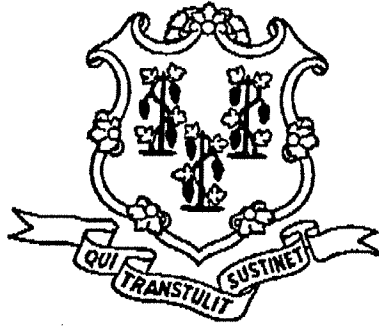


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Glastonbury Health Care Center, Inc.	
Address (No. & Street, City, State, Zip Code) 1175 Hebron Ave Glastonbury, CT 06033	
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 type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2028C	RHNS	(Specify)	Medicare Provider No. 07-5316
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Medicaid Provider Numbers:	CCNH 2028C	RHNS	ICF-MR
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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)	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	1	37

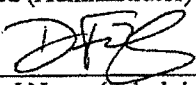
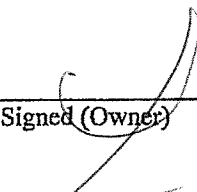
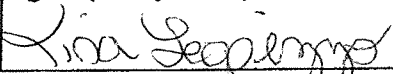
**Administrator's/Owner's Certification**

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 Glastonbury Health Care Center, Inc. [facility name] for the cost report period beginning October 01, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under penalties 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 2/9/18	Signed (Owner) 	Date 2/9/18
Printed Name (Administrator) David Fife		Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) 
Address of Notary Public		Comm. Expires 6/30/21	
505 Pensfield Hill Rd Portland, CT 06480			

(Notary Seal)



**MYERS AND  
STAUFFER** LLC  
CERTIFIED PUBLIC ACCOUNTANTS

December 11, 2013

Mr. Michael E. Mosier  
Chief Financial Officer  
Athena Health Care Systems  
135 South Road  
Farmington, CT 06032

Subject: Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA

CC: Chris Lavigne

DEDICATED TO GOVERNMENT HEALTH PROGRAMS

7 Waterside Crossing, Ste 202 | Windsor, CT 06095  
PH 860.687.0790 | PH 855.716.9377 | FX 860.687.0810  
www.mslc.com



State of Connecticut  
**Department of Social Services**  
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility <b>Glastonbury Health Care Center, Inc.</b>	Period Covered:	From <b>10/1/2016</b>	To <b>9/30/2017</b>	
Address of Facility <b>1175 Hebron Ave Glastonbury, CT 06033</b>				
Report Prepared By <b>Athena Health Care Associates, Inc</b>	Phone Number <b>(860) 751-3900</b>	Date <b>2/8/2018</b>		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid..... \$				
2. Laundry wages paid..... \$				
3. Housekeeping wages paid..... \$				
4. Nursing wages paid..... \$				
5. All other wages paid..... \$				
6. <b>Total Wages Paid</b> ..... \$				
7. Total salaries paid..... \$				
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility <b>860-659-1905</b>	Report for Year Ended <b>09/30/17</b>	Page <b>2</b>	of <b>37</b>
--	--	------------------	-----------------

Name of Facility (as shown on license) <b>Glastonbury Health Care Center, Inc.</b>	Address (No. & Street, City, State, Zip) <b>1175 Hebron Ave Glastonbury, CT 06033</b>
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License Numbers:	CCNH <b>2028C</b>	RHNS	(Specify)	Medicare Provider No. <b>07-5316</b>
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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 type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)			
<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP	<input checked="" type="checkbox"/> PROFIT CORP.
		<input type="checkbox"/> NON-PROFIT CORP.	<input type="checkbox"/> GOVERNMENT
<input type="checkbox"/> 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="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If "Yes," explain fully.
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<b>Administrator</b>		
Name of Administrator <b>David Fife</b>	Nursing Home Administrator's License No.:	<b>002007</b>

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:
<b>Not Applicable</b>	



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility	License No.	Report for Year Ended	Page	of
<b>Glastonbury Health Care Center, Inc.</b>	<b>2028C</b>	<b>9/30/2017</b>	<b>3A</b>	<b>37</b>

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
<b>Glastonbury Health Care Center, Inc</b>	<b>1175 Hebron Ave, Glastonbury, CT 06762</b>	<b>CT</b>

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
<b>Lawrence G. Santilli</b>	<b>1175 Hebron Ave, Glastonbury, CT 06762</b>	<b>President</b>	<b>4010.175</b>
<b>Michael E. Mosier</b>	<b>1175 Hebron Ave, Glastonbury, CT 06762</b>	<b>Treasurer</b>	<b>25</b>
<b>Debra M. Soucey</b>	<b>1175 Hebron Ave, Glastonbury, CT 06762</b>	<b>Secretary</b>	

Names of Stockholders Owning at Least 10% of Shares			
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<b>None other than listed above</b>			
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## General Information and Questionnaire Related Parties\*

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	4	37

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 #	Actual Cost to the Related Party
		Yes	No %**			
Laurelridge Health Care Center	642 Danbury Rd, Ridgefield, CT 06877	<input checked="" type="checkbox"/>	>98%	Bank Fees	Pg 16 M13	\$7,257
Misc Facilities	Various	<input checked="" type="checkbox"/>	>98%	Interfacility Loans	PG 33 A2	
Athena Captive	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<50%	Workers Comp Captive	Pg 15 1a1	\$456,633
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>		Facility participates in common 401k plan		
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	<50%	See Attached		
Shady Knoll	41 Skokorat St, Seymour, CT 06483	<input checked="" type="checkbox"/>	>98%	Swap Interest Allocation	Pg26 12A	\$2,539
Northbridge Health Care	2875 Main St, Bridgeport, CT 06606	<input checked="" type="checkbox"/>	>98%	Legal Fee Reimbursement	Pg 15 1e	\$450
Glastonbury Landlord	1175 Hebron Ave, Glastonbury, CT 06033	<input checked="" type="checkbox"/>	>98%	Lease of Property	Pg 22 L9, 10b; Pg 27 L14	\$823,182
Procare LTC	111 Executive Blvd, Farmingdale, NY 11735	<input checked="" type="checkbox"/>	>50%	Pharmacy Services	Pg 20 5a2	\$19,141

\* Use additional sheets if necessary.

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

Glastonbury  
 RELATED PARTIES QUESTIONNAIRE  
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management Fees, Maintenance, Insurance, Office Supplies, Payroll Processing, Marketing, Employee Relations, MDS Fill In, Legal, Data Processing Help Wanted	Pg 17, Pg 22 9a Pg 15 1a5, Pg 15 1g Pg 16 m13, Pg 16 m3 Pg 16 m13, Pg 13 11a Pg 15 1e, Pg 16 m13 Pg 27 L14, Pg 16 m1	\$602,532	\$225,683
Athena Health Insurance	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Self Insured Employee Health & Dental Insurance	Pg 15,1	\$1,054,665	\$1,054,665

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

Name of Facility	License No.	Report for Year Ended	Page	of
<b>Glastonbury Health Care Center, Inc.</b>	<b>2028C</b>	<b>9/30/2017</b>	<b>5</b>	<b>37</b>

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary.....	Number of meals served to residents
Laundry.....	Number of pounds processed
Housekeeping.....	Number of square feet serviced
Nursing.....	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants.....	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )
Maintenance and operation of plant.....	Square feet
Property costs (depreciation).....	Square feet
Employee health and welfare.....	Gross salaries
Management services.....	Appropriate cost center involved
All other General Administrative expenses.....	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes     No    If "No," explain fully why such allocation was not made.

**Not Applicable**

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

**Not Applicable**

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.

**Laundry and Water/Sewer costs are shared with and billed to the Non- Related Assisted Living Facility.**



## 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	
Glastonbury Health Care Center, Inc.		2028C	9/30/2017		6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
Pitney Bowes Credit, PO Box 856460, Louisville KY 40285	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mail Machine	04/10/14	Annual Renewal	\$1,620	\$1,620
GE Capital/Ricoh, PO Box 41564, Philadelphia, PA 19009	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	10/24/16	48 Months	\$13,210	\$13,210
Glastonbury Senior Living Properties, LLC, 1177 Hebron Ave, Glastonbury CT 06033	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Therapy Space Lease	07/07/08	10 Years	\$30,408	\$30,408
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Computer Equipment	05/16/13	60 months	\$5,857	\$5,857
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
						<b>Total ***</b>	<b>\$51,095</b>

Is a Mileage Log Book Maintained for All Leased Vehicles?       **Not Applicable - No Vehicles**       Yes       No

\* 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.



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. ("Ricoch") 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**

Glastonbury Health Care Center, Inc.				Andrew Landsman			
Full Legal Name 1175 Hebron Ave.				Billing Contact Name			
Equipment Location Address Glastonbury				Billing Address (if different from location address)			
City	County	State	Zip	City	County	State	Zip
		CT	06033-2478				
Federal Tax ID No. <i>(Do Not Insert Social Security No.)</i>		Billing Contact Telephone No. (850) 659-1905		Billing Contact Facsimile No. (860)652-3055		Billing Contact E-Mail Address administrator@glastonburyhcc.com	

**EQUIPMENT DESCRIPTION**

Qty	Equipment Description: Make & Model
1	Ricoh MP-C6502SP
1	Ricoh MP-4054SP
4	Ricoh MP-501SPF
4	Ricoh MP-301SPF

Qty	Equipment Description: Make & Model

**PAYMENT SCHEDULE**

<b>Minimum Term (months)</b> 48	<b>Minimum Payment (Without Tax)</b> \$ 972.35	<b>Minimum Payment Billing Frequency</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	<b>Advance Payment</b> <input type="checkbox"/> 1 <sup>st</sup> Payment <input type="checkbox"/> 1 <sup>st</sup> & Last Payment <input checked="" type="checkbox"/> Other: None								
<b>Guaranteed Minimum Images*<sup>o</sup></b> <table border="1"> <tr> <th>Black/White</th> <th>Color</th> </tr> <tr> <td>0</td> <td>0</td> </tr> </table>	Black/White	Color	0	0	<b>Cost of Additional Images<sup>o</sup></b> <table border="1"> <tr> <th>Black/White</th> <th>Color</th> </tr> <tr> <td>\$0.0060</td> <td>\$0.0550</td> </tr> </table>	Black/White	Color	\$0.0060	\$0.0550	<b>Meter Reading/Billing Frequency</b> <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: _____	
Black/White	Color										
0	0										
Black/White	Color										
\$0.0060	\$0.0550										

\* Based upon Minimum Payment Billing Frequency  
<sup>o</sup> Based upon standard 8½" x 11" paper size. Paper sizes greater than 8½" x 11" may count as more than one image.

**ADDITIONAL PROVISIONS** (list here, if any): Subject to terms and conditions of the Master Agreement between Premier and Ricoh USA dated 01/01/2016 and effective through 12/31/2018.

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>[Signature]</i>	Date 10/24/16	Authorized Signer Printed Name MALCOLM E. MASON	Authorized Signer Title DIRECTOR of IT
---	------------------	--	---

3. Ownership of Equipment; Assignment. We are the sole owner and titleholder to the Equipment (except for any Software). You will keep the Equipment free of all liens and encumbrances. YOU HAVE NO RIGHT TO SELL, TRANSFER, ENCUMBER, SUBLET OR ASSIGN THE EQUIPMENT OR THIS AGREEMENT WITHOUT OUR PRIOR WRITTEN CONSENT (which consent shall not be unreasonably withheld). You agree that we may sell or assign all or a portion of our interests in the Equipment and/or this Agreement without notice to you even if less than all the Payments have been assigned. In that event, the assignee (the "Assignee") will have such rights as we assign to them but none of our obligations (we will keep those obligations) and the rights of the Assignee will not be subject to any claims, defenses or set-offs that you may have against us. No assignment to an Assignee will release Ricoh from any obligations Ricoh may have to you hereunder. The Maintenance Agreement (as defined below) you have entered into with a Servicer (as defined below) will remain in full force and effect with Servicer and will not be affected by any such assignment. You acknowledge that the Assignee did not manufacture or design the Equipment and that you have selected the Manufacturer, the Servicer and the Equipment based on your own judgment.
4. Software or Intangibles. To the extent that the Equipment includes Software, you understand and agree that we have no right, title or interest in the Software and you will comply throughout the term of this Agreement with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Effective Date (as defined below).
5. Taxes and Filing Costs. In addition to the payments under this Agreement, you agree to pay all taxes, assessments, fees and charges governmentally imposed upon our purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment. If we are required to file and pay property tax, you agree at our discretion, to either: (a) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (b) remit to us each billing period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the billing period sum includes a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the term of this Agreement. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Property Tax Administrative Fee" in an amount not to exceed the greater of 10% of the invoiced property tax amount or \$10 each time such tax is invoiced during the term of this Agreement, not to exceed the maximum amount permitted by applicable law. The Property Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year during the term of this Agreement to reflect our increased cost of administration and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. If we are required to pay upfront sales or use tax and you opt to pay such tax over the term of this Agreement and not as a lump sum at inception of this Agreement, then you agree to pay us a "Sales Tax Administrative Fee" equal to 3.5% of the total tax due per year. Sales and use tax, if applicable, will be charged until a valid sales and use tax exemption certificate is provided to us.
6. Uniform Commercial Code ("UCC") Filing. To protect our rights in the Equipment in the event this Agreement is determined to be a security agreement, you hereby grant to us a security interest in the Equipment, and all proceeds, products, rents or profits from the sale, casualty loss or other disposition thereof. You authorize us to file a copy of this Agreement as a financing statement, and you agree to promptly execute and deliver to us any financing statements covering the Equipment that we may reasonably require; provided, however, that you hereby authorize us to file any such financing statement without your authentication to the extent permitted by applicable law.
7. Warranties. We transfer to you, without recourse, for the term of this Agreement, any written warranties made by the Manufacturer or the Software Supplier with respect to the Equipment. YOU ACKNOWLEDGE THAT YOU HAVE SELECTED THE EQUIPMENT BASED ON YOUR OWN JUDGMENT AND YOU HEREBY AFFIRMATIVELY DISCLAIM RELIANCE ON ANY ORAL REPRESENTATION CONCERNING THE EQUIPMENT MADE TO YOU. WE MAKE NO WARRANTY, EXPRESS, OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, BUT

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

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

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

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

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

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

*[Signature]*  
Contract Initials  
Page 3 of 4

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

Accepted by RICOH USA, INC.:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title

  
 Customer Initials

RICOH USA, INC.

IMAGE MANAGEMENT PLUS COMMITMENTS

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

**TERM PRICE PROTECTION**

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

**EQUIPMENT SERVICE AND SUPPLIES**

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

**RESPONSE TIME COMMITMENT Includes Staples**

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

**UPTIME PERFORMANCE COMMITMENT**

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

**IMAGE VOLUME FLEXIBILITY AND EQUIPMENT ADDITIONS**

At any time after the expiration of the initial ninety day period of the original term of the Image Management Plus Agreement to which these Service Commitments relate, Ricoh will, upon your request, review your Image volume. If the Image volume has moved upward or downward in an amount sufficient for you to consider an alternative plan, Ricoh will present pricing options to conform to a new Image volume. If you agree that additional equipment is required to satisfy your increased Image volume requirements, Ricoh will include the equipment in the pricing options. The addition of equipment and/or increases/decreases to the Guaranteed Minimum Images requires an amendment ("Amendment") to the Image Management Plus Agreement that must be agreed to and signed by both parties to the Image Management Plus Agreement. The term of the Amendment may not be less than the remaining term of the existing Image Management Plus Agreement but may extend the remaining term of the existing Image Management Plus Agreement for up to an additional 60 months. Adjustments to the Guaranteed Minimum Images commitment and/or the addition of equipment may result in a higher or lower minimum payment. Images decreases are limited to 25% of the Guaranteed Minimum Images in effect at the time of Amendment.

**EQUIPMENT AND PROFESSIONAL SERVICES UPGRADE OPTION**

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

**PERFORMANCE COMMITMENT**

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

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

**ACCOUNT MANAGEMENT**

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

**QUALITY ASSURANCE**

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

**MISCELLANEOUS**

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

  
Customer Initials



Ricoh USA Program provided by GE Capital

For Correspondence Only:

GE Capital  
Ricoh USA Program  
PO Box 9115  
Macon GA 31210

Customer Service:  
Telephone 1-800-595-1011

**Customer Name:** GLASTONBURY HEALTH CARE CENTER

**Account Number:** 421048-3095057AA

**Agreement Dates:**

Description	Date
Term Begin Date	1/25/2014
First Payment Due Date	2/25/2014
Initial Term End Date	11/24/2016

**Payment Address:**

Remit Payments as follows:

GE CAPITAL C/O RICOH USA PROGRAM  
PO BOX 41564  
PHILADELPHIA,  
PA 19101 156464

**REMIT TAX PAYER ID NUMBER:**

94-1686094

**Equipment Description:** Make and model number can be found on copy of attached executed agreement. Please access MyAccounts ([www.getmyaccounts.com](http://www.getmyaccounts.com)) for equipment serial numbers(s).

**Property Taxes:** Property Taxes are assessed based on the equipment location on the tax assessment date and determined by your county or state. Each county or state determines its own tax assessment date. Please review the location address(es), listed under Equipment Location section of this notice to make sure that the equipment is located at the listed address.

**Customer Service:** In the event of any discrepancies contact Customer Service immediately at 1-800-595-1011.

Please note that this notice is subject in all respects to the terms and conditions of your agreement and does not constitute an amendment or any other change to any of the terms or conditions of such agreement. To the extent of any conflict between the contents of this notice and the terms or conditions of such agreement, the terms and conditions of such agreement shall control.

**NOTICE:** The information contained in this letter and any attachments ("this letter") may contain confidential information for the sole use of the intended recipient(s). Any unauthorized use, disclosure, viewing, copying, alteration, dissemination or distribution of, or reliance on this letter is strictly prohibited. If you have received this letter in error, or you are not an authorized recipient, please notify the sender immediately, delete all copies from your e-mail system and destroy any printed copies.

THIS IMAGE MANAGEMENT PLUS AMENDMENT (this "Amendment"), dated as of the 16 day of February, 20 17, is to that certain agreement no. 421048 - 3569489 (the "Agreement") between Ricoh USA, Inc. or, if applicable, the party identified below ("we" or us") and the customer identified below ("Customer" or "you"). All capitalized words used but not defined in this Amendment will have the meanings given to them in the Agreement. Except to the extent modified by this Amendment, the terms and conditions of the Agreement will remain unchanged and shall continue in full force and effect.

**Customer Information:**

Customer Name: Glastonbury Health Care Center, Inc.

Address: 1175 Hebron Ave.

City: Glastonbury County: \_\_\_\_\_ State: CT Zip: 06033

Term of Amended Agreement: This Amendment extends the current term of the Agreement as follows: YOU HEREBY ACKNOWLEDGE THAT YOU UNDERSTAND AND AGREE THAT, AS OF THE DATE OF OUR ACCEPTANCE OF THIS AMENDMENT, AS INDICATED BY OUR SIGNATURE BELOW, THIS AMENDMENT EXTENDS THE CURRENT TERM OF YOUR EXISTING AGREEMENT REFERENCED ABOVE BY ANOTHER Zero (0) MONTHS ("Extension Period") FROM THE CURRENT EXPIRATION DATE. (Initial: \_\_\_\_\_). The Extension Period for the existing Equipment subject to the Agreement will be treated as a month-to-month renewal of the Agreement for such existing Equipment. For Equipment added pursuant to this Amendment, the current term of the Agreement (which is equal to the sum of the remaining term of the Agreement plus the Extension Period) will be treated as the "Minimum Term" of such added Equipment.

**Equipment Change:** Equipment added pursuant to this Amendment will be subject to the terms and conditions of the Agreement, as amended by this Amendment.

- Equipment Change       Image Volume Change       Both

	Quantity	Make/Model	Beginning/Ending Meter	Serial #
Add	1	Ricoh MP-301SPF		
Add				
Add				
Add				
Add				
Add				
Add				
Add				
Add				
Add				
Delete				
Delete				
Delete				
Delete				
Delete				
Delete				
Delete				
Delete				
Delete				
Delete				
Delete				



**Amended Billing:** If (a) Equipment is deleted above in connection with the replacement of such Equipment with Equipment added above or with items of equipment supplied by Ricoh USA, Inc. pursuant to an agreement comparable to the Agreement or (b) Equipment is added above, then amendments to the Guaranteed Minimum Images, Cost of Additional Images and Minimum Payment, as specified below, will take effect on the delivery and acceptance date of the added Equipment or replacement equipment, as applicable. Otherwise, amendments to the Guaranteed Minimum Images, Cost of Additional Images and Minimum Payment, as specified below, will take effect on the first payment due date after our acceptance of this Amendment.


		Guaranteed Minimum Images		Cost of Additional Images		Minimum Payment (Without Tax)
		Black & White	Color	Black & White	Color	
From		0	0	\$0.006	\$0.055	\$ 972.35
To		0	0	\$0.006	\$0.055	\$ 1,011.84

**Cost Per Image:** If the Agreement references a "Cost Per Image," such reference is hereby deleted. The Minimum Payment referenced above will not increase during the Minimum Term, as extended by the Extension Period described above, without the prior written consent of you and us.

**Equipment Removal:** You authorize us or our designee to pick up and remove the Equipment deleted pursuant to this Amendment (the "Deleted Equipment"). By signing below, you confirm that we or our designee may rely on this request and the request will be governed by this Amendment. Except for our or our designee's obligations to pick up and remove the Deleted Equipment, neither us nor any of our designees assumes any of your obligations, payment or otherwise, under the Agreement, which shall remain your sole responsibility. As a material condition to our or our designee's obligation to pick up and remove the Deleted Equipment, you hereby release us and such designee from, and shall indemnify, defend and hold harmless us and such designee from and against any and all claims, liabilities, costs, expenses and fees arising from or relating to any breach of your representations or obligations in relation to the Deleted Equipment.

Customer acknowledges and agrees that the Agreement, as amended by this Amendment, is UNCONDITIONAL AND NON-CANCELABLE.

**Authorized Signatures:**

CUSTOMER  
 X By:  2/16/17  
Authorized Signature Date  
 MALCOLM E. MASON DIR. OF IT  
Print Authorized Signer Name Title

\_\_\_\_\_  
 By: \_\_\_\_\_  
Authorized Signature Date  
 \_\_\_\_\_  
Print Authorized Signer Name Title

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

Name of Facility <b>Glastonbury Health Care Center, Inc.</b>	License No. <b>2028C</b>	Report for Year Ended <b>9/30/2017</b>	Page <b>7</b>	of <b>37</b>
---	-----------------------------	---	------------------	-----------------

The records of this facility for the period covered by this report were maintained on the following basis:

Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 2 <b>Dworkin, Hillman, &amp; LaMorte</b> 3 <b>Marcum LLP</b> 4	Address (No. & Street, City, State, Zip Code)  <b>4 Corporate Drive, Suite 488, Shelton, CT 06484</b> <b>555 Long Wharf Drive, 12th Floor, New Haven, CT 06511</b>
--	---

Services Provided by This Firm (*describe fully*)

1	S -
2 <b>Audit, Year End Financials &amp; Tax Return</b>	S 9,500
3 <b>Medicare Cost Reports</b>	S 2,700
4	S -
	Charge for Services Provided S12,200

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

Yes     No    **Pg 15, Line1d**

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 <b>Murtha Cullina</b> 2 <b>Schiff Hardin LLP</b> 3 <b>Goldman, Gruder, &amp; Woods</b> 4 <b>Shipman &amp; Goodwin</b> 5 <b>Treasurer State of CT/State Marshal</b>	Telephone Number <b>860-240-6000</b> <b>312-258-5500</b> <b>203-899-8900</b> <b>860-251-5000</b>
--	--

Address (*No. & Street, City, State, Zip Code*)

1 <b>185 Asylum St Hartford, CT 06103</b>
2 <b>6600 Sears Tower, Chicago, IL 60606</b>
3 <b>200 Connecticut Ave, Norwalk, CT 06854</b>
4 <b>One Constitution Plaza, Hartford, CT 06130</b>
5

Services Provided by This Firm (*describe fully*)

1 <b>Audit Letter S800 (Allow); Sec of State Filings S211(Allow); General S740 (Disallow)</b>	S 1,751
2 <b>KeyBank Refinance: Disallow</b>	S 450
3 <b>AR Collections: Disallow</b>	S 12,698
4 <b>Employee Matters: Disallow</b>	S 130
5 <b>AR Collections: Disallow</b>	S 412
	Charge for Services Provided S15,441

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

Yes     No    **Pg 15, Line1e**

**Schedule of Resident Statistics**

Name of Facility	License No.		Report for Year Ended				Page of
	2028C		09/30/17		Period 7/1 Thru 9/30		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total CCNH RHNS (Specify)	Total CCNH RHNS (Specify)	
1. Certified Bed Capacity							
A. On last day of PREVIOUS report period.....	105	105		105	105	105	
B. On last day of THIS report period.....	105	105		105	105	105	
2. Number of Residents							
A. As of midnight of PREVIOUS report period....	105	105		104	104	105	
B. As of midnight of THIS report period.....	100	100		101	101	100	
3. Total Number of Days Care Provided During Period							
A. Medicare.....	7,881	7,881		6,152	6,152	1,729	
B. Medicaid (Conn.).....	24,717	24,717		18,112	18,112	6,605	
C. Medicaid (other states).....							
D. Private Pay.....	3,266	3,266		2,581	2,581	685	
E. State SSI for RCH.....							
F. Other (Specify) Managed Care	787	787		552	552	235	
G. Total Care Days During Period (3A thru F).....	36,651	36,651		27,397	27,397	9,254	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds							
A. Medicaid Bed Reserve Days.....	200	200		113	113	87	
B. Other Bed Reserve Days.....	49	49		43	43	6	
5. Total Resident Days (3G + 4A + 4B).....	36,900	36,900		27,553	27,553	9,347	

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

Name of Facility <b>Glastonbury Health Care Center, Inc.</b>			License No. <b>2028C</b>			Report for Year Ended <b>9/30/2017</b>			Page <b>9</b>	of <b>37</b>			
4. Were there any changes in the certified bed capacity during the report year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(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	(Specify)		
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	(Specify)	R.C.H.	ICF-MR				
No. of Residents	16		71		6		7						
Per Diem Rate													
a. One bed rm.	528.47		235.16		563.00		454.92						
b. Two bed rms.	528.47		235.16		538.00		454.92						
c. Three or more bed rms.					491.00								
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	(Specify)					
A. Medicare - Part B					3,306	3,306							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					111	111							
2. Restorative Treatments													
C. Other					16,189	16,189							
D. Total Physical Therapy Treatments					19,606	19,606							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					499	499							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other					1,527	1,527							
D. Total Speech Therapy Treatments					2,026	2,026							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					2,691	2,691							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					98	98							
2. Restorative Treatments													
C. Other					16,879	16,879							
D. Total Occupational Therapy Treatments					19,668	19,668							

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
<b>Glastonbury Health Care Center, Inc.</b>	<b>2028C</b>	<b>9/30/2017</b>	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	125,407	2,212				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	245,892	10,949				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	66,308	2,124				
c. Dietary Workers	416,785	25,361				
6. Housekeeping Service						
a. Head Housekeeper	54,136	2,169				
b. Other Housekeeping Workers	175,852	13,073				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	76,488	2,233				
b. Other Maintenance Workers	46,139	2,238				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	79,517	5,539				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	162,721	3,928				
b. RN						
1. Direct Care	1,299,731	36,145				
2. Administrative**	428,118	14,909				
c. LPN						
1. Direct Care	332,947	11,697				
2. Administrative**						
d. Aides and Attendants	1,429,923	91,186				
e. Physical Therapists	658,100	19,429				
f. Speech Therapists	101,527	2,327				
g. Occupational Therapists	506,845	14,058				
h. Recreation Workers	132,526	6,984				
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	179,239	6,930				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	6,518,201	273,491				

\* 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		License No.		Report for Year Ended		Page	of		
Glastonbury Health Care Center, Inc.		2028C		9/30/2017		11	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Not Applicable									
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).									
Brian Reynolds	76,488		Health & life insurances, Payroll Taxes	Director of Maintenance	2,259	A7a			

\* 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		
Glastonbury Health Care Center, Inc.		2028C		9/30/2017		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section III - Administrators***</b>									
David Fife (2/24/17-9/30/17)	67,544		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,338	A2	Laurel Ridge Health Care 642 Danbury Rd Ridgefield, CT 06877	117	4,582
David Fife continued							Bayview Health Care 301 Rope Ferry Rd Waterford, CT 06385	680	30,464
Andrew Landsman (10/1/16-2/24/17)	57,863		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	874	A2			
<b>Section IV - Assistant Administrators</b>									

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include **all** other employment worked during the cost year.  
 \*\*\* If more than one Administrator is reported, include dates of employment for each.



**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian.....	32,454	876				
2. Dentist.....	11,403	44				
3. Pharmacist.....	10,506	175				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....						
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	65,700	556				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	7,331					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care.....	12,420	35				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,136	54				
2. Administrative***	995	16				
b. LPN						
1. Direct Care	2,460	43				
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>147,405</b>	<b>1,799</b>				

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

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

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

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**B. Report of Expenditures - Professional Fees (Medical Director Detail)**

Name of Facility Glastonbury Health Care Center, Inc.		License No. 2028C		Report for Year Ended 9/30/2017		Page 13 a		of 37	
Item		Total Cost and Hours							
		CCNH	Hours	RHNS	Hours	(Specify)	Hours		
8. Physicians									
a. Medical Director Detail		0	556	0	0	0	0	0	0

Dr Wilfred Elaba/Starling Physicians      \$44,100      256 hours  
 Dr Elmo Villanueva      \$21,600.00      300 hours

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

Name of Facility		License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.		2028C	align="center">9/30/2017		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Procure LTC, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners: Minority Interest		
Omnicare, Inc 525 Knotter Drive Cheshire, CT 06410	Pharmacist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Starling Physicians, 2110 Silas Dean Highway, Rocky Hill, CT 06067	Medical Director, Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Mastex, 3 Electronics Ave, Suite 201, Danvers, MA 01923	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Retina Consultants, 191 Main St, Manchester, CT 06042	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Consulting Cardiologists, PC, 85 Seymour St #719, Hartford, CT 06106	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Health Drive, 1 Prestige Drive, Meriden, CT 06450	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Hartford Hospital, 80 Seymour St, PO Box 5037, Hartford, CT 06102	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Prospect Manchester Hospital, 320 Main St, Manchester, CT 06040	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Prospect CT Med, 1801 W. Olympic Blvd File 2201, Pasadena, CA 91199	Physician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Center for Geriatric & Family Psychiatry, 55 Nye Rd, Glastonbury, CT 06033	Psychiatry	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
SDX Swallowing Diagnostic, PO Box 484 Avon, CT 06001	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Elmo Villanueva, 506 Cromwell Ave, Rocky Hill CT 06067	Sub Acute Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Sherri Lane, PO Box 82, Tariffville, CT 06081	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Chelsea Vozzollo, 32 Corinne Dr, Tolland, CT 06084	Dietician	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Athena Healthcare, 135 South Rd, Farmington, CT 06032	MDS Fill In	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners		
Ready Nurse, PO Box 301076, Dallax, TX 75303	RN Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Nurse Network, 653 Main St, Plantsville, CT06479	RN & LPN Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Worldwide Staffing, 175 Dwight Rd, Suite 202, Longmeadow, MA 01106	LPN Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>			

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 456,633	456,633			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 98,347	98,347			
4. Social Security (F.I.C.A.).....	\$ 487,752	487,752			
5. Health Insurance.....	\$ 1,018,421	1,018,421			
6. Life Insurance (employees only (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 25,014	25,014			
8. Uniform Allowance.....	\$				
9. Other ( <i>Specify</i> )..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* .....	\$				
c. Bad Debts*.....	\$ 99,703	99,703			
d. Accounting and Auditing.....	\$ 12,200	12,200			
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 15,441	15,441			
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*.....	\$				
g. Office Supplies.....	\$ 49,795	49,795			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 22,915	22,915			
2. Cellular Phones. ....	\$ 660	660			
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	\$ 609,979	609,979			
<b>Subtotal</b>	\$ 2,896,860	2,896,860			

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

(Carry Subtotals forward to next page)



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

Name of Facility	License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,896,860	2,896,860			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 8,620	8,620			
3. Gifts to Staff and Residents.....	\$ 8,030	8,030			
4. Employee Travel.....	\$ 1,087	1,087			
5. Education Expenses Related to Seminars and Conventions	\$ 5,154	5,154			
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify)..... See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted (all such expenses).....	\$ 8,408	8,408			
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***..... See Attached Schedule	\$ 16,172	16,172			
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)***.....	\$				
7. Postage.....	\$ 10,011	10,011			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 7,515	7,515			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$ 1,000	1,000			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**.....	\$ 374,585	374,585			
13. Other (Specify) See Attached Schedule	\$ 112,325	112,325			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,449,767	3,449,767			

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 16,172		
<b>Total Other Advertising</b>	\$ 16,172	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF Dues	\$ 7,515		
<b>Total Dues</b>	\$ 7,515	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 965		
Bank Charges	\$ 7,726		
Payroll Processing Fees	\$ 22,284		
Employee Physicals/Background Checks	\$ 16,937		
Utility Audit	\$ 609		
Fine: Case No. 2017-01-LTC-016	\$ 2,121		
Data Processing/ Software Maint. Fees	\$ 61,683		
<b>Total Other Administrative and General</b>	\$ 112,325	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$525,694	Contract Attached to a Prior Year	See Below
Allocation of the Above	\$346,958 \$84,111 \$94,625	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$27,627	Admin/Gen- Other Exp	Pg 16, Line 12

\* 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
Glastonbury Health Care Center, Inc.	2028C	9/30/2017		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 222,230	222,230			
2. Non-Food Supplies.....	\$ 40,892	40,892			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services** .....	\$ 84,111	84,111			
d. Other (Specify) _____	\$				
2E. <b>Total Dietary Expenditures</b> (2a + b + c + d)	\$ 347,233	347,233			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	301	301			
H. Is cost of employee meals included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify amount.
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			If yes, specify cost. = \$579
L. Is any revenue collected from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify amount.
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="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify cost.
O. Is any revenue collected from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify amount.
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
Glastonbury Health Care Center, Inc.		2028C	9/30/2017		19	37
Item		Total	CCNH	RHNS	(Specify)	
<b>3. Laundry</b>						
<b>a. In-House Processing*</b>		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	13,093	13,093		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services** .....		\$				
d. Other (Specify) Supplies = \$5,488		\$	5,488	5,488		
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>		\$	18,581	18,581		
<b>3F. Laundry Questionnaire</b>						
G. Is cost of employee laundry included in 3E?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$14935		
K. Did you receive revenue from these people?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify amount. = \$14935		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				30 IV8

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.  
 All allocations should add to total recorded in 3E.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.  
 \*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility	License No.	Report for Year Ended		Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	30,456	30,456		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other ( <i>Specify</i> )	\$				
<b>4E. Total Housekeeping Expenditures (4a + b + c + d)...</b>	\$	30,456	30,456		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy.....	\$				
2. Purchased from Omni Care	\$	453,577	453,577		
b. Medicine Cabinet Drugs.....	\$	21,390	21,390		
c. Medical and Therapeutic Supplies.....	\$	223,878	223,878		
d. Ambulance/Limousine***	\$	34,004	34,004		
e. Oxygen					
1. For Emergency Use.....	\$				
2. Other***	\$	36,718	36,718		
f. X-rays and Related Radiological Procedures***	\$	35,803	35,803		
g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h. Laboratory***	\$	35,720	35,720		
i. Recreation.....	\$	10,249	10,249		
j. Other (Specify)**** See Attached Schedule	\$	229,795	229,795		
<b>5K. Total Resident Care Expenditures (5a - 5j).....</b>	\$	1,081,134	1,081,134		

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

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

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

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

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
Management Fee Direct	\$ 94,625		
Cable TV	\$ 16,635		
Medical Equip Rentals-Medicaid	\$ 37,427		
Physical Therapy Supplies	\$ 53,349		
Occupational Therapy Supplies	\$ 1,369		
Oxygen Equipment Rentals	\$ 4,776		
Medical Equip Rentals-Other	\$ 21,614		
<b>Total Other Resident Care</b>	<b>\$ 229,795</b>	<b>\$ -</b>	<b>\$ -</b>



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

Name of Facility	License No.	Report for Year Ended			Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	90,490	90,490				
b. Heat..... \$	58,025	58,025				
c. Light & Power..... \$	136,362	136,362				
d. Water..... \$	73,344	73,344				
e. Equipment Lease ( <i>Provide detail on page 6</i> )..... \$	51,095	51,095				
f. Other ( <i>itemize</i> )..... \$	70,613	70,613				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)..... \$</b>	<b>479,929</b>	<b>479,929</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements..... \$	245	245				
b. Building & Building Improvements..... \$	94,094	94,094				
c. Non-Movable Equipment..... \$	35,884	35,884				
d. Movable Equipment..... \$	67,350	67,350				
<b>*7e. Total Depreciation Costs (7a + b + c + d)..... \$</b>	<b>197,573</b>	<b>197,573</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	21,989	21,989				
d. Other ( <i>Specify</i> )..... \$						
<b>*8e. Total Amortization Costs (8a + b + c + d)..... \$</b>	<b>21,989</b>	<b>21,989</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	576,325	576,325				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	178,461	178,461				
c. Personal property taxes..... \$	17,136	17,136				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)..... \$</b>	<b>991,484</b>	<b>991,484</b>				

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









Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2





**Amortization Schedule\***

Name of Facility	License No.	Report for Year Ended		Page	of			
		9/30/2017	24			37		
Item	Date of Acquisition	Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month Year							
<b>A. Organization Expense</b>								
1.								
2.								
3.								
A-4. Subtotal.....								
<b>B. Mortgage Expense</b>								
1. Finance Fees - LOC Deposit	9 2017	TBD	2,500					
2. Finance Fees - Key Bank								
3. Finance Fees - Key Bank								
B-4. Subtotal.....								
<b>C. Leasehold Improvements and Other (Specify)</b>								
1. Acquired prior to this report period	9 2016	Various	1,266,149	692,944		Var	20,269	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal.....	9 2017	Various	43,640		SL	Var	1,720	
<b>D. Total Amortization .....</b>								21,989
								21,989

\* 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.

**Amortization Schedule - Detail of Leasehold Improvements & Other**

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	24A	37
<b>C. Leasehold Improvements</b>				
(Specify)				
1. Acquired prior to this report period	9 2016 Various	42,322	20,269	
2. Disposals (attach schedule)				
3. Acquired during this report period	9 2017 Various		1,720	
C-4. Subtotal.....				21,989
<b>C. Other (Specify)</b>				
1. Intangible Asset - Bed Purchase	9 1997 15 yrs	650,622		
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	9 2016 Various	692,944	20,269	
Total Disposals				
Total Acquired during this report period	9 2017 Various		1,720	



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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	25	37

**11. Property Questionnaire**

**Part A**

Is the property either owned by the Facility or leased from a Related Party\*?  Yes  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	5/16/1986			
2. Date Structure Completed	1/25/1988			
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	105			
6. Square Footage				
7. Acquisition Cost				
a. Land	544,799			
b. Building	4,193,044			

**Part B - Owner and Related Parties**

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	7,992,000			
f. Principal balance outstanding as of 9/30/2017	7,261,518			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

**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
Glastonbury Health Care Center, Inc.	2028C	9/30/2017			26	37
Item		Total	CCNH	RHNS	(Specify)	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage.....		\$				
Name of Lender						
Rate						
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)		\$				

*(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
Glastonbury Health Care Center, Inc.		2028C		9/30/2017			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
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)..... \$				40,056	40,056			
Vender Interest = \$12,450; Interest LOC = \$15,595; KeyBank Term Loan Interest & Fees = \$12,011								
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D).....\$				40,056	40,056			
14. Insurance								
a. Insurance on Property (buildings only)..... \$				70,159	70,159			
b. Insurance on Automobiles..... \$								
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)..... \$								
2. Fire and Extended Coverage..... \$								
3. Other (Specify)..... \$								
14d. <b>Total Insurance Expenditures</b> (14a + b + c)...				70,159	70,159			
15. <b>Total All Expenditures (A-13 thru C-14).....</b>				\$ 13,174,405	13,174,405			



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.				2028C	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 506,845	506,845		
4.	Var	Var	Other - See attached Schedule.....	\$ 17,840	17,840		
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **.....	\$ 7,331	7,331		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.	15	1a9	Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 99,703	99,703		
10.	15	1d&e	Accounting & Legal.....	\$ 14,641	14,641		
11.	30	IV3	Telephone.....	\$			
12.			Cellular Telephone.....	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 8,030	8,030		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	\$			
17.			Automobile Expense (e.g. personal use).	\$			
18.	16	m2&3	Unallowable Advertising *.....	\$ 16,172	16,172		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 248,721	248,721		
	18	2c		\$ 60,296	60,296		
	20	5j		\$ 67,833	67,833		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 30,772	30,772		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 579	579		
<b>Page 19 - Laundry Expenditures</b>							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$ 14,935	14,935		
<b>Page 20 - Housekeeping Expenditures</b>							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 1,093,698	1,093,698		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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



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

Name of Facility			License No.	Report for Year Ended	Page	of	
Glastonbury Health Care Center, Inc.			2028C	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,104,724	1,104,724		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&2	Prescription Drugs.....	\$ 453,577	453,577		
28.	20	5d	Ambulance/Limousine.....	\$ 34,004	34,004		
29.	20	5f	X-rays, etc.....	\$ 35,803	35,803		
30.	20	5h	Laboratory.....	\$ 35,720	35,720		
31.	20	5c	Medical Supplies.....	\$ 24,048	24,048		
32.	20	5e2	Oxygen (non emergency).....	\$ 36,718	36,718		
33.	20	5j	Occupational Therapy.....	\$ 1,369	1,369		
34.	Var	Var	Other - See Attached Schedule.....	\$ 21,614	21,614		
<b>Page 22 - Maintenance and Property</b>							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 9,001	9,001		
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.....	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 13,035	13,035		
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.	31	LA2	Interest Income on Accounts Rec.....	\$ 280	280		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
<b>Not For Profit Providers Only</b>							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,769,893	1,769,893		

\*\*\* 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	21,614		
<b>Total Other Ancillary Costs</b>			\$ 21,614	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Movable Equipment Carryforward AJE	9,001		
<b>Total Excess Movable Equipment Depreciation</b>			9,001		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>					

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -



Glastonbury Mi  
Totals

Cost Year

Cost Year	Cost Term	Cost
		\$ 199,894
1997	Deprec	\$ 1,347
1997	Book Value	\$ 5,624
1998	Deprec	\$ 5,464
1998	Book Value	\$ 99,065
1999	Deprec	\$ 8,862
1999	Book Value	\$ 134,001
2000	Deprec	\$ 9,123
2000	Book Value	\$ 127,493
2001	Deprec	\$ 9,211
2001	Book Value	\$ 119,960
2002	Deprec	\$ 7,968
2002	Book Value	\$ 111,919
2003	Deprec	\$ 7,910
2003	Book Value	\$ 104,010
2004	Deprec	\$ 6,918
2004	Book Value	\$ 99,752
2005	Deprec	\$ 6,937
2005	Book Value	\$ 93,105
2006	Deprec	\$ 6,937
2006	Book Value	\$ 86,167
2007	Deprec	\$ 7,816
2007	Book Value	\$ 97,860
2008	Deprec	\$ 9,273
2008	Book Value	\$ 98,111
2009	Deprec	\$ 9,253
2009	Book Value	\$ 89,172
2010	Deprec	\$ 9,028
2010	Book Value	\$ 80,145
2011	Deprec	\$ 9,021
2011	Book Value	\$ 71,126
2012	Deprec	\$ 9,014
2012	Book Value	\$ 62,113
2013	Deprec	\$ 8,885
2013	Book Value	\$ 53,233
2014	Deprec	\$ 8,572
2014	Book Value	\$ 44,664
2015	Deprec	\$ 8,529
2015	Book Value	\$ 36,135
2016	Deprec	\$ 8,606
2016	Book Value	\$ 29,108
2017	Deprec	\$ 9,001
2017	Book Value	\$ 32,403
2018	Deprec	\$ 8,808
2018	Book Value	\$ 23,596
2019	Deprec	\$ 6,745
2019	Book Value	\$ 16,851
2020	Deprec	\$ 6,723
2020	Book Value	\$ 10,128
2021	Deprec	\$ 6,722
2021	Book Value	\$ 3,406
2022	Deprec	\$ 3,312
2022	Book Value	\$ 94

**Glastonbury Moveable Equipment Carryforward Schedule**

Cost Year	2000 Field Audit Adj 1	2000 Field Audit Adj 2	2000 Field Audit Adj 3	2000 Field Audit Adj 4	2000 Field Audit Adj 1 - Hert Furn	2000 Field Audit Adj 2 - Hert Furn	2000 Field Audit Adj 3 - Hert Furn	2000 Field Audit Adj 4 - Hert Furn	2000 Field Audit Adj 5 - Hert Furn	2000 Field Audit Adj 6 - Hert Furn	2000 Field Audit Adj 7 - Hert Furn	2000 Field Audit Adj 8 - Hert Furn	2000 Field Audit Adj 9 - Hert Furn	2000 Field Audit Adj 10 - Hert Furn	2000 Field Audit Adj 11 - Hert Furn	2000 Field Audit Adj 12 - Hert Furn
Cost	\$ 6,405	\$ 19,832	\$ 4,513	\$ 2,551	\$ 102	\$ 464	\$ 289	\$ 1,451	\$ 580	\$ 294	\$ 190	\$ 62	\$ 67	\$ 1,210	\$ 274	\$ 50
Term	5	5	5	10	5	10	5	15	20	10	5	10	10	15	5	15
Deprec	\$ 1,281	\$ 992	\$ 903	\$ 2,551	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 29	\$ 29	\$ 81	\$ 55	\$ 3
Book Value	\$ 5,124	\$ 18,840	\$ 3,610	\$ 255	\$ 82	\$ 418	\$ 231	\$ 1,354	\$ 551	\$ 265	\$ 152	\$ 38	\$ 38	\$ 1,049	\$ 219	\$ 47
Deprec	\$ 1,281	\$ 992	\$ 903	\$ 2,551	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 29	\$ 29	\$ 81	\$ 55	\$ 3
Book Value	\$ 3,843	\$ 17,848	\$ 2,708	\$ 2,296	\$ 61	\$ 371	\$ 1,258	\$ 1,161	\$ 522	\$ 235	\$ 114	\$ 6	\$ 6	\$ 968	\$ 164	\$ 43
Deprec	\$ 1,281	\$ 992	\$ 903	\$ 2,551	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 29	\$ 29	\$ 81	\$ 55	\$ 3
Book Value	\$ 2,562	\$ 16,857	\$ 1,805	\$ 2,041	\$ 41	\$ 325	\$ 116	\$ 1,064	\$ 493	\$ 206	\$ 76	\$ 6	\$ 6	\$ 807	\$ 55	\$ 37
Deprec	\$ 1,281	\$ 992	\$ 903	\$ 2,551	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 29	\$ 29	\$ 81	\$ 55	\$ 3
Book Value	\$ 1,281	\$ 15,865	\$ 903	\$ 1,786	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 29	\$ 29	\$ 81	\$ 55	\$ 3
Deprec	\$ 1,281	\$ 992	\$ 903	\$ 2,551	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 29	\$ 29	\$ 81	\$ 55	\$ 3
Book Value	\$ 14,874	\$ 14,874	\$ -	\$ 1,531	\$ 81	\$ 139	\$ 46	\$ 874	\$ 435	\$ 147	\$ -	\$ 37	\$ 47	\$ 968	\$ 164	\$ 43
Deprec	\$ 13,882	\$ 13,882	\$ -	\$ 1,276	\$ 93	\$ 93	\$ 46	\$ 774	\$ 406	\$ 118	\$ -	\$ 31	\$ 40	\$ 887	\$ 110	\$ 40
Book Value	\$ 12,891	\$ 12,891	\$ -	\$ 1,020	\$ 46	\$ 46	\$ 46	\$ 677	\$ 377	\$ 88	\$ -	\$ 25	\$ 34	\$ 807	\$ 55	\$ 37
Deprec	\$ 11,899	\$ 11,899	\$ -	\$ 765	\$ 255	\$ 255	\$ 46	\$ 580	\$ 348	\$ 59	\$ -	\$ 19	\$ 27	\$ 726	\$ -	\$ 33
Book Value	\$ 10,908	\$ 10,908	\$ -	\$ 510	\$ 255	\$ 255	\$ 46	\$ 484	\$ 319	\$ 29	\$ -	\$ 12	\$ 20	\$ 645	\$ -	\$ 30
Deprec	\$ 9,916	\$ 9,916	\$ -	\$ 255	\$ 255	\$ 255	\$ 46	\$ 387	\$ 290	\$ -	\$ -	\$ 6	\$ 6	\$ 565	\$ -	\$ 27
Book Value	\$ 8,924	\$ 8,924	\$ -	\$ 261	\$ 290	\$ 261	\$ 46	\$ 290	\$ 261	\$ -	\$ -	\$ -	\$ 7	\$ 484	\$ -	\$ 23
Deprec	\$ 7,933	\$ 7,933	\$ -	\$ 232	\$ 183	\$ 232	\$ 46	\$ 183	\$ 232	\$ -	\$ -	\$ -	\$ 7	\$ 81	\$ -	\$ 3
Book Value	\$ 6,941	\$ 6,941	\$ -	\$ 203	\$ 97	\$ 203	\$ 46	\$ 97	\$ 203	\$ -	\$ -	\$ -	\$ 7	\$ 81	\$ -	\$ 3
Deprec	\$ 5,950	\$ 5,950	\$ -	\$ 174	\$ -	\$ 174	\$ 46	\$ -	\$ 174	\$ -	\$ -	\$ -	\$ 7	\$ 403	\$ -	\$ 20
Book Value	\$ 4,958	\$ 4,958	\$ -	\$ 145	\$ -	\$ 145	\$ 46	\$ -	\$ 145	\$ -	\$ -	\$ -	\$ 7	\$ 323	\$ -	\$ 17
Deprec	\$ 3,966	\$ 3,966	\$ -	\$ 29	\$ -	\$ 29	\$ 46	\$ -	\$ 29	\$ -	\$ -	\$ -	\$ 7	\$ 81	\$ -	\$ 3
Book Value	\$ 2,975	\$ 2,975	\$ -	\$ 87	\$ -	\$ 87	\$ 46	\$ -	\$ 87	\$ -	\$ -	\$ -	\$ 7	\$ 81	\$ -	\$ 13
Deprec	\$ 1,983	\$ 1,983	\$ -	\$ 58	\$ -	\$ 58	\$ 46	\$ -	\$ 58	\$ -	\$ -	\$ -	\$ 7	\$ 81	\$ -	\$ 10
Book Value	\$ 992	\$ 992	\$ -	\$ 29	\$ -	\$ 29	\$ 46	\$ -	\$ 29	\$ -	\$ -	\$ -	\$ 7	\$ 81	\$ -	\$ 7
Deprec	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7	\$ 81	\$ -	\$ 3
Book Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7	\$ 81	\$ -	\$ 3
Deprec	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7	\$ 81	\$ -	\$ 3
Book Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7	\$ 81	\$ -	\$ 3



Cost Year

2016 resident 2017 resident  
IV's IV's

Cost \$ 1,579 \$ 12,137  
Term \$ 5 \$ 5

1997	Deprec
1997	Book Value
1998	Deprec
1998	Book Value
1999	Deprec
1999	Book Value
2000	Deprec
2000	Book Value
2001	Deprec
2001	Book Value
2002	Deprec
2002	Book Value
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2016	Book Value
2017	Deprec
2017	Book Value
2018	Deprec
2018	Book Value
2019	Deprec
2019	Book Value
2020	Deprec
2020	Book Value
2021	Deprec
2021	Book Value
2022	Deprec
2022	Book Value

\$ 158
\$ 1,421
\$ 315 \$ 1,214
\$ 1,263 \$ 10,923
\$ 315 \$ 2,427
\$ 947 \$ 8,486
\$ 315 \$ 2,427
\$ 631 \$ 6,069
\$ 315 \$ 2,427
\$ 315 \$ 2,427
\$ - \$ 1,215
\$ \$ 1,215
\$ (0)





**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017			30   37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> ).....	\$ 12,799,969	12,799,969			
b. Medicaid Room and Board Contractual Allowance **.....	\$ (6,940,605)	(6,940,605)			
2. a. Medicaid ( <i>All other states</i> ).....	\$				
b. Other States Room and Board Contractual Allowance **.....	\$				
3. a. Medicare Residents ( <i>all inclusive</i> ) .....	\$ 3,245,395	3,245,395			
b. Medicare Room and Board Contractual Allowance **.....	\$ 186,734	186,734			
4. a. Private-Pay Residents and Other.....	\$ 3,026,773	3,026,773			
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (269,274)	(269,274)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare.....	\$ 393,279	393,279			
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (393,279)	(393,279)			
c. Prescription Drugs - Non-Medicare.....	\$ 181,890	181,890			
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (181,890)	(181,890)			
2. a. Medical Supplies - Medicare.....	\$ 13,548	13,548			
b. Medical Supplies - Medicare Contractual Allowance **.....	\$ (11,938)	(11,938)			
c. Medical Supplies - Non-Medicare.....	\$ 39,976	39,976			
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (39,976)	(39,976)			
3. a. Physical Therapy - Medicare.....	\$ 1,128,482	1,128,482			
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (963,165)	(963,165)			
c. Physical Therapy - Non-Medicare.....	\$ 293,275	293,275			
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (292,925)	(292,925)			
4. a. Speech Therapy - Medicare.....	\$ 220,140	220,140			
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (187,612)	(187,612)			
c. Speech Therapy - Non-Medicare.....	\$ 53,390	53,390			
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (53,015)	(53,015)			
5. a. Occupational Therapy - Medicare.....	\$ 1,080,300	1,080,300			
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (972,129)	(972,129)			
c. Occupational Therapy - Non-Medicare.....	\$ 286,725	286,725			
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (286,300)	(286,300)			
6. a. Other ( <i>Specify</i> ) - Medicare.....	\$				
b. Other ( <i>Specify</i> ) - Non-Medicare.....	\$ (2,055)	(2,055)			
<b>III Total Resident Revenue (Section I.thru Section II.).....</b>	<b>\$ 12,355,713</b>	<b>12,355,713</b>			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others.....	\$				
2. Rental of rooms to non-residents.....	\$				
3. Telephone .....	\$				
4. Rental of Television and Cable Services.....	\$				
5. Interest Income ( <i>Specify</i> ) .....	\$ 280	280			
6. Private Duty Nurses' Fees.....	\$				
7. Barber, Coffee, Beauty and Gift shops.....	\$				
8. Other ( <i>Specify</i> ).....	\$ 61,158	61,158			
<b>V. Total Other Revenue (1 thru 8).....</b>	<b>\$ 61,438</b>	<b>61,438</b>			
<b>VI. Total All Revenue (III + V).....</b>	<b>\$ 12,417,151</b>	<b>12,417,151</b>			

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

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

**Schedule of Other Resident Revenue - Medicare**

Related Exp		CCNH	RHNS	(Specify)
Page Ref	Description			
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

Related Exp		CCNH	RHNS	(Specify)
Page Ref	Description			
N/A	Retroactives	\$ (2,055)		
<b>Total Other Resident Revenue</b>		\$ (2,055)	\$ -	\$ -

**Interest Income**

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
51, A2	Interest on A/R		\$ 280		
<b>Total Interest Income</b>			\$ 280	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
22 6d	Water/Sewer Income	\$ 20,925		
19 3E	Laundry Services	\$ 14,935		
	Bad Debt Recovery	\$ 25,298		
<b>Total Other Revenue</b>		\$ 61,158	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> ).....			\$	190,692
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	865,654
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	16,311
5. Prepaid Expenses.....			\$	223,809
a. Prepaid Insurance	205,078			
b. Prepaid Health Insurance	18,731			
c. _____				
d. _____				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets ( <i>itemize</i> ).....			\$	123,788
Due From Related Party	123,788			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>1,420,254</b>
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....	120,712	\$	1,525
	Accum. Depreciation	(119,187) Net.....		
3. Buildings	*Historical Cost.....	2,854,912	\$	847,070
	Accum. Depreciation	(2,007,842) Net.....		
4. Leasehold Improvements	*Historical Cost.....	249,679	\$	185,369
	Accum. Depreciation	(64,310) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	909,320	\$	56,258
	Accum. Depreciation	(853,062) Net.....		
6. Movable Equipment	*Historical Cost.....	1,068,991	\$	119,742
	Accum. Depreciation	(949,249) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets ( <i>itemize</i> ).....			\$	36,448
Moveable Equipment Carryforward	32,403			
Project Development	4,045			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>1,246,412</b>

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

(Carry Total forward to next page)

Glastonbury Mt  
Totals

Cost Year

Cost Year	Cost Term	\$
1997	Deprec	\$ 1,347
1997	Book Value	\$ 5,624
1998	Deprec	\$ 5,464
1998	Book Value	\$ 99,065
1999	Deprec	\$ 8,862
1999	Book Value	\$ 134,001
2000	Deprec	\$ 9,123
2000	Book Value	\$ 127,493
2001	Deprec	\$ 9,211
2001	Book Value	\$ 119,560
2002	Deprec	\$ 7,968
2002	Book Value	\$ 111,919
2003	Deprec	\$ 7,910
2003	Book Value	\$ 104,010
2004	Deprec	\$ 6,918
2004	Book Value	\$ 99,752
2005	Deprec	\$ 6,937
2005	Book Value	\$ 93,105
2006	Deprec	\$ 6,937
2006	Book Value	\$ 86,167
2007	Deprec	\$ 7,816
2007	Book Value	\$ 97,860
2008	Deprec	\$ 9,273
2008	Book Value	\$ 98,111
2009	Deprec	\$ 9,253
2009	Book Value	\$ 89,172
2010	Deprec	\$ 9,028
2010	Book Value	\$ 80,145
2011	Deprec	\$ 9,021
2011	Book Value	\$ 71,126
2012	Deprec	\$ 9,014
2012	Book Value	\$ 62,113
2013	Deprec	\$ 8,885
2013	Book Value	\$ 53,233
2014	Deprec	\$ 8,572
2014	Book Value	\$ 44,664
2015	Deprec	\$ 8,529
2015	Book Value	\$ 36,135
2016	Deprec	\$ 8,606
2016	Book Value	\$ 29,108
2017	Deprec	\$ 9,001
2017	Book Value	\$ 32,403
2018	Deprec	\$ 8,808
2018	Book Value	\$ 23,596
2019	Deprec	\$ 6,745
2019	Book Value	\$ 16,851
2020	Deprec	\$ 6,723
2020	Book Value	\$ 10,128
2021	Deprec	\$ 6,722
2021	Book Value	\$ 3,406
2022	Deprec	\$ 3,312
2022	Book Value	\$ 94

**Glastonbury Moveable Equipment Carryforward Schedule**

Cost Year	2000 Field Audit Adj 1	2000 Field Audit Adj 2	2000 Field Audit Adj 3	2000 Field Audit Adj 4	2000 Field Audit Adj 5 - Hert Furn	2000 Field Audit Adj 6 - Hert Furn	2000 Field Audit Adj 7 - Hert Furn	2000 Field Audit Adj 8 - Hert Furn	2000 Field Audit Adj 9 - Hert Furn	2000 Field Audit Adj 10 - Hert Furn	2000 Field Audit Adj 11 - Hert Furn	2000 Field Audit Adj 12 - Hert Furn				
Cost	\$ 6,405	\$ 19,832	\$ 4,513	\$ 2,551	\$ 102	\$ 464	\$ 289	\$ 1,451	\$ 580	\$ 294	\$ 190	\$ 62	\$ 67	\$ 1,210	\$ 274	\$ 50
Term	5	20	5	10	5	10	5	15	20	10	5	10	10	15	5	15
1997	\$ 1,281	\$ 1,281	\$ 992	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
1998	\$ 5,124	\$ 5,124	\$ 3,610	\$ 2,551	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
1999	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2000	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2001	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2002	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2003	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2004	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2005	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2006	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2007	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2008	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2009	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2010	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2011	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2012	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2013	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2014	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2015	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2016	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2017	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2018	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2019	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2020	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2021	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6
2022	\$ 1,281	\$ 1,281	\$ 903	\$ 903	\$ 20	\$ 46	\$ 58	\$ 97	\$ 29	\$ 29	\$ 38	\$ 6	\$ 6	\$ 6	\$ 6	\$ 6



Cost Year

2016 resident 2017 resident  
TVs TVs  
\$ 1,579 \$ 12,137  
\$ 5 \$ 5

1997	Deprec
1997	Book Value
1998	Deprec
1998	Book Value
1999	Deprec
1999	Book Value
2000	Deprec
2000	Book Value
2001	Deprec
2001	Book Value
2002	Deprec
2002	Book Value
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2016	Deprec
2016	Book Value
2017	Deprec
2017	Book Value
2018	Deprec
2018	Book Value
2019	Deprec
2019	Book Value
2020	Deprec
2020	Book Value
2021	Deprec
2021	Book Value
2022	Deprec
2022	Book Value

158  
\$ 1,421 \$ 1,214  
\$ 1,263 \$ 10,923  
\$ 316 \$ 2,427  
\$ 947 \$ 8,496  
\$ 316 \$ 2,427  
\$ 631 \$ 6,069  
\$ 316 \$ 2,427  
\$ 315 \$ 3,642  
\$ 315 \$ 2,427  
\$ - \$ 1,215  
\$ 1,215  
\$ (0)



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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	2,666,666
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land.....			\$	544,799
2. Land Improvements	*Historical Cost.....			
	Accum. Depreciation		Net.....	\$
3. Buildings	*Historical Cost.....	4,193,044		
	Accum. Depreciation	(4,146,454)	Net.....	\$ 46,590
4. Non-Movable Equipment	*Historical Cost.....			
	Accum. Depreciation		Net.....	\$
5. Movable Equipment	*Historical Cost.....			
	Accum. Depreciation		Net.....	\$
6. Motor Vehicles	*Historical Cost.....			
	Accum. Depreciation		Net.....	\$
7. Minor Equipment-Not Depreciable.....				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	591,389
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense	*Historical Cost.....			
	Accum. Depreciation		Net.....	\$
4. Goodwill (Purchased Only).....			\$	762,858
5. Investments Related to Resident Care ( <i>itemize</i> ).....			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	(6,526,898)
Name and Address	Amount	Loan Date		
Due from Related Party	(6,526,898)	3/29/2012		
7. Other Assets ( <i>itemize</i> ).....			\$	27,284
LOC Deposit		2,500		
Deposits IRS		24,784		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7).....</b>			\$	(5,736,756)
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....</b>			\$	(2,478,701)

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.		2028C	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	1,563,309
2. Notes Payable ( <i>itemize</i> ).....				\$	469,845
Due From Related Party				229,000	
Key Bank Line of Credit				240,845	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> ).....				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> ).....				\$	132,431
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> ).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	4,568
7. Medicare Final Settlement Payable.....				\$	
8. Medicare Current Financing Payable.....				\$	
9. Mortgage Payable ( <i>Current Portion</i> ).....				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> ).....				\$	
11. Accrued Income Taxes*.....				\$	
12. Other Current Liabilities ( <i>itemize</i> ).....				\$	226,355
Acc'd Operating Expenses				44,974	
Acc'd Expense - Sales Tax				1,493	
Provider Taxes Due				160,129	
Acc'd Health Insurance				19,759	
<b>A-13. Total Current Liabilities (Lines A1 thru 12).....</b>				<b>\$</b>	<b>2,396,508</b>

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

(Carry Total forward to next page)

\*\* Interest Bearing - Do Not Include in Return on Equity Calculation.

**GLASTONBURY HEALTH CARE  
ACCRUED EXPENSES-OPERATIONS  
September 30, 2017**

**ACCT. #      2170**

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Athena Food Rebate	(\$1,967.86)	6334
Health Insurance Claims	\$45,559.49	5364
Pine Lawn-Landscaping June	\$1,291.39	5543
Pine Lawn-Landscaping July	\$1,291.39	5543
Pine Lawn-Landscaping August	\$1,291.39	5543
Pine Lawn-Landscaping Sept	\$1,291.39	5543
Nursing Supplies Rebate	(\$3,783.66)	8438

**Balance 9/30/17**

**\$44,973.53**

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

Name of Facility		License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.		2028C	9/30/2017	34	37
Account				Amount	
Total Brought Forward:				2,396,508	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> ).....\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable.....\$					
3. Loans from Owners or Related Parties ( <i>itemize</i> ).....\$ (5,702)					
Name and Address of Lender	Amount	Loan Date			
Working Capital Reserve	(5,702)	NA			
4. Other Long-Term Liabilities ( <i>itemize</i> ).....\$ (944,710)					
Notes Payable Related Landlord		(944,710)			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4).....\$ (950,412)					
C. <b>Total All Liabilities</b> (Lines A-13 + B-5).....\$ 1,446,096					

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

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land.....			\$	544,799
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	46,590
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.....			\$	591,389
<b>B. Net Worth</b>				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	50,000
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(3,808,932)
6. Gain or Loss for Period	10/1/2016	thru	9/30/2017	\$ (757,254)
7. Total Net Worth.....			\$	(4,516,186)
<b>C. Total Reserves and Net Worth .....</b>			\$	(3,924,797)
<b>D. Total Liabilities, Reserves, and Net Worth .....</b>			\$	(2,478,701)

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(3,785,108)		
B. Total Revenue (From Statement of Revenue Page 30 ) .....			\$	12,417,151		
C. Total Expenditures (From Statement of Expenditures Page 27 ) .....			\$	13,174,405		
D. Net Income or Deficit.....			\$	(757,254)		
E. Balance.....			\$	(4,542,362)		
F. Additions						
1. Additional Capital Contributed ( <i>itemize</i> )						
3rd Quarter Health Insurance Accrual	16,745					
Change in Swap	2,433					
2016 Wage Enhancement	7,000					
Rounding	(2)					
2. Other ( <i>itemize</i> )						
F-3. Total Additions.....					\$	26,176
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. <i>Balance at End of Period</i>			\$	(4,516,186)		
09/30/17						

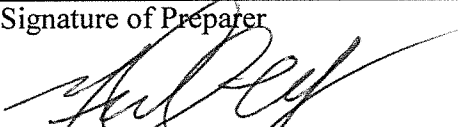
### I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Glastonbury Health Care Center, Inc.	2028C	9/30/2017	37	37

<i>Check appropriate category</i>		
CCNH	RHNS	Other ( <i>Specify</i> )
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed
	CFO	2/9/18

Printed Name of Preparer

Athena Health Care Associates, Inc

Address	Phone Number
135 South Road Farmington, CT 06032	(860) 751-3900