	Tax ID # (FEIN/TIN)	
200 SEABURY DR	BLOOMFIELD	CT	06002-2650
Billing Address: Street	City	State	Zip+4
	() ext	21815041864	
Billing Contact Name	Billing Contact Phone #	Billing CAN #	
200 SEABURY DR	BLOOMFIELD	CT	06002-2650
Installation Address (if different from billing address) : Street	City	State	Zip+4
CHRIS HEALY	(860) 286 0243 ext	15335383889	
Installation Contact Name	Installation Contact Phone #	Installation CAN #	

Invoice Attention To _____ Lessee PO # _____

Your Business Needs

Qty	Business Solution Description	
	Mail Stream Solution - 1	<input checked="" type="checkbox"/> Service Level Agreement Standard - Provides maintenance and support for equipment
1	DM100 Desktop Mailing System	
1	IntelliLink Interface / PSD for DM100	
1	Basic Accounting (10 Dept)	<input type="checkbox"/> Software Maintenance (additional terms apply) - Provides revision updates & technical assistance
1	2 lb Integrated Weighing	
1	Integrated Weighing Platform	<input checked="" type="checkbox"/> Meter Rental () Value Based Services (not including USPS fees which will be charged separately)
1	pbSmartPostage Free	
1	Professional Installation for DM100/DM125	<input checked="" type="checkbox"/> Purchase Power® - A line of credit providing a convenient way to mail now and pay later. Consolidate meter postage, permit postage and supplies under one account - see terms & conditions
1	IntelliLink Subscription	<input type="checkbox"/> Equipment Replacement Program - Protection in case of loss or damage to leased equipment () Yes I want to enroll in the ValueMAX® equipment replacement program (x) No Enrollment (I will provide proof of insurance within the next 30 days as noted in Section L9)
1	Digital Access Connection Accepted	

Your Payment Plan

Initial Term : 39 months

Number Of Months	Monthly Amount	Billed Quarterly At*
First 39	\$75	\$225

- () Required advance check of \$() received
- () Tax Exempt Certificate Attached
- () Tax Exempt Certificate Not Required

*Does not include any applicable sales, use, or property taxes which will be billed separately; payment plans begin after any applicable Inletin Usage Period.

Your Signature Below

By signing below, you agree to be bound by all the terms of this Agreement, including those located in the Pitney Bowes Terms (Version 9/14), which are available at www.pb.com/termsandconditions and are incorporated by reference. You acknowledge that you may not cancel the Lease (as defined in Section C4 of the Pitney Bowes Terms) for any reason and that all payment obligations are unconditional. The Lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The Lease requires you either to provide proof of insurance or participate in the ValueMAX equipment replacement program (see Section L9 of the Pitney Bowes Terms) for an additional fee.

E-Signed : 04/17/2015 12:44 PM EDT
 Richard C. Heath
 rghamfong@seaburylife.org
 Title: CEO
 IP: 66.6.73.226
 Certified Electronic Signature
 DocID: 20150417102639143

Salvatore Polletta
 Salvatore Polletta
 Director, Credit & New Business Operations

Title _____
 Date _____

Title **Friday, April 17, 2015**
 Date _____

Email Address _____

Sales Information

Cindy Grant 473
 Account Rep Name District Office

(0018444.2) See Pitney Bowes Terms for additional terms and conditions



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

Number: _____

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

CUSTOMER INFORMATION

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

EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make & Model	Qty	Equipment Description: Make & Model
1	RICOH MPC3503		

PAYMENT SCHEDULE

Minimum Term (months) 36	Minimum Payment (Without Tax) \$ 290.58	Minimum Payment Billing Frequency <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	Advance Payment <input type="checkbox"/> 1 st Payment <input type="checkbox"/> 1 st & Last Payment <input type="checkbox"/> Other: _____
Guaranteed Minimum Images* ^o	Cost of Additional Images ^o	Meter Reading/Billing Frequency	
Black/White Color	Black/White Color	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	
0 0	\$0.0080 \$0.0520		

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

ADDITIONAL PROVISIONS (list here, if any): _____

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

TERMS AND CONDITIONS

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

AUTHORIZED SIGNER

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

Authorized Signer Signature X <i>Richard C. Heath</i>	Date 6-18-15	Authorized Signer Printed Name RICHARD C. HEATH	Authorized Signer Title CEO
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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.

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

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

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

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

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

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

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

X Guarantor Signature _____ Date: _____

Richard C. Heath 6-18-15
(Printed Name of Guarantor, Do Not Include Title)

RICHARD C. HEATH

Home Address: _____

City: _____ State: _____ Zip: _____

() _____
Home Phone

Accepted by RICOH USA, INC.:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title

Schedule of Resident Statistics

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		License No. 2103C			Report for Year Ended 9/30/2015				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	96	60		36	96	60		36	96	60		36	
B. On last day of THIS report period	96	60		36	96	60		36	96	60		36	
2. Number of Residents													
A. As of midnight of PREVIOUS report period	89	56		33	89	56		33	90	55		35	
B. As of midnight of THIS report period	90	59		31	90	55		35	90	59		31	
3. Total Number of Days Care Provided During Period													
A. Medicare	1,876	1,876			1,380	1,380			496	496			
B. Medicaid (Conn.)	5,253	5,253			3,883	3,883			1,370	1,370			
C. Medicaid (other states)													
D. Private Pay	9,721	4,586		5,135	7,373	3,389		3,984	2,348	1,197		1,151	
E. State SSI for RCH	5,395			5,395	3,996			3,996	1,399			1,399	
F. Other (Specify) CCC / PRIVATE INSURANCE	10,917	9,166		1,751	8,222	6,931		1,291	2,695	2,235		460	
G. Total Care Days During Period (3A thru F)	33,162	20,881		12,281	24,854	15,583		9,271	8,308	5,298		3,010	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	83	6		77	5	5			78	1		77	
B. Other Bed Reserve Days	237	121		116	211	102		109	26	19		7	
5. Total Resident Days (3G + 4A + 4B)	33,482	21,008		12,474	25,070	15,690		9,380	8,412	5,318		3,094	

Schedule of Resident Statistics (Cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA Seabur			License No. 2103C			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days										CCNH	RHNS	Residential Care Home	
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	7		16		36		18	13					
Per Diem Rate													
a. One bed rm.	PPS		228.90		452.00		168.00	137.91					
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments										TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B										1,391	1,391		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										5,465	5,465		
D. Total Physical Therapy Treatments										6,856	6,856		
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B										166	166		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										260	260		
D. Total Speech Therapy Treatments										426	426		
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B										885	885		
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other										5,470	5,470		
D. Total Occupational Therapy Treatments										6,355	6,355		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2015	10	37		
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No				
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	82,914	585			19,833	140
2. Administrator(s) (Complete also Sec. III of Schedule A1)	68,508	1,512			43,852	1,033
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	118,740	5,116			43,946	2,264
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	472,715	32,572			233,677	16,476
6. Housekeeping Service						
a. Head Housekeeper	13,125	453			3,888	134
b. Other Housekeeping Workers	85,398	6,898			55,342	4,225
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	29,787	415			15,275	321
b. Other Maintenance Workers	50,206	2,538			25,953	1,394
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	83,470	6,337			19,743	1,418
9. Barber and Beautician Services						
10. Protective Services	77,492	4,515			28,414	1,656
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	150,588	4,234			36,021	1,013
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	149,159	3,604			39,744	961
b. RN						
1. Direct Care	698,131	17,949			63,305	1,621
2. Administrative**	229,502	3,709			29,062	470
c. LPN						
1. Direct Care	190,402	6,062			33,842	1,384
2. Administrative**						
d. Aides and Attendants	994,991	66,109			407,212	25,217
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	119,680	6,237			102,812	5,303
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	46,269	1,860			5,859	235
n. Marketing						
o. Other (Specify)						
See Attached Schedule	233,279	7,672			51,048	1,891
<i>A-13. Total Salary Expenditures</i>	<i>3,894,356</i>	<i>178,377</i>			<i>1,258,828</i>	<i>67,156</i>

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

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

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

** Include all employment worked during the cost year.

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		9/30/2015			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Anne Erickson	68,508		25,119	Nondiscretionary	Administrator	2,067	A2			
Emily Uguccioni			18,733	Nondiscretionary	Administrator - Meadows	478	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2015	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	14,679	326			1,859	41
2. Dentist						
3. Pharmacist	5,556	276			704	35
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	22,757	238			2,882	30
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	4,260	211			1,240	57
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	47,252	1,051			6,685	163

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

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

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

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	9/30/2015		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 114,891	81,231			33,660
2. Disability Insurance	\$ 13,943				13,943
3. Unemployment Insurance	\$ 26,383	18,607			7,776
4. Social Security (F.I.C.A.)	\$ 392,850	297,150			95,700
5. Health Insurance	\$ 649,288	474,064			175,224
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,486				3,486
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 106,313	88,436			17,877
8. Uniform Allowance	\$ 1,648	1,371			277
9. Other (<i>Specify</i>) See Attached Schedule	\$ 1,970	1,639			331
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* Deferred Compensation Plan	\$ 5,888	4,751			1,137
c. Bad Debts*	\$ 49,965	24,696			25,269
d. Accounting and Auditing	\$ 36,613	28,574			8,039
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 3,592	2,899			693
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 28,699	22,228			6,471
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 18,784	15,158			3,626
2. Cellular Phones	\$ 10,364	8,363			2,001
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>)	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$				
Subtotal	\$ 1,464,677	1,069,167			395,510

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

(Carry Subtotals forward to next page)

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

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

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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	9/30/2015	16	37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	1,464,677	1,069,167		395,510
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 7,250	5,828		1,422
4. Employee Travel	\$ 24,748	19,947		4,801
5. Education Expenses Related to Seminars and Conventions	\$ 8,056	6,501		1,555
6. Automobile Expense (<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>)	\$ 14,313	11,187		3,126
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)***	\$ 6,459			6,459
7. Postage	\$ 1,780	1,245		535
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,052	4,884		1,168
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$ 558	450		108
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 32,973	26,608		6,365
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 34,274	27,103		7,171
C-14 Total Administrative & General Expenditures	\$ 1,601,140	1,172,920		428,220

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age Dues	\$ 4,650		\$ 1,112
ICAA Dues	\$ 234		\$ 56
Total Dues	\$ 4,884	\$ -	\$ 1,168

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Charitable Donations	\$ 450		\$ 108
Total Contributions	\$ 450	\$ -	\$ 108

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Licenses and fees -Disallow	\$ 2,731		\$ 1,248
Supplies	\$ 2,837		\$ 679
Communication Systems	\$ 4,957		\$ 1,186
Activities Supplies	\$ 320		\$ 77
Bank fees - Disallow	\$ 2,944		\$ 735
Fire/Safety alarm system	\$ 13,106		\$ 3,135
Security Pager Service Rental -Disallow	\$ 192		\$ 46
Miscellaneous	\$ 16		\$ 4
Pet supplies - Disallow			\$ 61
Total Other Administrative and General	\$ 27,103	\$ -	\$ 7,171

Schedule C-1 - Management Services*

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2015		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 445,904	293,153			152,751
2.	Non-Food Supplies	\$ 59,283	41,989			17,294
3.	Other (Specify)	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Management Services**						
d.	Other (Specify) Uniforms and Other Food Misc.	\$ 5,423	2,598			2,825
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 510,610	337,740			172,870
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G.	Resident Meals: Total no. of meals served per day:*	233	171			62
H.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.	
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.	
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2015		19	37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	10,617	8,080		2,537
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify) Laundry Supplies		\$	16,879	13,891		2,988
3E. Total Laundry Expenditures (3a + b + c + d)		\$	27,496	21,971		5,525
3F. Laundry Questionnaire						
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

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

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

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 9/30/2015	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 Road, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping Services & Snow Removal	25,406		12,240	22	6F
The Brickman Group		<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping Services	21,777		7,985	22	6F
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Schedule of Other Repairs and Maintenance

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

Depreciation Schedule

Name of Facility			License No.			Report for Year Ended			Page	of		
Church Home of Hartford, Inc. (DBA Seabury)			2103C			9/30/2015			23	37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements												
1. Acquired prior to this report period	64,424,134		64,424,134	27,529,941	SL	VAR	622,485					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	1,775,166		1,775,166		SL	VAR	26,496					
B-4. Subtotal								648,981				
C. Non-Movable Equipment												
1. Acquired prior to this report period	19,625		19,625	19,625	SL	VAR						
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. Prior year balance	Yes		VAR	VAR	196,202		196,202	39,985	SL	4	8,308	
b. Current year additions	Yes		VAR	VAR	51,358		51,358		SL	4	1,921	
c. Current year disposals	Yes		VAR	VAR	(35,389)		(35,389)	(35,389)	SL	4		
d.												
2. Movable Equipment												
a. Acquired prior to this report period					4,695,027		4,695,027	2,386,158	SL	VAR	75,381	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					453,657		453,657		SL	VAR	8,069	
D-3. Subtotal												93,679
E. Total Depreciation											742,660	

Attachment Page 23a

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

Buildings and Building Improvements

Seabury (see Page 23b)

Seabury - SNF Allowable	102,387	} \$ 147,945
RCH Allowable	45,558	
Unallowable	1,604,197	+ 5,558
	<u>1,752,142</u>	<u>\$ 153,503</u>

Meadows (Additions allocated based on beds)

RCH Allowable	5,558	14/58
Unallowable	17,466	44/58
	<u>23,024</u>	

Total Building and Building Improvements 1,775,166

Moveable Equipment

Seabury (see Page 23c)

Skilled	93,101
RCH	34,943
Unallowable	298,157
	<u>426,201</u>

Meadows (Additions allocated based on beds)

RCH Allowable	6,627	14/58
Unallowable	20,829	44/58
	<u>27,456</u>	

Total Moveable Equipment 453,657

10051750	BUILDING IMPROVEMENT ADDITIONS	AMOUNT	LEVEL	LIFE
DATE	DESCRIPTION			
10/31/2014	M&E Electric-lobby mechanical room work	100	all	10
10/31/2014	M&E Electric-lobby mechanical room work	283	all	10
10/31/2014	rework and make safe railings and pergola	800	all	10
10/31/2014	courtyard top of stairs repair to gutter and flashing	1,125	all	10
11/30/2014	repair leak over wind north lounge	800	all	10
11/30/2014	hvac work in Heritage hall	2,222	all	10
1/16/2015	entry door for building	3,200	all	10
3/31/2015	upgrade to nvr server	1,915	all	10
3/31/2015	upgrade to camera/recorders 4/48 and 2/5	2,970	all	10
4/30/2015	repair to Dectron unit	4,065	all	10
5/31/2015	repair to Dectron unit	999	all	10
6/30/2015	work on well pump	2,870	all	10
6/30/2015	new pump and vid control	9,057	all	10
6/30/2015	Irrigation connection to city	13,465	all	10
7/31/2015	repair to Dectron unit	315	all	10
7/31/2015	valve replacement Dectron unit	4,232	all	10
7/31/2015	temporary kitchen areas for employee lounge and galle	5,566	all	10
8/31/2015	safety supplies for campus	496	all	10
9/10/2015	rehab health equipment	16,850	all	10
9/23/2015	greenhouse reno	4,000	all	10
9/23/2015	greenhouse reno	12,000	all	10
9/30/2015	irrigation start up work	1,758	all	10
9/30/2015	rehab health equipment	2,995	all	10
10/31/2014	view269 repainting	1,050	AST	10
10/31/2014	view245 paint/new flooring	1,400	AST	10
10/31/2014	view266 new flooring	2,376	AST	10
11/30/2014	views 347 fridge/villa347-fridge	905	AST	10
11/30/2014	view267 flooring	1,513	AST	10
12/31/2014	Fridge and alarm for clinic meds	6,060	AST	10
3/31/2015	view268 flooring	782	AST	10
3/31/2015	views215 flooring	1,513	AST	10
3/31/2015	views230 flooring	1,890	AST	10
4/30/2015	views230 microwave	171	AST	10
5/31/2015	views271 flooring/paint	2,271	AST	10
8/27/2015	Views Microfridge Unit	307	AST	10
8/27/2015	Views Microfridge Unit	614	AST	10
8/31/2015	view259 flooring/paint	2,271	AST	10
9/30/2015	views268 paint	450	AST	10
10/31/2014	apl5191 repaint bathroom	325	I	10
10/31/2014	apl2138 repair of leak	350	I	10
10/31/2014	apl3182 bathroom upgrade	474	I	10
10/31/2014	col 301 Kitchen Cabinet upgrade	497	I	10
10/31/2014	door 8 gutter repair	700	I	10
10/31/2014	apl4191 outdoor ceiling fan	800	I	10
10/31/2014	rebuild and replace roof over door 9	950	I	10
10/31/2014	apl3182-kitchen appliances	2,475	I	10
10/31/2014	apl4157 roof	2,500	I	10
10/31/2014	apl3144 new flooring	2,848	I	10
10/31/2014		3,300	I	10
10/31/2014	apl5159/61 structural beam work	6,503	I	10
11/30/2014	door 6 gutter repair	150	I	10
11/30/2014	door 12 gutter repair	190	I	10
11/30/2014	apl4191 shower upgrade	207	I	10
11/30/2014	door 8 gutter repair	221	I	10
11/30/2014	door 10 gutter repair	221	I	10
11/30/2014	apl5159 bathroom upgrade	456	I	10
11/30/2014	apl3193 bathroom upgrade	456	I	10
11/30/2014	apl4182 bathroom upgrade	520	I	10
11/30/2014	apl4182-new washer	620	I	10
11/30/2014	apl4182 kitchen appliances	2,567	I	10
11/30/2014	apl5159 kitchen appliances/washer & dryer	3,623	I	10
11/30/2014	apl5159/61 extras	11,756	I	10
11/30/2014	col324/326 boiler systems	20,400	I	10
11/30/2014	apl5159/61 combo reno	29,500	I	10
11/30/2014	apl4182	32,390	I	10
11/30/2014	apl3193	40,626	I	10
11/30/2014	col324	45,807	I	10
12/31/2014	gutter	95	I	10
12/31/2014	gutter	95	I	10
12/31/2014	gutter	95	I	10
12/31/2014	gutter	95	I	10
12/31/2014	apl3122 microwave	220	I	10
12/31/2014	apl 5190 microwave	220	I	10
12/31/2014	col324 bathroom upgrade	265	I	10
12/31/2014	apl5159 towel bars and shelving	299	I	10
12/31/2014	apl5159 closet shelves	1,225	I	10
12/31/2014	west wing renovation	6,571	I	10
1/16/2015	apl3114	37,164	I	10
1/16/2015	col326	44,930	I	10
1/31/2015	two new window sashes	106	I	10
1/31/2015	apl3114 bathroom upgrade	248	I	10
1/31/2015	col326 bathroom upgrade	496	I	10
1/31/2015	apl3189 washer/dryer	1,100	I	10
1/31/2015	apl 5176 fridge	1,170	I	10
1/31/2015	apl3114 kitchen appliances	2,409	I	10
1/31/2015	col326 kitchen appliances	2,409	I	10
2/27/2015	col326 ice maker for fridge	60	I	10
2/27/2015	apl3114 ice maker for fridge	60	I	10
2/27/2015	apl2121 microwave/vent	220	I	10
2/27/2015	apl3114 catv/granite	550	I	10
2/27/2015	col326 washer/dryer	1,100	I	10
2/27/2015	west wing renovation	1,959	I	10
2/28/2015	apl3182 blinds	580	I	10

Totals:					
All	92,082	1			
I/A	3,517	2			
Other	417,095	1			
Skilled	7,803	Direct			
Assisted	23,571	Assisted			
Independent	1,208,074	Direct			
	1,752,142				

I/A/S, All and Other Allocation Breakout						
Useful life	SNF	HFA	O			
10	94,584	34,681	379,912	509,177	Sum of 1	
						SNF HFA Other
Allocation By Living units:						18.58% 6.81% 74.61%

Assisted Allocation Breakout						
Useful life	SNF	HFA	O			
5	-	10,583	12,988	23,571	Assisted	
						SNF HFA Other
Allocation By Assisted Living Units (22/49ths):						0.00% 44.90% 55.10%

I/A Allocation Breakout						
Useful life	SNF	HFA	O			
10	-	294	3,222	3,517	Sum of 2	
						SNF HFA Other
Allocation By Living units:						0.00% 8.37% 91.63%

Total Additions After Allocation						
Useful life	SNF	HFA	O			
10	7,803	-	-	-	Direct	
10	-	-	1,208,074	-	Direct	
10	-	10,583	12,988	-	Assisted	
10	94,584	34,681	379,912	-	I/A/S, All, and Other Allocated	
10	-	294	3,222	-	I/A Allocated	
Total	102,387	45,558	1,604,197	-		

2/28/2015	West Wing Furniture Reupolstering	18,593	I	10
3/13/2015	apt3153	14,895	I	10
3/13/2015	apt3159/61	30,446	I	10
3/31/2015	apt2105 dryer	520	I	10
3/31/2015	apt3114 catv/granite	550	I	10
3/31/2015	west wing first floor reno	709	I	10
3/31/2015	apt4187 washer/dryer	1,100	I	10
3/31/2015	apt4188 fridge	1,170	I	10
3/31/2015	camera in Meadowview	2,511	I	10
3/31/2015	west wing renovation	2,776	I	10
3/31/2015	apt4167 granite/flooring/carpet	6,597	I	10
3/31/2015	apt3112 lighting	10,621	I	10
3/31/2015	Ehrlich Interiors reupolstry and other work	11,795	I	10
4/30/2015	storage for west wing artwork	100	I	10
4/30/2015	apt3153 closet/maid system	332	I	10
4/30/2015	col324 storm doors	416	I	10
4/30/2015	apt3153 bathroom upgrade/disposal	436	I	10
4/30/2015	apt3153 range	570	I	10
4/30/2015	apt3153 washer/dryer	1,511	I	10
4/30/2015	west wing renovation	2,500	I	10
4/30/2015	apt3153	14,895	I	10
4/30/2015	west wing renovation	24,272	I	10
5/26/2015	apt3129	5,561	I	10
5/29/2015	col322 bath faucet	48	I	10
5/29/2015	col116 shelving	51	I	10
5/29/2015	apt3114 storm door	104	I	10
5/31/2015	apt3114 credit on extras	(550)	I	10
5/31/2015	apt3150 fridge	620	I	10
5/31/2015	apt3159 sprinkler move	938	I	10
5/31/2015	apt5182 fridge	1,170	I	10
5/31/2015	Apts 3159/3161 transponder relocation work	2,058	I	10
5/31/2015	west wing renovation	2,314	I	10
5/31/2015	apt5159 extras	5,550	I	10
5/31/2015	apt3135 flooring	10,434	I	10
6/24/2015	West Wing Corridors fl 1&2 carpet etc	250,710	I	10
6/26/2015	apt3159/61	30,446	I	10
6/30/2015	apt3179 ice maker	60	I	10
6/30/2015	apt5154 faucet/seat	67	I	10
6/30/2015	apt3153 fridge icemaker	86	I	10
6/30/2015	apt3129 toilet	168	I	10
6/30/2015	col324 toilet	168	I	10
6/30/2015	villa349 microwave	210	I	10
6/30/2015	apt3159 toilets	336	I	10
6/30/2015	col305 fridge	630	I	10
6/30/2015	apt3159 dishwasher/microwave	707	I	10
6/30/2015	apt3159 kitchen appliances	880	I	10
6/30/2015	apt3179 fridge	960	I	10
6/30/2015	apt3159 closet system	1,220	I	10
6/30/2015	west wing renovation	1,683	I	10
6/30/2015	col324 extras	1,738	I	10
6/30/2015	apt3159 range/fridge	2,400	I	10
6/30/2015	apt3159 extras	5,550	I	10
6/30/2015	apt3129 unit renovation	5,561	I	10
6/30/2015	Glass Doors /wood floor repair and shelving #335	51,000	I	10
6/30/2015	West Wing Corridors fl 1&2 carpet etc	99,366	I	10
7/31/2015	multiple apt toilet/faucet	239	I	10
7/31/2015	apt4179 frige	1,170	I	10
7/31/2015	2nd floor west wing artwork	1,225	I	10
7/31/2015	apt1112 fridge	1,250	I	10
7/31/2015	west wing renovation	3,674	I	10
7/31/2015	col321 boiler	5,100	I	10
7/31/2015	col323 boiler	5,100	I	10
7/31/2015	col323 boiler	5,100	I	10
7/31/2015	apt5154 flooring/lighting	5,300	I	10
7/31/2015	apt5184 reno	14,635	I	10
7/31/2015	apt4179 reno	14,943	I	10
7/31/2015	col321 reno	21,466	I	10
8/31/2015	Installation of artwork level 1&2 upgrades	188	I	10
8/31/2015	west wing renovation	722	I	10
9/30/2015	col323 window	355	I	10
9/30/2015	laundry room 3rd floor washer	420	I	10
9/30/2015	apt5184 bathroom update	496	I	10
9/30/2015	col321 bathroom update	496	I	10
9/30/2015	apt4179 bathroom update	496	I	10
9/30/2015	apt2118 fridge	630	I	10
9/30/2015	COT324 WINDOW	710	I	10
9/30/2015	COT321 WINDOW	710	I	10
9/30/2015	apt4179 range	756	I	10
9/30/2015	col322 replacement air conditioner unit	977	I	10
9/30/2015	apt2133 washer/dryer	1,100	I	10
9/30/2015	apt4179 fridge	1,170	I	10
9/30/2015	apt2114 fridge	1,250	I	10
9/30/2015	apt2139 fridge	1,330	I	10
9/30/2015	apt5184 new appliances	2,947	I	10
9/30/2015	asphalt repair campus / storm drain cot 300's	4,800	I	10
9/30/2015	col321 boiler	5,100	I	10
9/30/2015	col323 boiler	5,100	I	10
9/30/2015	col112 boiler	5,100	I	10
9/30/2015	new parking garage door	9,710	I	10
9/30/2015	apt4179 reno	14,943	I	10
9/30/2015	apt5184 extras	15,485	I	10
9/30/2015	West Wing Corridors fl 1&2 carpet etc	44,783	I	10
9/30/2015	BBE north parking sports field	61,398	I	10
12/31/2014	COT116 carpeting	2,475	I	10
2/27/2015	unit 3184	500	I	10
11/30/2014	stock carpet	3,517	I/a/I	10
4/30/2015	installation parts and labor for Board Room Keurig	390	O	10
5/29/2015	insinkerator for employee lounge	122	O	10
6/24/2015	swing space offices	44,782	O	10
6/24/2015	swing space offices	349,215	O	10
6/30/2015	swing space offices	10,619	O	10

8/1/2015 cataloging/storing Lobby artwork	1,275	O	10
8/1/2015 Removing/sorting/clearing artwork from lobby	8,495	O	10
8/31/2015 swing space offices	1,391	O	10
10/31/2014 shed goller	210	O	10
10/31/2014 employee entrance repair work	845	O	10
10/31/2014 two new window sashes	106	other	10
3/31/2015 snf carpeting	3,517	S	10
4/30/2015 davis355 flooring/paint	2,446	S	10
5/31/2015 davis 369 painting	784	S	10
8/31/2015 snf work room shelves	132	S	10
8/31/2015 snf work room wall paint	400	S	10
8/31/2015 davis workroom sink	525	S	10
Immaterial plug to agree to FS	<u>(355)</u>		
TOTAL ADDITIONS	1,762,142		

FURNITURE/EQUIPMENT COMPUTER ADDITIONS

DATE	AMOUNT	DESCRIPTION	LEVEL	LIFE
10/31/2014	3,327.98	Cisco switch	o	5
11/24/2014	624.95	Dell Optiplex	o	5
11/30/2014	1,644.50	2 Laptops (Blake)	o	5
1/26/2015	753.01	Laptop	o	5
2/26/2015	914.37	Lenovo (Pegeen)	o	5
2/28/2015	1,152.68	Laptops for Rehab	all	5
4/29/2015	587.60	Lenovo Thinkpad (McCaulia)	o	5
4/30/2015	648.37	Laptop for new controller	o	5
5/29/2015	1,849.21	Loaner Laptops	o	5
8/31/2015	8,414.42	Med record equipment	a	5
8/31/2015	2,002.83	Med record equipment	a	5
8/31/2015	7,296.03	Server	o	5
9/30/2015	1,901.22	Computer Racks, Switch, Monitor	Meadows	5
9/30/2015	1,889.26	Computer Racks, Switch, Monitor	Meadows	5
TOTAL ADDITIONS	32,986.43			

Totals:			
All	1,153	1	
Other (o)	17,626	1	
Assisted (a)	10,417	Assisted	
Meadows	3,790	2	
	<u>32,986</u>		

I/A/ All. and Other Allocation Breakout								
Useful life	SNF	HFA	O					
5	3,488	1,279	14,011	18,779	Sum of 1			
Allocation By Living units:						SNF	HFA	Other
						18.58%	6.81%	74.61%

Assisted Allocation Breakout								
Useful life	SNF	HFA	O					
5	-	4,677	5,740	10,417	Assisted			
Allocation By Assisted Living Units (22/49ths):						SNF	HFA	Other
						0.00%	44.90%	55.10%

Meadows Allocation Breakout								
Useful life	SNF	HFA	O					
5	-	915	2,876	3,790	Sum of 2			
Allocation By Meadows Beds:						SNF	HFA	Other
						0.00%	24.14%	75.86%

Total							
Useful life	SNF	HFA	O				
5	-	4,677	5,740	Assisted			
5	3,488	1,279	14,011	I/A/S, All, and Other Allocated			
5	-	915	2,876	Meadows Allocated			
Total	3,488	6,871	22,627				

12,611

DATE	FURNITURE/EQUIPMENT AMOUNT	OTHER ADDITIONS DESCRIPTION	LEVEL	LIFE
10/31/2014	5,960.10	Scale	s	10
12/26/2014	8,639.40	Hospitality rollaway bed (Environmental)	c	15
12/31/2014	2,160.00	Security Cameras	all	5
12/31/2014	53,053.38	ERP	all	5
1/26/2015	1,080.00	Sleep Lab Mattress (Environmental)	i/a/s	15
1/31/2015	3,794.00	Ice Maker	i/a	10
1/31/2015	3,351.59	Adjustable Table	s	15
2/26/2015	1,847.10	Bed/Pillows for employees overnight	o	15
2/27/2015	682.88	Matrixcare implementation	i/a/s	5
2/28/2015	3,327.04	Mobility Equipment	s	5
2/28/2015	1,547.71	Labor-SW Setup	i/a/s	5
2/28/2015	55,741.76	Software	i/a/s	5
2/28/2015	1,591.31	Software	i/a/s	5
3/31/2015	843.75	MatrixCare SW	all	5
4/30/2015	4,049.00	Treadmill	i	10
4/30/2015	6,571.00	Ivacuum	i/a/s	8
4/30/2015	5,286.22	Matrixcare salaries	all	5
4/30/2015	703,214.78	Capital lease (not placed in service)	N/A	
4/30/2015	10,250.00	Wiring, swing offices	o	10
5/31/2015	87,818.00	Generator	all	20
5/31/2015	4,622.00	Generator	all	20
5/31/2015	3,573.96	Salary	i/a/s	5
6/30/2015	4,550.00	Bladder Scanner	s	5
7/31/2015	440.00	Emergency Generator	all	20
7/31/2015	9,270.72	Food Carts	i/a	10
7/31/2015	2,134.19	Software	all	5
8/14/2015	26,945.00	Generator	all	20
8/31/2015	8,250.00	Allscripts	a	5
8/31/2015	4,522.64	Beds	s	15
8/31/2015	31,140.01	Mobile food kiosk	i/a	15
8/31/2015	2,517.74	Salary	i/a/s	5
9/30/2015	3,629.70	Tables	s	15
9/30/2015	12,979.00	Ironer- Laundry	i/a/s	15
9/30/2015	5,200.00	Mattress	s	15
9/30/2015	2,700.00	Mattress	s	15
9/30/2015	13,145.00	Biindex for Rehab	i/a/s	10
TOTAL ADDITIONS	1,096,429			
	(703,215)	Capital lease (not placed in service and reclassified to CIP)		
	393,214	Above		

Totals:		
I/A/S	99,430	1
All	183,303	1
I/A	44,205	2
Other	20,737	1
Skilled	33,241	Direct
Assisted	8,250	Assisted
Independent	4,049	Direct
	393,214	

I/A/S, All and Other Allocation Breakout (includes all 1's)							
Useful life	SNF	HFA	O				
5	23,988	8,795	96,350	129,133			
8	1,221	448	4,903	6,571			
10	4,346	1,593	17,456	23,395			
15	4,560	1,672	18,314	24,546			
20	22,259	8,161	89,405	119,825			
Allocation By Living units:					SNF	HFA	Other
					18.58%	6.81%	74.61%

I/A Allocation Breakout (includes all 2's)							
Useful life	SNF	HFA	O				
10	-	1,093	11,972	13,065			
15	-	2,605	28,535	31,140			
Allocation By Living units:					SNF	HFA	Other
					0.00%	8.37%	91.63%

Assisted Allocation Breakout							
Useful life	SNF	HFA	O				
5	-	3,704	4,546	8,250			
Allocation By Assisted Living Units (22/49ths):					SNF	HFA	Other
					0.00%	44.90%	55.10%

Direct by Level Allocation Breakout				
Useful life	SNF	HFA	O	
5	7,877	-	-	
10	5,960	-	4,049	
15	19,404	-	-	
	33,241	-	4,049	

Total Additions After Allocation						
Useful life	SNF	HFA	O			
5	7,877	-	-	4,546	Direct	
		3,704			Assisted	
5	23,988	8,795	96,350		I/A/S, All, and Other Allocated	
Total 5 yr life	31,865	12,500	100,896			
8	1,221	448	4,903		I/A/S, All, and Other Allocated	
Total 8 yr life	1,221	448	4,903			
10	5,960	-	4,049		Direct	
10	4,346	1,593	17,456		I/A/S, All, and Other Allocated	
10	-	1,093	11,972		I/A Allocated	
Total 10 yr life	10,306	2,686	33,477			
15	19,404	-	-		Direct	
15	4,560	1,672	18,314		I/A/S, All, and Other Allocated	
15	-	2,605	28,535		I/A Allocated	
Total 15 yr life	23,963	4,277	46,849			
20	22,259	8,161	89,405		I/A/S, All, and Other Allocated	
Total 20 yr life	22,259	8,161	89,405			
Total Additions	89,613	28,072	275,530			

Attachment Page 23d

Buildings and Building Improvements

NOTE: The purpose of this allocation workpaper is to properly portray the depreciation amongst assets acquired in the CY versus prior years.

Total Depreciation Allowable		648,981
Seabury - Depreciation on Assets Acquired in CY:	87,606	
Allocation using Method 14	<u>30%</u>	
Total Allowable Related to Assets Acquired in CY	26,218	
Meadows - Depreciation on Assets Acquired in CY:	1,151	
Includable Cost Allocation Basis	<u>24%</u>	
Total Allowable Related to Assets Acquired in CY	278	
Total Depreciation Related to Assets Acquired in CY		<u>26,496</u>
Depreciation Related to Assets Acquired in Prior Years		<u>622,485</u>

Moveable Equipment

Total Depreciation Allowable		93,679
Seabury - Depreciation on Assets Acquired in CY:	26,057	
Allocation using Method 14	<u>30%</u>	
Total Allowable Related to Assets Acquired in CY	7,798	
Meadows - Depreciation on Assets Acquired in CY:	1,124	
Includable Cost Allocation Basis	<u>24%</u>	
Total Allowable Related to Assets Acquired in CY	271	
Total Depreciation Related to Assets Acquired in CY		<u>8,069</u>
Depreciation Related to Assets Acquired in Prior Years		<u>85,610</u>

Seabury Cost Report

Attachment Page 23e

Depreciation Schedule & Depreciation Disallowance

This spreadsheet serves as a rollforward of fixed asset depreciation for Seabury. Each year, this is updated per current year additions and amounts that become fully depreciated. A half year's depreciation is taken in first year of asset acquisition. After which, the formulas are updated to reflect one full year's worth of depreciation. The depreciation allowed split uses the allocations assigned based on what the asset is used for and is pulled from attachments 23b and 23d for current year additions. The depreciation taken split is calculated by allocating total current year additions by the "old beds" allocation (#13) per the Allocation template. The excess of depreciation taken over the depreciation allowed is then disallowed so that total depreciation does not exceed total allowable.

	Asset Value			Depreciation Allowed			Depreciation Taken			274
	SNF	HFA	Other	SNF	HFA	Other	60 22%	22 8%	192 70%	
2002										
Building										
10 Year	-	-	-	-	-	-	-	-	-	Remove in 2013
20 Year										
Equipment										
7 Year	-	-	-	-	-	-	-	-	-	Remove in 2013
10 Year	-	-	-	-	-	-	-	-	-	Remove in 2018
15 Year	557	-	-	557	37	-	-	8	3	78
2005										
Building										
10 Year	20,235	7,646	123,691	151,572	2,023	765	12,369	3,319.09	1,217	10,621
20 Year										Remove in 2016
Equipment										
3 Year	-	-	-	-	-	-	-	-	-	Remove in 2011
5 Year	-	-	-	-	-	-	-	-	-	Remove in 2013
7 Year	-	-	-	-	-	-	-	-	-	Remove in 2016
10 Year	31,496	-	-	31,496	3,150	-	-	690	253	2,207
15 Year										
2006										
Building										
10 Year	48,000	10,901	1,214,070	1,272,971	4,800	1,090	121,407	27,875	10,221	89,201
20 Year										Remove in 2017
Equipment										
3 Year	-	-	-	-	-	-	-	-	-	Remove in 2012
5 Year	-	-	-	-	-	-	-	-	-	
7 Year	-	-	-	-	-	-	-	-	-	
10 Year	-	-	-	-	-	-	-	-	-	
15 Year	-	-	-	-	-	-	-	-	-	
2007										
Building										
10 Year	54,443	5,409	541,020	600,872	5,444	541	54,102	13,158	4,825	42,105
20 Year										Remove in 2018
Equipment										
3 Year	-	-	-	-	-	-	-	-	-	Remove in 2013
5 Year	-	-	-	-	-	-	-	-	-	
7 Year	-	-	-	-	-	-	-	-	-	
10 Year	-	-	35,652	35,652	-	-	3,565	781	286	2,498
15 Year	2,164	-	7,300	9,464	144	-	487	138	51	442
2008										
Building										
10 Year	100,498	28,679	547,951	677,128	10,050	2,868	54,795	14,828	5,437	47,448
20 Year										Remove in 2019
Equipment										
5 Year	-	-	-	-	-	-	-	-	-	Remove in 2014
10 Year	-	2,312	113,169	115,481	-	231	11,317	2,529	927	8,092
15 Year	21,462	496	5,029	26,987	1,431	33	335	394	144	1,261
20 Year	1,053	-	9,874	10,927	53	-	494	120	44	383
Total	279,907	55,444	2,597,756	2,933,106	27,132	5,528	258,871	63,839	23,408	204,336
Building					22,318	5,264	242,673	59,160	21,699	189,375
Movable					4,814	264	16,198	4,659	1,708	14,961
2009										
Building										
10 Year	202,795	71,027	2,503,985	2,777,807	20,280	7,103	250,399	60,828	22,304	194,849
20 Year										Remove in 2020
Equipment										
3 Year	-	-	-	-	-	-	-	-	-	Remove in 2013
5 Year	-	-	-	-	-	-	-	-	-	Remove in 2015
10 Year	9,605	141	8,424	18,170	961	14	842	398	146	1,273
12 Year	2,334	-	-	2,334	195	-	-	43	16	136
15 Year	149,699	174	1,898	151,771	9,980	12	127	2,216	812	7,090
20 Year	-	-	-	-	-	-	-	-	-	Remove in 2025
Total Assets	644,340	126,786	5,112,063	5,883,188	58,546	12,656	510,238	127,323	46,685	407,485

	Asset Value			Depreciation Allowed			Depreciation Taken			192 70%	274
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other		
2010 Building											
10 Year 20 Year	32,116	14,009	535,358	581,483	3,212	1,401	53,536	12,733	4,669	40,746	Remove In 2021
Equipment											
5 Year	20,148	5,030	193,468	218,646	4,030	1,006	38,694	9,576	3,511	30,642	Remove In 2016
Total Assets	696,604	145,825	5,840,889	6,683,317	65,788	15,063	602,468	149,632	54,865	478,874	
Building Movable					45,809	13,767	546,607	132,741	48,672	424,771	
					19,979	1,296	55,660	16,891	6,193	54,103	

New for 2010 - Vehicle disallowance											
	6	Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)			192 70%	274		
		SNF	HFA	Other	SNF	HFA	Other				
Total Vehicles in fleet as of 9/30/10	6										
Vehicle with highest depreciation (Sienna)-2010	5,115		Per allocation template	1,120	411	3,584	2,398	879	7,672		
Total 2010 Vehicle Depreciation	10,949		Disallowance	1,278	468						
Total Unallowed Amount	-5,834										

	Asset Value			Depreciation Allowed			Depreciation Taken			192 70%	274
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other		
2011 Building											
10 Year 20 Year	90,905	36,330	797,658	924,893	9,091	3,633	79,766	20,253	7,426	64,810	Remove In 2022
Equipment											
5 Year	100,855	5,099	75,283	181,237	20,171	1,020	15,057	7,937	2,910	25,400	Remove In 2017
8 Year	-	-	13,650	13,650	-	-	1,706	374	137	1,196	Remove In 2020
10 Year	4,577	1,678	22,705	28,960	458	168	2,270	634	233	2,029	Remove In 2022
15 Year	2,728	1,000	11,003	14,731	182	67	734	215	79	688	Remove In 2027
20 Year	1,619	594	6,530	8,743	81	30	327	96	35	306	Remove In 2032
Total Assets	897,288	190,526	6,767,717	7,855,531	95,770	19,980	702,327	179,141	65,685	573,303	
Building Movable					54,899	17,400	626,373	152,994	56,098	489,581	
					40,870	2,580	75,954	26,147	9,587	83,722	
Disallowance Building Movable					98,095	38,698					
					(14,724)	7,007	No disallowance needed for SNF Moveable In 2011				

2011 -Vehicle disallowance											
	7	Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)			192 70%	274		
		SNF	HFA	Other	SNF	HFA	Other				
Total Vehicles in fleet as of 9/30/11	7										
Vehicle with highest depreciation (Ford Bus)-2011	6,876		Per allocation template	1,091	400	3,492	2,597	952	8,311		
Total 2011 Vehicle Depreciation	11,860		Disallowance	1,506	552						
Total Unallowed Amount	-4,984										

	Asset Value			Depreciation Allowed			Depreciation Taken			192 70%	274
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other		
2012 Building											
10 Year 20 Year	192,771	14,371	510,132	717,274	19,277	1,437	51,013	15,707	5,759	50,262	Remove In 2023
Equipment											
5 Year	47,714	13,554	95,478	156,746	9,543	2,711	19,096	6,865	2,517	21,987	Remove In 2018
8 Year	1,203	441	4,833	6,477	150	55	604	177	65	587	Remove In 2021
10 Year	13,146	26,686	90,313	130,145	1,315	2,669	9,031	2,850	1,045	9,120	Remove In 2023
15 Year	1,086	398	9,182	10,666	72	27	612	156	57	498	Remove In 2028
20 Year	-	-	-	-	-	-	-	-	-	-	Remove In 2033
Total Assets	1,153,208	245,976	7,477,655	8,876,839	126,127	26,878	782,683	204,895	75,128	655,717	
Building Movable					74,176	18,837	677,386	168,701	61,857	539,842	
					51,951	8,041	105,297	36,195	13,271	115,875	
Disallowance Building Movable					94,524	43,020					
					(15,756)	5,230					

2012 -Vehicle disallowance											
	7	Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)			192 70%	274		
		SNF	HFA	Other	SNF	HFA	Other				
Total Vehicles in fleet as of 9/30/12	7										
Vehicle with highest depreciation (Ford Bus)-2012	13,751		Per allocation template	3,011	1,104	9,636	5,119	1,877	16,382		

Total 2012 Vehicle Depreciation		Disallowance			2,108			773				
Total Unallowed Amount		-9,627										
		Asset Value			Depreciation Allowed			Depreciation Taken			274	
								60	22	192		
								22%	8%	70%		
		SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other		
2013 Building												
10 Year		21,226	71,084	1,532,656	1,624,966	2,123	7,108	153,266	35,583	13,047	113,866	Remove in 2024
20 Year												
Equipment												
5 Year		20,262	7,430	115,636	143,328	4,052.40	1,486	23,127.20	6,277	2,302	20,087	Remove in 2019
8 Year		1,912	701	7,681	10,294	239	87.63	960.13	262	103	902	Remove in 2022
10 Year		15,560	975	12,061	28,596	1,556	97.50	1,206.10	626	230	2,004	Remove in 2024
15 Year		14,558	2,039	27,832	44,429	970.53	135.93	1,855.47	649	238	2,076	Remove in 2029
20 Year		-	-	-	-	-	-	-	-	-	-	Remove in 2034
Total Assets		1,226,726	328,205	9,173,521	10,728,452	135,067	35,794	963,098	248,312	91,048	794,651	
Building Movable						76,299	25,946	830,652	204,284	74,904	653,709	
Disallowance Building Movable						58,769	9,848	132,446	44,028	16,144	140,942	
						127,985	48,958					
						(14,740)	6,296					

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

		Asset Value			Depreciation Allowed			Depreciation Taken			274	
								60	22	192		
								22%	8%	70%		
		SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other		
2014 Building												
10 Year		258,184	106,325	1,575,981	1,940,490	25,818	10,633	157,598	42,492	15,581	135,976	Remove in 2025
20 Year												
Equipment												
5 Year		51,994	4,392	65,304	121,690	10,399	878	13,061	5,329	1,954	17,054	Remove in 2020
8 Year		3,348	1,228	13,449	18,025	419	154	1,681	493	181	1,579	Remove in 2023
10 Year		42,419	6,278	77,025	125,722	4,242	628	7,703	2,753	1,009	8,810	Remove in 2025
15 Year		28,722	430	4,713	33,865	1,915	29	314	494	181	1,552	Remove in 2030
20 Year		16,388	6,009	65,827	88,224	819	300	3,291	966	354	3,091	Remove in 2035
Total Assets		1,627,781	452,867	10,975,820	13,056,468	178,679	48,415	1,146,746	300,841	110,308	962,743	
Building Movable						102,117	36,578	988,250	246,776	90,485	789,685	
Disallowance Building Movable						76,562	11,837	158,496	54,064	19,824	173,058	
						144,659	53,907					
						(22,497)	7,987					

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

		Asset Value			Depreciation Allowed			Depreciation Taken				
								60	22	192		
								22%	8%	70%		
		SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other		
2015 Building												
10 Year		102,387	45,558	1,604,197	1,752,142	5,119	2,278	80,210	19,184	7,034	61,389	Remove in 2026
20 Year												
Equipment												
5 Year		35,353	19,371	123,521	178,245	3,535	1,937	12,352	3,903	1,431	12,480	Remove in 2021
8 Year		1,221	448	4,903	6,572	78	28	306	90	33	288	Remove in 2024
10 Year		10,306	2,686	33,477	46,469	515	134	1,674	509	187	1,628	Remove in 2028
15 Year		23,963	4,277	46,849	75,089	799	143	1,562	548	201	1,754	Remove in 2031
20 Year		22,259	8,161	89,405	119,825	556	204	2,235	656	241	2,099	Remove in 2036
Total Assets		1,823,270	533,368	12,878,172	15,234,810	189,281	53,139	1,245,085	325,731	119,435	1,042,391	
Building Movable						107,237	38,856	1,068,460	265,960	97,519	851,073	
Disallowance Building Movable						82,044	14,283	176,625	59,770	21,916	191,318	
						158,724	58,663					

Movable

(22,274) 7,633

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

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

Amortization Schedule*

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C		Report for Year Ended 9/30/2015			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA)		2103C	9/30/2015		26	37
Item			Total	CCNH	RHNS	Residential Care Home
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$ 166,834	116,701		50,133
Name of Lender		Rate				
UMB Bond/ CHEFA		4% - 5% / 3.34				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage						
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage						
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$ 166,834	116,701		50,133

(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	9/30/2015			27	37
Item			Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:			166,834	116,701		50,133	
12. C. Movable Equipment							
1. Automotive Equipment			\$				
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)			\$				
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$				
12. D. Other Interest Expense (Specify)			\$				
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$ 166,834	116,701		50,133	
14. Insurance							
a. Insurance on Property (buildings only)			\$ 34,807	16,966		17,841	
b. Insurance on Automobiles			\$ 4,395	3,216		1,179	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$ 5,609	4,104		1,505	
2. Fire and Extended Coverage			\$ 13,116	9,597		3,519	
3. Other (Specify) D&O and Crime			\$ 2,897	2,120		777	
14d. Total Insurance Expenditures (14a + b + c)			\$ 60,824	36,003		24,821	
15. Total All Expenditures (A-13 thru C-14)			\$ 9,098,816	6,657,988		2,440,828	

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	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home	
Page 10 - Salaries and Wages								
1.			Outpatient Service Costs	\$				
2.			Salaries not related to Resident Care	\$				
3.			Occupational Therapy	\$				
4.			Other - See attached Schedule	\$ 94,412				94,412
Page 13 - Professional Fees								
5.			Resident Care Physicians **	\$				
6.			Occupational Therapy	\$				
7.			Other - See attached Schedule	\$ 11,049	7,044			4,005
Pages 15 & 16 - Administrative and General								
8.	15	1B	Discriminatory Benefits	\$ 5,888	4,751			1,137
9.	15	1C	Bad Debts	\$ 49,965	24,696			25,269
10.			Accounting & Legal	\$				
11.			Telephone	\$				
12.	15	H2	Cellular Telephone	\$ 9,243	7,478			1,765
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$				
14.			Gifts, flowers and coffee shops	\$				
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$				
17.	27	14b	Automobile Expense (e.g. personal use)	\$ 3,296	2,412			884
18.			Unallowable Advertising *	\$				
19.			Income Tax / Corporate Business Tax	\$				
20.	16	M10	Fund Raising / Contributions	\$ 558	450			108
21.			Unallowable Management Fees	\$				
22.	16	M6	Barber and Beauty	\$ 6,459				6,459
23.			Other - See attached Schedule	\$ 58,858	18,036			40,822
Page 18 - Dietary Expenditures								
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 2,284				2,284
Page 19 - Laundry Expenditures								
25.			Laundry services to employees, guests and others who are not residents	\$				
Page 20 - Housekeeping Expenditures								
26.			Housekeeping services to employees, guests and others who are not residents	\$				
Subtotal (Items 1 - 26)				\$ 242,012	64,867			177,145

* 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			\$ 82,890
10	12c	LPN Direct Care - Disallow to reduce LPN down to Aide Cost			\$ 11,522
Total Other Salaries Adjustment			\$ -	\$ -	\$ 94,412

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8c	Psychiatrist	\$ 4,260		\$ 1,240
13	8a	Medical Director	\$ 2,784		\$ 2,765
Total Other Fees Adjustments			\$ 7,044	\$ -	\$ 4,005

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits - Disallow	\$ -		\$ 30,986
16	14	Transportation Expense	\$ -		\$ 366
16	M13	Licenses and fees - Disallow	\$ 2,731		\$ 1,248
16	M13	Bank fees - Disallow	\$ 2,944		\$ 735
16	M13	Security Pager Service Rental - Disallow	\$ 192		\$ 46
16	M13	Miscellaneous	\$ 16		\$ 4
16	M13	Pet supplies - Disallow	\$ -		\$ 61
22	6F	Cable			\$ 319
30	4	ANC - Other Revenue - Disallow	\$ 10,799		\$ 2,535
30	4	ANC - Laundry	\$ 1,330		\$ 194
30	4	ANC - Telephone	\$ 24		\$ 3
30	4	Finance Charges on Unpaid Balances - Disallow	\$ -		\$ 101
30	4	Trip Activity Fees - Disallow	\$ -		\$ 127
30	4	C.N.A. Escort revenue - Disallow	\$ -		\$ 160
30	4	Friendly Visitor Program - Disallow	\$ -		\$ 2,605
30	4	Unrealized gain (loss) - Disallow	\$ -		\$ (312)
30	4	Miscellaneous Other Revenue - Disallow	\$ -		\$ 1,644
Total Other A&G Adjustments			\$ 18,036	\$ -	\$ 40,822

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	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 242,012	64,867		177,145
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 2,030	1,802		228
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 26,295	23,340		2,955
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ (13,993)	(22,274)		8,281
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	\$ 63,273	31,836		31,437
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 35,365	26,190		9,175
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 242,752	158,724		84,028
51.	Total Amount of Decrease (Items 1 - 50)			\$ 597,734	284,484		313,250

*** 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.

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Sez 2103C)		9/30/2015			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 3,598,152	2,511,759		1,086,393		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,922,948)	(1,292,415)		(630,533)		
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 847,900	847,900				
b. Medicare Room and Board Contractual Allowance **	\$ 109,621	109,621				
4. a. Private-Pay Residents and Other	\$ 4,593,335	3,325,153		1,268,182		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 7,226,060	5,502,018		1,724,042		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 2,284			2,284		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$ 4,427	2,153		2,274		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 7,589			7,589		
8. Other (Specify)	\$ 19,210	12,153		7,057		
V. Total Other Revenue (1 thru 8)	\$ 33,510	14,306		19,204		
VI. Total All Revenue (III +V)	\$ 7,259,570	5,516,324		1,743,246		

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

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

Interest Income
Seabury Retirement
FYE 09/2015

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA S	2103C	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	4,419,309
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,485,332
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	771,110
4 Inventories			\$	28,255
5. Prepaid Expenses			\$	635,873
a. Prepaid Expenses	23,255			
b. Prepaid Taxes	236,057			
c. Prepaid FF&E	376,561			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	3,192,011
Escrow Account	1,375,318			
Accounts Receivable - Related Party	516,551			
Cash and cash equivalents held by trustee	1,300,142			
A-9. Total Current Assets (Lines A1 thru 8)			\$	10,531,890
B. Fixed Assets				
1. Land			\$	4,429,495
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	66,427,666	\$	29,005,900
	Accum. Depreciation	37,421,766 Net		
4. Leasehold Improvements	*Historical Cost	468,646	\$	199,177
	Accum. Depreciation	269,469 Net		
5. Non-Movable Equipment	*Historical Cost	19,625	\$	
	Accum. Depreciation	19,625 Net		
6. Movable Equipment	*Historical Cost	5,184,018	\$	1,419,606
	Accum. Depreciation	3,764,412 Net		
7. Motor Vehicles	*Historical Cost	212,171	\$	67,218
	Accum. Depreciation	144,953 Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	9,189,651
Construction in Process	9,189,651			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	44,311,047

* 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	9/30/2015	32	37	
Account				Amount		
Total Brought Forward:				\$	54,842,937	
C. Leasehold or like property recorded for Equity Purposes.						
1. Land						
2. Land Improvements						
				*Historical Cost		
				Accum. Depreciation	Net	
				\$		
3. Buildings						
				*Historical Cost		
				Accum. Depreciation	Net	
				\$		
4. Non-Movable Equipment						
				*Historical Cost		
				Accum. Depreciation	Net	
				\$		
5. Movable Equipment						
				*Historical Cost		
				Accum. Depreciation	Net	
				\$		
6. Motor Vehicles						
				*Historical Cost		
				Accum. Depreciation	Net	
				\$		
7. Minor Equipment-Not Depreciable						
				\$		
C-8 Total Leasehold or Like Properties (C1 thru 7)						
				\$		
D. Investment and Other Assets						
1. Deferred Deposits						
				\$		
2. Escrow Deposits						
				\$		
3. Organization Expense						
				*Historical Cost		
				Accum. Depreciation	Net	
				\$		
4. Goodwill (Purchased Only)						
				\$		
5. Investments Related to Resident Care (<i>itemize</i>)						
				\$		
6. Loans to Owners or Related Parties (<i>itemize</i>)						
				\$		
Name and Address		Amount	Loan Date			
7. Other Assets (<i>itemize</i>)						
See Attached				31,837,631	\$	31,905,792
Deferred Compensation Investments				68,161		
D-8. Total Investments and Other Assets (Lines D1 thru 7)						
				\$	31,905,792	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)						
				\$	86,748,729	

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

Other Assets Attachment

SEABURY

Investments	13,673,647
Investments held by trustee	13,575,638
Assets Whose Use is Limited	1,112,145
Investment in Limited Partnership	104,956
Loan Receivable - Seabury at Home	1,565,663
Loan Receivable - Other	15,107
Beneficial Interest in Perpetual Trust	<u>1,790,475</u>
Total Other Assets	31,837,631

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2015	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,849,990
2. Notes Payable (<i>itemize</i>)				\$	88,571
Connecticut Light & Power					88,571
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	48,863
Name of Lender		Purpose	Amount	Date Due	
Summit Group		TV & Internet Equip.	48,863	11/01/22	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	924,318
6. Accrued Payroll Taxes Payable				\$	367,188
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	865,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	138,477
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	3,333,465
Accrued Auditing Fees					77,500
Entrance Fee Deposits					1,377,818
Residential Care Service					111,024
Other Accrued Payables					1,767,123
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	7,615,872

* 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 Seabury)		License No. 2103C	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				7,615,872	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	284,175
Name of Lender	Purpose	Amount	Date Due		
Summit Group	TV & Internet Equip.	284,175	11/1/22		
2. Mortgages Payable				\$	33,114,550
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>)					
Deferred Revenue from Entrance Fees		40,851,554			
Deferred Compensation Plan		68,161			
Notes Payable - Connecticut Light & Power		115,652			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	74,434,092
C. Total All Liabilities (Lines A-13 + B-5)				\$	82,049,964

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

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA)	2103C	9/30/2015	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	6,380,435
6. Gain or Loss for Period			\$	(1,681,670)
				10/1/2014 thru 9/30/2015
7. Total Net Worth			\$	4,698,765
C. Total Reserves and Net Worth			\$	4,698,765
D. Total Liabilities, Reserves, and Net Worth			\$	86,748,729

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	9/30/2015	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014			\$	14,168,635
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	24,883,693
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	26,565,363
D.	Net Income or Deficit			\$	(1,681,670)
E.	Balance			\$	12,486,965
F.	Additions				
	1. Additional Capital Contributed (<i>itemize</i>)				
	2. Other (<i>itemize</i>)				
F-3.	Total Additions			\$	
G.	Deductions				
	1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
	2. Other Withdrawings (<i>Specify</i>)			\$	
	Purpose	Amount			
	3. Total Deductions			\$	
H.	Balance at End of Period		09/30/15	\$	12,486,965

I. Preparer's/Reviewer's Certification

Name of Facility Church Home of Hartford, Inc. (DBA)	License No. 2103C	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>	Title	Date Signed 2/9/16		
Printed Name of Preparer				
Address Address			Phone Number	