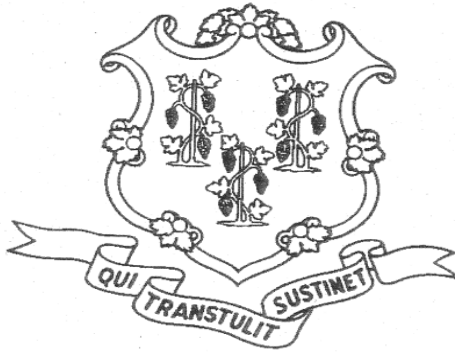


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Regency House of Wallingford, Inc.	
Address (No. & Street, City, State, Zip Code) 181 East Main Street, Wallingford, CT 06492	
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 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2072-C	RHNS	(Specify)	Medicare Provider 075261
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Medicaid Provider Numbers:	CCNH 9084	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed) Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2016	Page 1	of 37
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**Administrator's/Owner's Certification**

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) David Bond			Printed Name (Owner) Marvin J. Ostreicher		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Regency House of Wallingford, Inc.	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 181 East Main Street, Wallingford, CT 06492				
Report Prepared By Blum Shapiro & Co.	Phone Number 203-944-2100	Date 2/7/2017		
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 203-265-1661		Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Regency House of Wallingford, Inc.		Address (No. & Street, City, State, Zip ) 181 East Main Street, Wallingford, CT 06492		
License Numbers:	CCNH 2072-C	RHNS (Specify)	Medicare Provider No. 075261	
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="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No      If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator David Bond		Nursing Home Administrator's License No.:	001349	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



**General Information and Questionnaire  
 Corporate Owners**

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Regency House of Wallingford, Inc.	181 East Main Street, Wallingford, CT 06492	CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
M.J. Ostreicher	181 Wildacre Ave Lawrence, NY 11559	President	675	
S. Ostreicher	181 Wildacre Ave Lawrence, NY 11559	Vice President		
B. Bokow	722 Almont Road Far Rockaway, NY 11691	Secretary	100	
Names of Stockholders Owning at Least 10% of Shares				
M.J. Ostreicher	181 Wildacre Ave Lawrence, NY 11559	President	675	
B. Bokow	722 Almont Road Far Rockaway, NY 11691	Secretary	100	
A. Zitter	9 Dogwood Lane Lawrence, NY 11559	Shareholder	225	





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

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See attachment		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.  
\*\* Provide the percentage amount of revenue received from non-related parties.

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

Name of Facility Regency House of Wallingford	License No. 2072-C	Report for Year Ended 9/30/2016	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	32%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	929,659	893,902
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80%	Radiology	20 5f	32,830	29,576
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15/30 1a5/IV8	756,078	756,078
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Management	16 12	519,651	519,651
Marlborough Health Care Center, Inc.	85 Stage Harbor Road, Marlborough, CT 06447	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Banking Transactions	16 13	538	538
Wallingford Realty	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent/Real Estate Taxes	22 9, 10b	1,098,500	1,098,500
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	19,141	19,141
Columbia Circle Assoc. LLC	1 Columbia Circle, STE 105 Albany NY 12203	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	92	92
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,777	1,777
20Sunrise	20 Sunrise Highway, Valley Stream NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	12,430	12,430
Maple View Center for Health & Rehabilitation	856 Maple Street, Rocky Hill, CT 06067	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Employee - Admissions/Social Work	13 B6	0	0
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	91%	Drugs/OTC's/Supplies/Consult/Fees	20/13 5a2,b,j/B3,12	441,253	401,139

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2016	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				

**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	
Regency House of Wallingford, Inc.		2072-C	9/30/2016			6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Reliable Health Systems, Nostrand Ave, Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	10/01/08	60 / ongoing	9,046	9,046	
Wescom Solutions, PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	Ongoing	Ongoing	19,968	4,749	
Mail Finance, PO Box 45840, San Francisco, CA 94145-0840	<input type="radio"/>	<input checked="" type="radio"/>	Mailing Machine	03/15/15	36 months	1,304	1,304	
De Lage Landen PO Box 41602, Philadelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/01/15	39 months	4,331	4,331	
De Lage Landen PO Box 41602, Philadelphia, PA 19101-1602	<input type="radio"/>	<input checked="" type="radio"/>	Copier	11/01/14	39 months	709	709	
Leaf PO Box 742647, Cincinnati, OH 45274 - 2647	<input type="radio"/>	<input checked="" type="radio"/>	Copier	01/11/16	36 months	428	428	
Nissan Motor Acceptance Corp, PO Box 371447, Pittsburgh PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Automobile-Administrator transfered from Milford	05/17/12	35 months	3,682	2,769	
Lexus Financial PO Box 4102 Carol Stream IL, 60197-4102-02 0562 PA378	<input type="radio"/>	<input checked="" type="radio"/>	Car	11/01/13	27 months	6,845	2,852	
Lexus Financial PO Box 4102 Carol Stream IL, 60197-020562UNO15	<input type="radio"/>	<input checked="" type="radio"/>	Car	03/14/16	39 months	6,480	4,320	
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes <input type="radio"/> No	<b>Total ***</b>	30,509

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

\*\* Attach copies of newly acquired leases.

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



LEASE AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

LESSEE LEGAL NAME: Regency House
Billing Address: 181 East Main Street, Wallingford, CT 06492
Equipment Location: 181 East Main Street, Wallingford, CT 06492
EQUIPMENT DESCRIPTION: Toshiba E-Studio 477SL
BASE TERM IN MONTHS: 36
TOTAL NUMBER OF LEASE PAYMENTS: 36 @ \$44.66 (plus taxes)
END OF LEASE PURCHASE OPTION: X Fair market value, plus taxes
(a) Advance Payment: \$0.00
(b) Security Deposit: \$0.00
(c) Documentation Fee: \$95.00
Total due a + b + c = \$95.00

\*\*If more than one lease payment is required as an Advance Payment, the balance will be applied to lease payments in inverse order, starting with the last lease payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.

TERMS AND CONDITIONS

In this agreement ("Lease"), "we," "our," and "us" refers to LEAF Capital Funding, LLC as Lessor and "you" and "your" refer to the Lessee. You agree to lease the Equipment upon the following terms and conditions:

- 1. LEASE PAYMENTS AND TERM: The Lease is enforceable on you upon your execution. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of Equipment.
4. LEASE EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Lease of your election to return or purchase the Equipment, this Lease will renew on a month-to-month basis at the same monthly Lease Payment until you either exercise the purchase option or provide us with at least 90 days notice and return the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within five (5) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition or purchased by you ("Risk Period").

- provide us with proof of such insurance, we may secure insurance on the Equipment to cover our interests (and only our interests). If we obtain such insurance, you will pay us an additional amount for the cost of such insurance and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.
8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, leasing and/or ownership of the Equipment.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Lease, any guaranty or any license relating to the Equipment, you will be in default.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Lease. We may sell or assign our rights in the Lease and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.
11. ARTICLE 2A: You agree this Lease is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS LEASE WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Lease is the parties' entire agreement and can be amended only in writing signed by both parties.

ACCEPTED BY LESSEE: Regency House
Print Name: MICHAEL BOKAN
Title:
E-Mail Address:
Date: 1/11/16
LESSEE AUTHORIZED SIGNATURE: [Signature]
PERSONAL GUARANTEE: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Lessee. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.
SIGNED X: [Signature]
Print Name:
E-Mail Address:
Accepted by: LEAF Capital Funding, LLC By:
Title:
Date:



SCHEDULE A TO LEASE AGREEMENT  
(EQUIPMENT DESCRIPTION)

Lease Application No.: 339303

QNT	Equipment Description	New/Used	Make	Model	Serial Number
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Location: 181 East Main Street, Wallingford, CT 06492

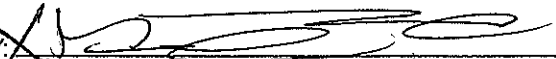
1 Toshiba E-Studio 477SL

New

E-Studio 477SL

LESSEE: Regency House

LEAF CAPITAL FUNDING, LLC

BY: 

BY: \_\_\_\_\_

PRINT NAME: Michael Bolton

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_



*Rec'd 3/14/16*

**CLOSED-END MOTOR VEHICLE LEASE AGREEMENT  
NEW JERSEY**



**1. Parties**

Lease Date: 03/14/2016

**LESSEE AND CO-LESSEE NAME AND LESSEE'S BILLING ADDRESS**  
 REGENCY HOUSE OF WALLINGFORD INC  
 181 EAST MAIN ST  
 Wallingford, County of NEW HAVEN, CT 06492

**LESSOR (DEALER) NAME AND ADDRESS**  
 CELEBRITY MOTOR CARS LIMITED LIABILITY COMPANY  
 130 ROUTE 10  
 WHIPPANY, NJ 07981

**VEHICLE GARAGING ADDRESS**  
 181 EAST MAIN ST  
 Wallingford, CT 06492

This is a Lease for the Vehicle described below. The words "you", "your" and "yours" refer to the Lessee and any Co-Lessee. The words "we", "us" and "our" refer to the Lessor, and after assignment, to the Toyota Lease Trust ("TLT"), and any subsequent assignee. Lexus Financial Services, a division of Toyota Motor Credit Corporation ("LFS") will be servicing this Lease on behalf of TLT. By signing this Lease, you agree to lease the Vehicle described below from us under the terms of this Lease, to pay all amounts due and to perform all of your obligations under this Lease.

**2. Description of Leased Vehicle**

You are leasing from us, and have received in satisfactory condition, the following Vehicle:

**Leased Vehicle**

2016 Lexus RX 350 AWD 4dr

<b>New, Used, or Demo</b> New	<b>Vehicle Identification No.</b> 2T2BZMCA2GC017775	<b>Primary Use</b> Business
<b>Transmission</b> Auto	<b>Brakes</b> Power	<b>Steering</b> Power
<b>Odometer Mileage</b> 55	<b>Monroney Label MSRP (if applicable)</b> \$ 51,673.00	<b>Air Conditioning</b> Yes
		<b>Engine Cylinders</b> 6
		<b>If the Odometer Mileage reads 1,000 miles or more, the prior use of the vehicle was:</b> N/A

**FEDERAL CONSUMER LEASING ACT SEGRÉGATED DISCLOSURES**

<b>3. Amount Due at Lease Signing or Delivery</b> (Itemized in Section 7 below)  \$ <u>2,183.00</u>	<b>4. Monthly Payments</b> Your first Monthly Payment of \$ <u>539.99</u> is due on <u>03/14/2016</u> , followed by <u>38</u> payments of \$ <u>539.99</u> due on the <u>14th</u> of each month.  The total of your Monthly Payments is: \$ <u>21,059.61</u>	<b>5. Other Charges</b> (not part of your Monthly Payment)  Disposition fee (if you do not purchase the Vehicle) \$ <u>350.00</u>  Total \$ <u>350.00</u>	<b>6. Total of Payments</b> (The amount you will have paid by the end of the Lease)  \$ <u>23,052.62</u>
--	---	--	---

**Itemization of Amount Due at Lease Signing or Delivery**

**7. Amount Due at Lease Signing or Delivery:**

a. Capitalized Cost Reduction	\$	651.87
b. First Monthly Payment	\$	539.99
c. Refundable Security Deposit	\$	0.00
d. Title Fees	\$	N/A
e. Registration Fees	\$	350.00
f. License Fees	\$	N/A
g. Tax on Capitalized Cost Reduction	\$	41.39
h. Acquisition Fee	\$	N/A
i. Document Fee	\$	599.75
j. N/A	\$	N/A
k. N/A	\$	N/A
l. N/A	\$	N/A
m. Total	\$	<u>2,183.00</u>

**8. How the Amount Due at Lease Signing or Delivery will be Paid:**

a. Net Trade-In Allowance	Year <u>N/A</u> Make <u>N/A</u> Model <u>N/A</u> VIN <u>N/A</u> (i) Agreed Upon Value \$ <u>N/A</u> (ii) Less: Pay Off \$ <u>N/A</u> (iii) Less: Cash to Lessee \$ <u>N/A</u> Net Trade In [(i) - (ii) - (iii), no less than 0] \$ <u>0.00</u>
b. Rebates and Noncash Credits	\$ <u>500.00</u>
c. N/A	\$ <u>N/A</u>
d. N/A	\$ <u>N/A</u>
e. N/A	\$ <u>N/A</u>
f. Amount to be Paid in Cash	\$ <u>1,683.00</u>
g. Total	\$ <u>2,183.00</u>

*Payable to Lessee*

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NEW JERSEY**



Your Monthly Payment is determined as shown below

**9. Payment Determination**

a. <b>Gross Capitalized Cost.</b> The agreed upon value of the Vehicle (\$ 46,516.53 ) and any items you pay over the Lease Term (such as service contracts, insurance, and any outstanding prior credit or lease balance). For an itemization of this amount, see Section 13.	\$ 47,216.53
b. <b>Capitalized Cost Reduction.</b> The amount of any net trade-in allowance, rebate, noncash credit, or cash you pay that reduces the Gross Capitalized Cost.	- \$ 651.87
c. <b>Adjusted Capitalized Cost.</b> The amount used in calculating your Base Monthly Payment.	= \$ 46,564.66
d. <b>Residual Value.</b> The value of the Vehicle at the end of the Lease used in calculating your Base Monthly Payment.	- \$ 31,642.53
e. <b>Depreciation and any Amortized Amounts.</b> The amount charged for the Vehicle's decline in value through normal use and for other items paid over the Lease Term.	= \$ 14,922.13
f. <b>Rent Charge.</b> The amount charged in addition to the Depreciation and any Amortized Amounts.	+ \$ 4,880.07
g. <b>Total of Base Monthly Payments.</b> The Depreciation and any Amortized Amounts plus the Rent Charge.	= \$ 19,802.20
h. <b>Lease Payments.</b> The number of payments in your Lease.	+ 39
i. <b>Base Monthly Payment.</b>	= \$ 507.75
j. <b>Monthly Sales/Use Tax.</b>	+ \$ 32.24
k. N/A	+ \$ N/A
l. <b>Total Monthly Payment ("Monthly Payment")</b>	= \$ <u>539.99</u>

**Early Termination.** You may have to pay a substantial charge if you end this Lease early. The charge may be up to several thousand dollars. The actual charge will depend on when the Lease is terminated. The earlier you end the Lease, the greater this charge is likely to be.

**10. Excessive Wear and Use**

You may be charged for excessive wear based on our standards for normal use and for mileage in excess of 39000 miles over the odometer mileage disclosed on page one, at the rate of \$ 0.25 per mile.

**11. Purchase Option at the End of Lease Term**

You have an option to purchase the Vehicle at the end of the Lease Term for \$ 31,642.53. That amount does not include other charges you may be required to pay pursuant to Section 32.

**12. Other Important Terms**

Review this Lease for additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance, and any security interest, if applicable.

**Gross Capitalized Cost Itemization and Other Items**

**13. Itemization of Gross Capitalized Cost**

You will pay for the following items over the Lease Term, as part of your Monthly Payment:

a. Agreed Upon Value of the Vehicle	\$ 46,516.53
b. Taxes	+ \$ N/A
c. Initial Title, License, and Registration Fees	+ \$ N/A
d. Outstanding Prior Credit or Lease Balance	+ \$ N/A
e. Acquisition Fee	+ \$ 700.00
f. N/A	+ \$ N/A
g. N/A	+ \$ N/A
h. N/A	+ \$ N/A
i. N/A	+ \$ N/A
j. N/A	+ \$ N/A
k. N/A	+ \$ N/A
l. N/A	+ \$ N/A
m. N/A	+ \$ N/A
n. N/A	+ \$ N/A
o. <b>Gross Capitalized Cost</b>	= \$ <u>47,216.53</u>

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# CLOSED-END MOTOR VEHICLE LEASE AGREEMENT NEW JERSEY



### 14. Lease Term and Scheduled Maturity Date

The Lease Term of this Lease is 39 months, and the Scheduled Maturity Date of this Lease is 06/13/2019.

The total cost of this Lease, assuming you do not default and you exercise the purchase option at the Scheduled Maturity Date, is \$ 54,345.15. This disclosure is required by New Jersey law and is calculated in a manner specified under the law. We calculated this amount by adding the amount of the Purchase Option at End of Lease Term (Section 11), plus the Amount Due at Lease Signing or Delivery (Section 3) (minus the First Monthly Payment, as applicable, Section 7(b) and Refundable Security Deposit (Section 7(c)), plus the total of your Monthly Payments (Section 4). Because this disclosure is based on certain assumptions and does not include all costs (such as insurance), your actual total cost of this Lease may differ.

### 15. Required Insurance

You must provide the following insurance during the Lease Term, with the Lessee and/or Co-Lessee as an insured driver. No other types of insurance are required and **no Required Insurance is provided by us in this Lease:**

- a) primary automobile liability insurance with minimum limits for bodily injury or death of
  - i) \$ 20,000.00 for any one person, and
  - ii) \$ 40,000.00 for any one accident, and
  - iii) \$ 10,000.00 for property damage; and
- b) physical damage insurance for the full value of the Vehicle or for the Total of Payments set forth in Section 6, whichever is less, with a maximum deductible of \$1,000.

See Section 24 for more information.

You have provided us today with the following insurance information:

CONNECTICUT INS	73581531
Insurance Provider	Policy No.
CONNECTICUT	(800) 841-2525
Agent's Name	Agent's Phone No.
N/A	
Agent's Address	

Insurance Coverage Verification by Dealer Employee



A

### 16. Charges for Late/Returned Payments

If we do not receive a full Monthly Payment within 10 days after it is due, you must pay a late payment charge of 5% of the unpaid amount or \$10, whichever is greater.

If any payment (including an electronic funds transfer) you make to us is not honored or returned to us for any reason, in addition to any late charges, you may be charged a fee of \$25, as permitted by law.

### 17. Estimated Official Fees and Taxes

This is an estimate of the total amount you will pay over the Lease Term for official and license fees, registration, title, and taxes (including personal property taxes), whether included in your Total Monthly Payment (Section 9J), the Amount Due at Lease Signing or Delivery (Section 7) or billed separately. The actual total of Official Fees and Taxes may be higher or lower than this estimate depending on the tax rates in effect or the value of the Vehicle at the time a fee or tax is assessed. **This estimate is based on your current address and may increase if you move or if tax rates change. You are responsible for paying any increases.** See Section 27 for additional information.

Estimated Total \$ 2,436.25

### 18. Warranty

If the Vehicle is a new or a demo Vehicle, the Vehicle is subject to the standard new warranty from the manufacturer. If the Vehicle is used, it is not covered by a warranty unless identified below:

- Remainder of standard new vehicle warranty from manufacturer
- Used vehicle warranty from manufacturer

**UNLESS WE MAKE A WRITTEN WARRANTY OR ENTER INTO A SERVICE CONTRACT WITHIN 90 DAYS FROM THE DATE OF THIS LEASE AND EXCEPT AS STATED IN THE PARAGRAPH IMMEDIATELY ABOVE, YOU ARE LEASING THIS VEHICLE "AS IS." THERE ARE NO WARRANTIES AS TO THE VEHICLE'S CONDITION, MERCHANTABILITY, SUITABILITY, OR FITNESS FOR A PARTICULAR PURPOSE.**

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**19. Optional Insurance and Other Products**

You are not required to buy any of the Optional Insurance or Other Products listed below to enter into this Lease, and they are not a factor in our credit decision. These insurance and other products will not be provided unless the appropriate box is checked, all information is filled in, you sign below, and you are accepted by the Provider. By your signature below, you agree that you have received a notice of the terms of the insurance or product, and you want to obtain the insurance or product for the premium or charge shown. A portion of the premium or charge shown may be retained by the Lessor (Dealer).

<input type="checkbox"/>	Optional Credit Life Insurance	N/A N/A Insured(s)				
\$	Beginning Coverage	N/A	Lessee	N/A		B
	Provider	N/A				
\$	Premium	N/A	Co-Lessee	N/A		B
<input type="checkbox"/>	Optional Credit Disability Insurance	N/A N/A Insured(s)				
\$	Maximum Monthly Coverage	N/A	Lessee	N/A		C
	Provider	N/A				
\$	Premium	N/A	Co-Lessee	N/A		C
<input type="checkbox"/>	Optional Mechanical Breakdown Protection	N/A N/A Miles/Coverage Months	Lessee	N/A		D
	Provider	N/A				
\$	Premium or Charge	N/A	Co-Lessee	N/A		D
<input type="checkbox"/>	Optional Maintenance Agreement	N/A	Lessee	N/A		E
\$	Premium or Charge	N/A	Co-Lessee	N/A		E
<input type="checkbox"/>	Optional Excess Wear and Use Protection Plan	N/A	Lessee	N/A		F
\$	Premium or Charge	N/A	Co-Lessee	N/A		F
<input type="checkbox"/>	Optional Tire and Wheel Protection Plan	N/A	Lessee	N/A		G
\$	Premium or Charge	N/A	Co-Lessee	N/A		G

Total Premiums and Charges \$ 0.00

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## CLOSED-END MOTOR VEHICLE LEASE AGREEMENT NEW JERSEY



### 20. Complete Agreement or Modification

By your signature, you acknowledge that this Lease contains the entire agreement for the Lease of this Vehicle. There are no other agreements. Any change to this Lease must be in writing, and signed by you and by us.

Lessee



H

Co-Lessee

N/A

H

### YOUR OBLIGATIONS DURING THIS LEASE

#### 21. Vehicle Maintenance and Damage

You are responsible for all maintenance, repair, service, and operating expenses of the Vehicle. You agree to keep the Vehicle in the same condition as when you received it, except for reasonable wear, to maintain the Vehicle so that any warranties or similar agreements remain effective and so that it passes all inspections required by law, to follow the owner's manual and maintenance schedule, and to provide us with written proof of such maintenance. You agree to make the Vehicle available to us for inspection during the Lease Term at any reasonable time and place that we request.

#### 22. Prohibited Uses of the Vehicle. You agree that you will not, nor permit others to:

- use the Vehicle in any illegal manner, in violation of your insurance policy, or without the insurance coverage described in Sections 15 and 24;
- alter or install any equipment on or in the Vehicle without our written consent. Any accessions to the Vehicle become our property;
- subject the Vehicle to any lien, seizure or other involuntary transfer;
- use the Vehicle to transport goods or people for hire;
- remove the Vehicle from the state where it was first titled, for more than 30 days, without our written consent;
- take the Vehicle outside the continental United States (except to Canada or Mexico for less than 30 days, if you have our consent and have provided us with proof of insurance);
- use the Vehicle in a way that causes the cancellation or suspension of any warranty or other similar protection agreement; or
- allow anyone else to regularly use the Vehicle without our written consent.

**Assigning, subleasing, pledging or permitting a security interest to be created in, or in any other way transferring by you of any interest in the Vehicle or this Lease is strictly prohibited.**

#### 23. Title and Registration. Legal title to the Vehicle will be in our name and the Vehicle will be registered as we direct. You must promptly pay all title, registration, and license fees.

#### 24. Required Insurance. The limits required under state law may not be sufficient for your needs. See your insurance provider for more information. You may obtain the required coverages through any insurance company, agent, or broker you choose which is reasonably acceptable to us and authorized to do business in the state where the Vehicle is located. This insurance may be provided through existing policies that you own or control if it otherwise meets all requirements. The insurance policy must be acceptable to us, name Toyota Lease Trust as additional Insured and loss payee, and give us at least 10 days written notice before any cancellation or reduction in coverage. You authorize us to endorse your name(s) on any check or draft from your insurance company for any claim. You must provide us with written proof of this insurance, including a copy of the insurance policy, at any time during the term of this Lease at our request. You agree to release to us all insurance or other proceeds you receive for damages or loss to the Vehicle (including any premium refunds on the Required Insurance) up to the amount you owe us.

**Notice: Liability insurance coverage for bodily injury and property damage caused to others is not included in this Lease.**

#### 25. Payment Obligations. You may not change or stop your Monthly Payments for any reason, even if the Vehicle is stolen, destroyed, seized by the government, non-operative, experiences any mechanical problem, or does not perform satisfactorily. We may apply each Monthly Payment and each other payment we receive to past due payments, current payment due, late charges, and other amounts due under this Lease in any order we choose, to the extent permitted by law.

#### 26. Change in Address. You must notify us in writing within 30 days of any change in your address or the address where the Vehicle is garaged.

#### 27. Fees Taxes and Fines. You must promptly pay all official fees and taxes related to the Vehicle and this Lease, including title, license and registration fees, and sales, use, excise and personal property taxes. These amounts may change from time to time based on changes to your address and changes in tax rates. You must also promptly pay all other fees, assessments, charges, costs and fines (collectively "fines") incurred on the Vehicle such as traffic tickets, impounds, towing charges, storage charges and toll violations. Some bills for official fees and taxes may be sent to you for payment. Other bills may be paid by us on your behalf and we will charge you the amount billed to us. If you fail to pay any such amount when billed by us or by a third party, and we elect to pay it, you will reimburse us for the amount paid plus a \$10 administrative fee per incident, to the extent permitted by law. In connection with these bills, you give us permission to provide information regarding you and this Lease to the billing authority. You must pay all fees, taxes, assessments, charges, costs and fines incurred on the Vehicle during the Lease Term, even if they are assessed and billed after this Lease has ended. We may charge you an estimated amount for any remaining items at the time this Lease ends. You are responsible for any shortage in this estimate, and we will refund you any excess.

We are not obligated to apply for any refund or abatement of official fees and taxes, including personal property taxes. If you make a written request that we apply for a refund of an official fee or tax that you paid to us, to which you are entitled, we will file an application for refund. We will send any refund we receive, less all amounts due under this Lease, to you.

## CLOSED-END MOTOR VEHICLE LEASE AGREEMENT NEW JERSEY



We may pay any title, registration, license fee, tax, assessment, charge, cost or fine which you fail to pay, and charge you the amount paid. You are responsible for any fines or penalties if you fail to pay the bill when due.

- 28. Default and Remedies.** To the extent permitted by law, you will be in default if:
- you fail to make any payment when it is due and such failure continues for 15 days;
  - you fail to keep any other agreement in this Lease;
  - you provided false or misleading information when applying for this Lease;
  - you become the subject of a bankruptcy or insolvency proceeding;
  - the Vehicle is lost, stolen, seized, confiscated, levied upon, or damaged beyond reasonable repair;
  - you die and there is no surviving co-lessee, unless your surviving spouse continues to make all payments when due under this Lease; or
  - you fail to return the Vehicle by the Scheduled Maturity Date and do not obtain our written consent to extend the Lease Term.

If you are in default, we may do any or all of the following, as permitted by law, after giving any legally required notices, and observing any legally required cure or reinstatement periods:

- terminate this Lease and your right to use the Vehicle;
- require you to return the Vehicle by allowing us to pick up the Vehicle or making it available to us at any reasonable time and place we specify;
- take possession of the Vehicle by legal process or by self help in any manner not prohibited by law;
- require you to pay the amounts set forth in Section 29;
- take any reasonable action to correct your default or to prevent our loss;
- pursue any other remedy allowed by law; and
- require you to pay all of our expenses for taking these actions and add the amount of our expenses to the amount you owe us under this Lease, including, but not limited to, expenses for repossession, transportation, storage, collection, and legal costs, including reasonable attorneys' fees paid to an attorney who is not our salaried employee, as allowed by applicable law.

We or our agent may take possession of personal property left in or on the Vehicle, subject to your right to recover such property, if any. We or our agent may store it for you and you will be responsible to pay for this service. If you do not take possession of the personal property, we or our agent may dispose of it as permitted by law.

### ENDING YOUR LEASE

- 29. Early Termination by Us.** We may terminate this Lease at any time if you are in default (see Section 28), subject to any right you may have to cure your default. If we do, you must return the Vehicle to us, at any reasonable location we specify. In addition, you must pay us, upon demand, the amounts set forth in Section 28(vii) and the total of the following amounts:
- all Monthly Payments that have become due and are unpaid at termination; plus
  - all official fees and taxes charged in connection with this Lease termination, plus
  - all out of pocket costs paid by us for the sale of the Vehicle, including costs for transporting, storing, preparing for sale, and auctioning the Vehicle; plus
  - the amount, if any, by which the "Adjusted Lease Balance" exceeds the "Fair Market Value" (as such terms are defined below); plus
  - all other amounts then due under this Lease, but not including charges for Excessive Wear and Use and excess mileage (Sections 10 and 34); minus
  - any remaining Refundable Security Deposit (Section 36) or refund we receive from Optional Insurance or Other Products (Section 38).

The "Adjusted Lease Balance" is calculated by adding the Base Monthly Payments whose scheduled due dates are after the date of termination and the Residual Value, then subtracting the unearned portion of the Rent Charge. The unearned portion of the Rent Charge is calculated according to the "constant yield" method.

The "Fair Market Value," if not established by agreement or appraisal as described below, is equal to the price we receive when we dispose of the Vehicle at wholesale. The Fair Market Value may also be determined by our mutual agreement or by an appraisal of the wholesale value of the Vehicle, which you may obtain, at your own expense, from a professional independent appraiser agreed to by us. If you obtain such an appraisal and the appraisal is provided to us within 10 days after the Vehicle is returned to us, the appraised value will be final and binding on both you and us and will be used as the Fair Market Value. If the Vehicle is subject to damage or theft resulting in a total loss, in each case as we determine, the Fair Market Value will equal the amount of any insurance proceeds we receive from your Required Insurance. If there are no insurance proceeds the Fair Market Value will be zero.

- 30. Early Termination by You.** If you are not in default, you may terminate this Lease at any time prior to the end of this Lease. If you terminate this Lease early and do not elect to purchase the Vehicle in accordance with Section 32, you must return the Vehicle to us, at any reasonable location we specify, and you must pay us, upon demand, either the total of the amounts due under Section 29 or the total of the following amounts, whichever is less:
- all Monthly Payments that have become due and are unpaid at termination; plus
  - all remaining Monthly Payments from the date of termination to the scheduled end of this Lease, unless Section 31 is applicable to this Lease; plus
  - all official fees and taxes charged in connection with this Lease termination; plus
  - all out of pocket costs paid by us for the sale of the Vehicle, including costs for transporting, storing, preparing for sale, and auctioning the Vehicle; plus
  - all other amounts then due under this Lease, including all charges for Excessive Wear and Use and excess mileage (Sections 10 and 34); minus
  - any remaining Refundable Security Deposit (Section 36), or refund we receive from Optional Insurance or Other Products (Section 38).

## CLOSED-END MOTOR VEHICLE LEASE AGREEMENT NEW JERSEY



- 31. Total Loss or Theft.** If the Vehicle is subject to damage or theft resulting in a total loss, and you have maintained the Required Insurance set forth in Section 15, we will waive the Early Termination charge set forth in Section 29(d), after we receive the insurance proceeds and you have paid any deductible amounts.
- 32. Your Option to Purchase the Vehicle.** You may purchase the Vehicle at any time during this Lease or at the Scheduled Maturity Date (unless a governmental agency has seized the Vehicle and instructed us not to release the Vehicle to you). The price to purchase the Vehicle at the Scheduled Maturity Date is the Purchase Option Price shown in Section 11, plus, the amounts described in subsections 32(a), 32(b) and 32(c), below. The price to purchase the Vehicle during the Lease Term is the total of:
- all unpaid Monthly Payments that have become due, and other amounts due and unpaid under this Lease, except the disposition fee shown in Section 5 and charges for Excessive Wear and Use and excess mileage (Sections 10 and 34); plus,
  - all official fees and taxes, and documentary fees charged in connection with the purchase; plus,
  - all amounts necessary to meet any legal selling requirements; plus,
  - the Adjusted Lease Balance as defined in Section 29.

As part of a like-kind exchange program, TMCC has engaged TQI Exchange, LLC ("TQI") as a qualified intermediary. Lessor and Lessee are hereby notified that TMCC has assigned to TQI its rights (but not its obligations) in any agreement for the sale of the Vehicle at Lease termination.

- 33. Obligations if You Do Not Purchase the Vehicle at the Scheduled Maturity Date.** At the Scheduled Maturity Date, you must return the Vehicle to us at any reasonable location we specify, and pay us, upon demand, the following amounts:

- all Monthly Payments and other amounts due under this Lease, including the disposition fee shown in Section 5; plus
- all official fees and taxes charged in connection with this Lease termination; plus
- all Excessive Wear and Use charges described in Section 34; plus
- all excess mileage charges disclosed in Section 10. You will not receive a refund if you do not use all of the mileage set forth in Section 10.

If you keep possession of the Vehicle past the Scheduled Maturity Date, you agree to continue to pay the Monthly Payments. However, continued payment does not cure any default, including a default under Section 28(g), and does not permit you to keep the Vehicle unless you obtain our advance written consent to extend the Lease Term. You agree to pay us any damages we suffer because you failed to return the Vehicle at the end of this Lease.

- 34. Excessive Wear and Use Charges.** If you do not purchase the Vehicle at any time during this Lease or at the Scheduled Maturity Date, or if you elect to terminate this Lease pursuant to the terms of this Lease and except to the extent paid by the Excess Wear and Use Protection Plan; if you purchased and received that Plan, you are responsible for the estimated cost to repair damage (including diagnostic cost, if any) to the Vehicle which is excessive wear and use (even if we do not repair the Vehicle).

Excessive wear and use may include but is not limited to certain damage such as:

- inoperative mechanical and electrical parts;
- damage (including but not limited to, damage to the engine) due to your failure to maintain the Vehicle pursuant to the terms of this Lease;
- damage to the body, lights, trim or paint;
- damaged, broken or missing glass;
- torn, damaged or stained interior;
- damage from flood, water, hail or sand;
- damage from removal of equipment or signs placed on the Vehicle;
- missing equipment, parts and accessories, including missing keys or remote entry devices; or
- any wear or damage to any part of the tire that doesn't allow the tire to meet the manufacturer's guidelines for safe operation, or any mismatched tire sizes in a set of 5 (or 4 with any emergency spare if the Vehicle was equipped with one).

You may obtain, at your own expense, a professional appraisal of the amount required to repair or replace parts or the amount by which the excessive wear and use reduces the value of the Vehicle. This professional appraisal will be performed by an independent third party agreed to by you and us, which appraisal will be final and binding on you and us.

### ADDITIONAL INFORMATION

- 35. Communication Consent.** You agree that we, LFS and any affiliates, agents and service providers or any assignees of the foregoing (individually and collectively, as applicable in this Communications Consent section, "we," "our" or "us") may call you, leave you a voice, prerecorded or artificial voice message or send you a text, email or other electronic message for any purpose related to your Accounts with us, our products and services, or surveys or research (each a "Communication"). We may include your personal information in a Communication and conduct a Communication using an automated dialing system and any contact information we have for you, including a cell phone number. We will not charge you for a Communication but your service provider may do so. You understand and agree, we may always communicate with you in any manner permissible by law that does not require your consent.
- 36. Refundable Security Deposit.** Your security deposit may be used by us to pay amounts that you owe under this Lease. If you elect to purchase your Vehicle, your security deposit may be applied by us to the amount you owe to purchase your Vehicle. Any unused security deposit will be returned to you at the end of the Lease Term. No interest, increase, or profits will be paid to you on the security deposit, unless otherwise required by law as of the end of this Lease Term.
- 37. Assignment.** We can assign our interest in this Lease and in the Vehicle without your consent. After you sign this Lease, we will assign it to TLT and you agree to make all payments to TMCC as servicer for TLT. LFS, a division of TMCC, as servicer for TLT may be contacted at PO BOX 60116, City of Industry, CA 91716, (800) 874-8822.

## CLOSED-END MOTOR VEHICLE LEASE AGREEMENT NEW JERSEY



- 38. Refund of Optional Insurance or Other Products.** If any optional insurance or product included in the Gross Capitalized Cost is cancelled before the end of the Lease Term, or if you are not accepted by the Provider for a requested optional insurance or product, we will credit any refunds to your account.
- 39. Indemnity.** You agree to indemnify us from, and to pay on our behalf, any claim or loss (including damages, costs, expenses and legal fees) which arises from or is related to the possession, condition, use, maintenance or operation of the Vehicle. Any insurance we provide is secondary to the Required Insurance.
- 40. Credit Information.** You authorize us, at any time, to investigate any information provided on your credit application in order to establish, maintain and collect on this Lease account, including to order one or more credit reports in connection with establishing, maintaining or collecting this Lease account. You authorize us to provide information concerning your account to credit reporting agencies and others who may lawfully receive such information. You may notify us if you believe that we have reported any inaccurate information about your Lease account to a consumer reporting agency. Send your written notice describing the specific inaccuracies to us at the following address: P.O. Box 9786, Cedar Rapids, IA, 52409-9786.
- 41. Liability.** Lessee and Co-Lessee are jointly and severally liable. If there is both a Lessee and Co-Lessee signing this Lease, we can release, waive, or delay the enforcement of our rights against one of you, without affecting our rights as to the other one(s).
- 42. Notices.** All Lessee and Co-Lessee correspondence and notices will be sent to the Lessee's Billing Address shown on this Lease, unless you give us a different address. All correspondence and notices will be given solely in LFS' name as the servicer, and will be given on behalf of TLT.
- 43. Choice of Law and Severability.** This Lease will be governed by the laws of the State of New Jersey. If a court of competent jurisdiction later deems any provision of this Lease invalid, inapplicable, or unenforceable, the remaining provisions of this Lease will still be enforceable.
- 44. No Waiver by Us.** If we delay or refrain from exercising our rights or remedies under this Lease, we do not lose those rights or remedies. If we accept late or partial payments from you, we do not waive our right to receive full and timely payments. We may accept payments with "Payment in Full," similar language or other restrictive endorsements without being bound by such language or waiving our rights or remedies.
- 45. Odometer Disclosure Statement.** Federal law requires that you disclose the Vehicle's odometer reading to us upon termination of this Lease or transfer of ownership. Failure to complete an Odometer Disclosure Statement, failure to return it to us, or making a false statement therein, may result in fines and/or imprisonment. You will be provided an Odometer Disclosure Statement to complete prior to the termination of this Lease.
- 46. True Lease; Security Interest.** You and we intend that this Lease for all purposes constitutes a "true lease" of the Vehicle, and not a "financed lease" or a secured transaction under the laws of any state. However, if for some reason a court or arbitrator determines that this Lease constitutes a "financed lease" or a secured transaction, you grant us a security interest at that time, to the extent permitted by law, in the Vehicle including any property now or later installed in or affixed to the Vehicle, in all proceeds derived from the Vehicle, in your security deposit, in the proceeds of any insurance relating to persons or property and the proceeds of all optional products, including return of unearned premiums and unearned charges.
- 47. Electronic Records and Signatures and Conversion to Paper.** You agree to use electronic records and electronic signatures to document this contract. Your electronic signatures will have the same effect as signatures on a paper contract.
- There will be one authoritative copy of this contract. It will be the electronic copy in a document management system we designate for storing it. We may convert the authoritative copy to a paper original. We will do so by printing one paper copy marked "Original." This paper original will have your electronic signature on it. It will have the same effect as if you had signed it originally on paper.

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NEW JERSEY**



**ARBITRATION**

**48. Arbitration Provision.** You agree that any claims arising from or relating to this Lease or related agreements or relationships, including the validity, enforceability, arbitrability or scope of this Provision, at your or our election, are subject to arbitration. This includes, without limitation, claims in contract, tort, pursuant to statute, regulation, ordinance or in equity or otherwise, and claims asserted by us against you and by you against us, and the following Covered Parties: Toyota Lease Trust, Toyota Motor Credit Corporation, Lexus Financial Services, Toyota Motor Insurance Services, Inc., and/or any of our or its affiliates and/or any of our or their employees, officers, successors, assigns or against any third party providing any product or service in connection with this Lease. Any arbitration shall be administered by either JAMS (its rules may be obtained at any of its many offices nationwide or online at [www.jamsadr.com](http://www.jamsadr.com)), or any arbitration provider that either party may choose subject to the other's approval, which may not be unreasonably withheld. The applicable rules of the selected arbitration provider shall govern, except that in the event of any inconsistency between those rules and this Provision, this Provision shall prevail. Such claims shall be resolved in accordance with (i) the Federal Arbitration Act (the "FAA"); (ii) the selected arbitration provider's rules and procedures in effect at the time the claim is filed; and (iii) this Provision. Any arbitration hearing at which you appear shall be conducted at a location that is reasonably convenient to where you live. The Arbitrator shall apply applicable substantive law consistent with the FAA (and not any state law concerning arbitration) and shall award such remedies, if any, that would be available in court if arbitration had not been elected. If you cannot afford to pay and cannot obtain a waiver of the fees charged by the Arbitrator or if you believe that such fees are or will be prohibitively expensive or excessive, we and the Covered Parties will entertain in good faith any reasonable written request by you for us and the Covered Parties to pay or reimburse you for all or part of such fees. In addition, we will pay the selected arbitration provider's fees for all claims under \$15,000. For claims above that amount, the selected arbitration provider's fee shall be covered equally by the parties. In the event we prevail, we agree not to seek recovery of our attorneys' fees from you. If you prevail and the Arbitrator awards you an amount higher than our last written settlement offer before the Arbitrator was selected, we will pay you double your attorney's fees and the maximum claim that may be brought in small claims court in the county of your billing address. **We, the Covered Parties and you are prohibited from participating in any type of representative action, including a class action or private attorney general action. We, the Covered Parties and you are also prohibited from seeking any relief on a representative or class basis.** You will not be subject to this Provision for any individual claim brought by you in small claims court or your state's equivalent court, unless such claim is transferred, removed or appealed to a different court. **IF ANY PARTY ELECTS ARBITRATION WITH RESPECT TO A CLAIM, NEITHER YOU NOR WE NOR ANY COVERED PARTY WILL HAVE THE RIGHT TO LITIGATE THAT CLAIM IN COURT; TO HAVE A JURY TRIAL ON THAT CLAIM; OR TO PARTICIPATE AS A REPRESENTATIVE OR MEMBER OF ANY CLASS OF CLAIMANTS PERTAINING TO SUCH CLAIM. THE ARBITRATOR'S DECISION WILL BE FINAL AND BINDING EXCEPT AS MAY BE PROVIDED IN THE FAA.** This Provision will survive your full payment of this Lease; our sale or transfer of this Lease; any repossession of the Vehicle; and your (or our) bankruptcy.

By checking the "opt-in" box and signing below, you agree that at the request of either you or us any controversy or claim between you and us shall be determined by neutral binding arbitration under the Federal Arbitration Act (definitions, terms and conditions described in the Arbitration Provision). **IF YOU DO NOT WISH TO BE BOUND BY THE ARBITRATION PROVISION, CHECK THE "OPT-OUT" BOX AND SIGN BELOW.** By checking a box and signing below, you agree that you have read and received a copy of the Arbitration Provision.

- OPT IN:** You agree to be bound by the Arbitration Provision.
- OPT OUT:** You do not wish to be bound by the Arbitration Provision.

Lessee

[Redacted Signature]

|

Co-Lessee

N/A

|

True and Accurate Review Copy - UCC Non-Authoritative Copy

True and Accurate Review Copy - UCC Non-Authoritative Copy



**CLOSED-END MOTOR VEHICLE LEASE AGREEMENT  
NEW JERSEY**



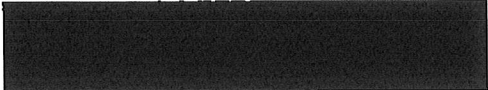
**LEASE SIGNATURES AND NOTICES**

**PLEASE READ ALL PAGES FOR ADDITIONAL TERMS AND CONDITIONS**

**NOTICE TO LESSEE AND CO-LESSEE: (1) DO NOT SIGN THIS LEASE BEFORE YOU READ ALL PAGES OR IF THIS LEASE CONTAINS ANY BLANK SPACES; (2) YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS LEASE WHEN YOU SIGN IT.**


**NOTICE: THE LESSEE AND THE LESSOR SHALL BE ENTITLED TO REVIEW THE CONTRACT FOR ONE BUSINESS DAY BEFORE SIGNING THE CONTRACT.**

By signing below, you acknowledge that: (1) You have read the entire Lease, including all pages; (2) You agree to all of the provisions of this Lease; (3) You have received a completely filled-in copy of this Lease; and (4) This is a lease; you have no ownership interest in the Vehicle unless and until you exercise your option to purchase set forth in this Lease.

Lessee		Co-Lessee	N/A
	J		J
Name:	REGENCY HOUSE OF WALLINGFORD INC	Name:	N/A
Date:	N/A	Date:	N/A

**Notice Regarding Assignment.** As part of a like-kind exchange program, TMCC has engaged TQI Exchange, LLC ("TQI") as a qualified intermediary. Lessor is hereby notified that TMCC has assigned to TQI its rights (but not its obligations) in agreements to acquire the Vehicle.

**Acceptance and Assignment:** The Lessor hereby accepts this Lease and assigns to the Toyota Lease Trust all rights, title and interest in this Lease and in the Vehicle, and Lessor's rights under any guaranty executed in connection with this Lease, with full powers to Toyota Lease Trust to collect and discharge all obligations related to this Lease, any guaranty, and this assignment.

Lessor	
	K
Name:	CELEBRITY MOTOR CARS LIMITED LIABILITY COMPANY
Date:	N/A

True and Accurate Review Copy - UCC Non-Authoritative Copy

True and Accurate Review Copy - UCC Non-Authoritative Copy

# POINTCLICKCARE.COM SUBSCRIPTION SERVICE AGREEMENT

This agreement is made between Wescom Solutions Inc. ("Wescom"), 6975 Creditview Road, Unit 4, Mississauga, Ontario, L5N 8E9 AND National HealthCare Associates Inc, 46 Stauderman Ave., Lynbrook NY 11563 (Client)

## Preamble

WHEREAS Wescom has developed PointClickCare.com ("PointClickCare"), a website designed, *inter alia*, to maintain patient/client records ("Records") for government entities and the private healthcare provider system;

AND WHEREAS PointClickCare consists of various applications, each of which offers various options to the Client ("Applications");

AND WHEREAS Wescom is the registered owner of PointClickCare and the Applications;

AND WHEREAS Wescom is prepared to grant a limited license for the use of the Applications to the Client.

## 1. Description of Service

1.1 Online Subscription Service. Wescom grants to the Client, during the term of this Agreement, a limited license to use those Applications of PointClickCare listed in Schedule 1 attached hereto, for a specified number of active Records ("Licensed Capacity"). The Licensed Capacity of the Client is set out in Schedule 1 hereto. The active Records shall be provided to the Client via an online service ("Online Service") through a data center established and maintained by Wescom ("Data Center"). Non-active (discharged or waiting list) Records are maintained by PointClickCare but are not included in the Licensed Capacity of the Client for the purposes of calculating the Subscription Charge (as hereinafter defined).

1.2 Modifications. The Client may, at any time, increase or decrease its Licensed Capacity and/or the number of Applications licensed. For each increase in the Licensed Capacity or number of Applications licensed, there shall be an additional Schedule 1 signed by both parties, which shall be subject to the terms of this Agreement.

1.3 Client Responsibilities. In order to use the Online Service, the Client must obtain access to the World Wide Web, either directly or through devices that access web-based content. The Client shall be responsible for any service fees associated with such access, including any carrier fees. In addition, the Client shall provide all equipment necessary to make such connection to the World Wide Web, including a computer and modem and/or a wireless access device.

1.4 Transfer of limited license to use the Online Service. The Client's usage rights to PointClickCare or any Application may not be transferred to another entity without the prior written consent of Wescom.

## 2. Eligibility

PointClickCare.com is available only to healthcare provider or government entities that have the capacity to enter into legally binding contracts under applicable law for legitimate business purposes. Any entity failing to fit the preceding description will not be able to enter into this Agreement.

## 3. Online Service Accessibility

3.1 Database And Applications Accessibility. The Data Center shall operate 24 hours a day, 365 days per year, subject to scheduled maintenance as described in section 3.2. The Client shall, subject to obtaining access to the World Wide Web, acquire access to the Client Database and acquire the ability to perform data processing with each Application, in accordance with the design of such Application, during not less than 99.6% of hours 24x7x365 for each calendar year.

3.2 Downtime Maintenance Periods. Wescom periodically adds, repairs, and upgrades the Data Center network, hardware and the Applications and shall use its best efforts to accomplish this without affecting the Client's access to PointClickCare or the Applications; however, repairs of an emergency or critical nature may result in the Online Service not being available for the Client's usage during the course of such repairs. In addition, Wescom has established periodic system maintenance windows on Tuesday and Friday mornings between the hours of 2am and 5am (EST). During this time, Wescom reserves the right to take down the server(s) at the Data Center hosting the Client Data in order to conduct routine maintenance to both software and hardware. Wescom shall advise the Client prior to any scheduled downtime. Wescom reserves the right to change its maintenance window upon prior notice to Client provided the maintenance occurs between the hours of 2 a.m. and 5 a.m. (EST).

3.3 Database Back-up. Tapes or other storage media shall be used at the Data Center for daily back-up of data for disaster protection purposes.

## 4. Subscription/License Fee

4.1 Subscription Charge. The Client shall be responsible for a subscription fee as set forth in Schedule 1 (the "Subscription Charge"), and shall be payable in full within 30-days from official start date.

4.2 Price Protection. Wescom may, at any time during the term of this Agreement, modify the Subscription Charge, upon ninety (90) days prior notice, subject to the following limitations:

- a) no modification may occur within the twenty four

- b) -month period beginning with the first term for which the Subscription Charge is payable;
- c) Subscription Charge may not increase by more than 4% on any given year.

## 5. **Non-Subscription Services**

(a) Training & Professional Services. Wescom shall provide training & professional services to the Client's staff in the use of the Applications in accordance with the attached Schedule 2.

5.1 (b) Fixed Rate Training (If elected in Schedule 1). Wescom shall provide Fixed Rate training for as long as the client is subscribed to the Fixed Rate training subscription fee. This fee includes participation in all scheduled webinars, replacement training for designated PCC System Administrator, DON/DOC MDS Coordinator, or Office Coordinator and pre-scheduled training for 2 named clinical and 2 office contacts per centre. The client shall be required to purchase the published standard implementation fees in order for the on Fixed Rate training to take effect. The Client is committed for a period of 1 year. After one (1) year, the client may cancel the Fixed Rate training. The client shall not subscribe to Fixed Rate training for a period of one (1) year. If additional training is required or requested, the client shall pay the published rate of \$125/h.

5.2 Data Import Services. Except as expressly provided by this Agreement or an exhibit hereto, the Client shall be responsible for entering all Client Data, including data previously entered in a different software system. The Client may elect to purchase the Data Import service from Wescom for designated data sets, as offered by Wescom. If the data import service is elected, an exhibit will be attached hereto in Schedule 4 titled "Data Import Services"

5.3 Technical Support. **TECHNICAL SUPPORT IS INCLUDED IN THE SUBSCRIPTION CHARGE.** Technical support is defined as the provision of corrections for any reproducible material error in the Application. Technical support included in the Subscription Charge refers explicitly to maintaining or restoring the Application to operation in accordance with the system documentation. Support issues that arise through user error and Application training issues shall be referred to the Help Desk.

5.4 Help Desk. **Wescom shall provide help desk ("Help Desk") support on an as-needed basis at no charge to the Client upon commencement of the Subscription Services and completion of client training.** Help Desk services are available to the Client between 8am and 8pm EST Monday to Friday with off hour emergency support provided for urgent issues. An Urgent issue is defined by the Wescom "Service Level Agreement" found in Schedule 3 attached hereto.

## 6. **Use Practices**

6.1 Security. The Client shall receive one or more unique user identity and password combinations. In the event of turnover in the Client's staff or any other occurrence resulting in the Client's password(s) becoming known to any person not authorized to act for the Client, the Client shall immediately

notify Wescom. The Client shall be responsible for all security precautions at its site(s) and within its staff.

6.2 Session Connection Limitations. A connection session is the continuous block of time from the time the Client logs in to the Data Center until the moment the Client disconnects. In the event that the Client, after using an Application, omits to disconnect and leaves the connection idle for 15 minutes, Wescom shall automatically disconnect such connection. If disconnected, the Client is free to re-connect immediately to establish a new session.

6.3 Suspension. If the Client fails to make payment of any amount owing, including the Subscription Charge, under this Agreement within 45 days of such amount becoming due, the Client's right to utilize the Applications shall, at the discretion of Wescom, be subject to suspension. During the period of suspension, any attempt to access the Data Center by the Client will be blocked. An account that has been suspended for nonpayment will not be reactivated until the balance due on the account has been paid in full, or sufficient arrangements for payment acceptable to Wescom have been made. Reactivation of a suspended account requires, in addition to charges otherwise payable, a one-hundred-dollar (\$100.00) reactivation fee. Service fees shall continue to accrue during any period of suspension. Suspension of a Client account does not relieve the Client of his obligation to pay the outstanding account balance.

## 7. **Term & Termination**

7.1 Term. The Applications and live database shall be made available to the Client on a date determined by Wescom ("Official Subscription Start Date"). This Agreement constitutes an agreement for the Term outlined in Schedule 1, and shall be automatically renewable unless either party requests change or termination in writing to the other. Either party may terminate this Agreement, by notifying the other party thirty (30) days in advance.

7.2 Termination. Upon termination Wescom shall make available to the Client a file of the Client's data. The Client, if it requires such file, shall make such request when notifying Wescom of the termination of the Online Service. Wescom shall provide such file within 7 days of receipt of such request. Upon termination of the Online Service, the Client's right to use such Online Service immediately ceases. Wescom shall have no obligation to maintain any Data stored on behalf of the Client or to forward any Data to the Client or any third party. Wescom may, but is not obligated to, delete archived data, but will not do so until thirty (30) days following termination.

7.3 Data Access on Insolvency. In the event that Wescom threatens to or ceases operations, executes an assignment for the benefit of creditors, takes the benefit of any legislation for insolvent persons, or is subject to receivership or bankruptcy proceedings, the Client shall on written request by the Client to Wescom be provided with a disk copy of the Client's data within 7 business days.

**8. Private Health Information Confidentiality -** Wescom covenants and agrees;

- a. Not use or further disclose the Client's information other than as permitted or required to carry out its obligations pursuant to this Agreement or as required by law;
- b. To use reasonable safeguards to prevent use or disclosure of the Client's information other than as provided for in this Agreement;
- c. To report to the Client any use or disclosure of the Client's information not provided for by this Agreement of which it becomes aware;
- d. To ensure that any agents, including any subcontractors, to whom Wescom provides private health information ("PHI") received from, or created or received by Wescom on behalf of the Client, agrees to the same restrictions and conditions that apply to Wescom with respect to such information;
- e. To make available PHI in accordance with legislative requirements for access of individuals to PHI;
- f. To comply with all applicable legislation governing the confidentiality of the Client's data;
- g. To make available the information required to provide an accounting of disclosures in accordance with legislative requirements for accounting of disclosures of PHI;
- h. To make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by the Wescom on behalf of, the Client, available for purposes of determining Wescom's compliance its obligations pursuant to this section 8; and
- i. On termination of this Agreement to, destroy all PHI received from, or created or received by Wescom on behalf of the Client that Wescom still maintains in any form and Wescom covenants that it shall retain no copies of such information, or, if such return or destruction is not feasible, to extend the protections of this Agreement to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information unfeasible.

## 9. Additional Terms

**9.1 Warranty.** Wescom warrants that the Client shall have the right to utilize the Applications free and clear of all liens and encumbrances, subject to the terms hereof. Wescom warrants that the Applications shall function, as originally deployed and as modified by future releases, in accordance with its documentation, and that the Client shall have access to the Applications at the Data Center as described in this Agreement. NO OTHER WARRANTIES APPLY, EITHER EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE.

**9.2 Client Data.** Wescom does not own any data, information or material submitted by the Client to the Online Service ("Data"), unless Wescom specifically advises the Client otherwise. Wescom agrees not to disclose to any third party any information concerning the Client's operations, clients or patients except as expressly authorized herein. The Client shall allow Wescom to access and copy the Client Data provided that the portions of the Client Data to be copied by Wescom (the "Database") shall not include patient identification information, and further provided

that Wescom shall not provide the Database to any third party in any format – either by facility name or location – which enables such third party to identify Client Facility(ies) (individually or collectively) as the basis for the data reported. Subject to such restriction, Wescom may use or provide to third parties anonymous database information.

## 10. Limitation of Liability

IN NO EVENT SHALL WESCOM BE LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, SPECIAL OR CONSEQUENTIAL DAMAGES, OR DAMAGES FOR LOSS OF PROFITS, REVENUE, DATA OR USE, INCURRED BY THE CLIENT OR ANY THIRD PARTY, WHETHER IN AN ACTION IN CONTRACT OR TORT, ARISING FROM THE CLIENT'S ACCESS TO, OR USE OF, THE SITE OR THE ONLINE SERVICE UNLESS RESULTING FROM NEGLIGENT ACTS OR OMISSION BY WESCOM. SOME JURISDICTIONS DO NOT ALLOW THE EXCLUSION OF CERTAIN WARRANTIES OR THE LIMITATION OR EXCLUSION OF LIABILITY FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES. ACCORDINGLY, SOME OF THE ABOVE LIMITATIONS MAY NOT APPLY TO THE CLIENT.

## 11. Indemnity

(a) The Client shall defend, indemnify and hold harmless Wescom, its officers, directors, employees and agents from and against any and all claims, liabilities, damages, losses or expenses, including reasonable attorneys' fees and costs, arising out of or in any way connected with the Client's access to or use of the Online Service or the site or the Applications UNLESS RESULTING FROM NEGLIGENT ACTS OR OMISSION BY WESCOM.

(b) Wescom shall defend, indemnify and hold harmless the Client, its officers, directors, employees and agents from and against any and all claims, liabilities, damages, losses or expenses, including reasonable attorneys' fees and costs, arising out of or in any way connected with the Client's access to or use of the Online Service or the site or the Applications.

## 12. General

**12.1 Notices.** All notices, requests, demands or other communications (collectively, "Notices") by the terms hereof required or permitted to be given by one party to any other party, or to any other person shall be given in writing by personal delivery or by registered mail, postage prepaid, or by facsimile transmission to such other party as follows:

- (a) To Wescom at:  
[Wescom Solutions Inc.](#)  
 6975 Creditview Road, Unit 4  
 Mississauga, Ontario, L5N 8E9  
 Fax: (905) 858-2248
- (b) To Client at:  
 National HealthCare Associates Inc  
 46 Stauderman Ave  
 Lynbrook NY 11563

or at such other address as may be given by such person to the other parties hereto in writing from time to time.

All such Notices shall be deemed to have been received when delivered or transmitted, or, if mailed, 48 hours after 12:01 a.m. on the day following the day of the mailing thereof. If any Notice shall have been mailed and if regular mail service shall be interrupted by strikes or other irregularities, such Notice shall be deemed to have been received 5 days after 12:01 a.m. on the day following the resumption of normal mail service, provided that during the period that regular mail service shall be interrupted all Notices shall be given by personal delivery or by facsimile transmission.

12.2 Governing Law. This Agreement shall be governed by and construed in accordance with the State laws of New York and the federal laws of the United States of America applicable therein and each of the parties hereto agrees irrevocably to conform to the non-exclusive jurisdiction of the Courts of such State.

12.3 Confidentiality. Each party shall treat as confidential the terms of this Agreement and any information received concerning the other party which is not generally known to the public. Each party shall use reasonable precautions to prevent any confidential information from being acquired by an unauthorized person.

12.4 Taxes. The Client shall be responsible for payment of all taxes associated with this Agreement including, but not limited to, personal property taxes, sales taxes, use taxes, import taxes, taxes on telecommunication services, information services, data processing services or similar governmental charges that may be assessed by any jurisdiction, whether based on gross revenue or delivery of products or services.

12.5 Entire Agreement. This Agreement constitutes the entire Agreement between the parties with respect to all of the matters herein and its execution has not been induced by, nor do any of the parties rely upon or regard as material, any representations or writings whatever not incorporated herein and made a part hereof and may not be amended or modified in any respect except by written instrument signed by the parties hereto. Any schedules referred to herein are incorporated herein by reference and form part of the Agreement.

12.6 Additional Considerations. The parties shall sign such further and other documents, cause such meetings to be held, resolutions passed and by-laws enacted, exercise their vote and influence, do and perform and cause to be done and performed such further and other acts and things as may be necessary or desirable in order to give full effect to this Agreement and every part thereof.

12.7 Counterparts. This Agreement may be executed in several counterparts, each of which so executed shall be deemed to be an original and such counterparts together shall be but one and the same instrument.

12.8 Time of the Essence. Time shall be of the essence of this Agreement and of every part hereof and no extension or variation of this Agreement shall operate as a waiver of this provision.

12.9 Currency. Unless otherwise provided for herein, all monetary amounts referred to herein shall refer to the lawful money of the United States of America.

12.10 Headings for Convenience Only. The division of this Agreement into articles and sections is for convenience of reference only and shall not affect the interpretation or construction of this Agreement.

12.11 Gender. In this Agreement, words importing the singular number shall include the plural and vice versa, and words importing the use of any gender shall include the masculine, feminine and neuter genders and the word "person" shall include an individual, a trust, a partnership, a body corporate, an association or other incorporated or unincorporated organization or entity.

12.12 Calculation of Time. When calculating the period of time within which or following which any act is to be done or step taken pursuant to this Agreement, the date which is the reference date in calculating such period shall be excluded. If the last day of such period is not a Business Day, then the time period in question shall end on the first business day following such non-business day.

12.13 Severability. If any Article, Section or any portion of any Section of this Agreement is determined to be unenforceable or invalid for any reason whatsoever that unenforceability or invalidity shall not affect the enforceability or validity of the remaining portions of this Agreement and such unenforceable or invalid Article, Section or portion thereof shall be severed from the remainder of this Agreement.

12.14 Transmission by Facsimile. The parties hereto agree that this Agreement may be transmitted by facsimile or such similar device and that the reproduction of signatures by facsimile or such similar device will be treated as binding as if originals and each party hereto undertakes to provide each and every other party hereto with a copy of the Agreement bearing original signatures forthwith upon demand.

**WESCOM SOLUTIONS INC.**

By: \_\_\_\_\_ C/S

Name: Angelo Papatheodorou

Title: VP of Sales

Date:

I have authority to bind the Corporation

**National HealthCare Associates Inc**

By:  \_\_\_\_\_ C/S

**Name: Yosef Daskal**

**Title: Dir. of Procurement**

**Date: 3-7-12**

I have authority to bind the Corporation

Schedule 1

PointClickCare Subscription Service

<p><b>Applications:</b> <b>-EHR Advantage for Skilled</b> <b>-HL7 5 Pack</b> <b>-Replicated Reporting Data base</b></p>	<p><b>Clinical Bundled Applications Included</b></p> <ul style="list-style-type: none"><li>• Admission Discharge Transfer</li><li>• Medical Diagnosis (ICD 9/10)</li><li>• Care Plans</li><li>• Minimum Data Set (MDS 2.0/3.0)</li><li>• User Defined Assessments</li><li>• Progress Notes</li><li>• Physician Orders</li><li>• MARs/TARs (electronic)</li><li>• Communications Board</li><li>• Weights and Vitals</li><li>• Immunizations</li><li>• Risk Management</li><li>• Point of Care</li><li>• Intake Referral Management</li></ul> <p><b>Resident Accounting Applications Included</b></p> <ul style="list-style-type: none"><li>• Census and Admissions</li><li>• Billing &amp; Accounts Receivable</li><li>• Trust Accounts</li><li>• Collections</li></ul> <p><b>HL7 5 Pack Interface (ROX)</b></p>
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**Official Subscription Start Date:** April 1, 2012  
**Estimated Implementation Start Date:** April 1, 2012  
**Billing terms** Net 30

**Notes:**

1. National has selected the Cold Springs facility for its pilot implementation. Prior to the implementation of the remaining facilities, National and PCC will mutually agree upon implementation fees that are needed for the remainder of the project.
2. The term of this agreement is one year and as indicated in section 7.1 of the contract either party may cancel the agreement upon 30 days written notice for any reason.
3. Project Tentative start dates as noted above.
4. Training databases will be provided at an annual rate of \$1,200. DB refresh is \$300 per instance.
5. Pharmacy Interface is not included in the listed fees and is subject to an additional subscription fee. Pharmacy participation is required. Pharmacy is responsible for incurring any charges if any are applicable.

**Unit costs from Table 1.0 are based upon the following:**

**EHR Advantage Clinical & Financial Bundled Applications for SNF Residents**

\$0.48 Std Cost / Bed / Day – 38% Discount = \$0.2976/Resident/ Day

**HL7 Five Pack**

\$0.07 Std Cost / Bed / Day – 38% Discount = \$0.0435/Resident /Day

**Replicated Reporting DataBase**

\$0.03 std Cost/Bed/Day- 38% Discount= \$0.0187/Resident/Day

\*The official subscription start date for the facility shall be the 1st day of the month for the facility based on the roll-out plan completed at the end of the discovery sessions. In the event that an alternative start date has been agreed upon with the Project Manager and Client, a written confirmation signed by both parties shall be required otherwise the above shall prevail as the official start date. Client also acknowledges that PointClickCare will invoice for the full (bundled) subscription fee per facility starting on the official subscription start date for that facility listed above. All of the above listed facilities will be billed on a separate invoice and sent to: National HealthCare Associates Inc. 46 Stauderman Ave Lynbrook NY 11563. During the rollout of PCC for the Pilot facility, both parties will agree to an implementation cost for the remainder of the facilities as well as an intended implementation schedule.



<b>Table 1.0</b>		<b>PCC Pre-Disc.</b>	<b>Discount</b>	<b>Term</b>	
<b>Description</b>	<b># of Beds</b>	<b>Cost/Bed/Day</b>	<b>Percentage</b>	<b>Monthly Sub. Fee</b>	<b>* Official Sub. Start Date</b>
<b>National Healthcare Associates Inc.</b> 46 Stauderman Ave Lynbrook NY 11563					
EHR Advantage – clinical & financial bundled Application	4039	\$0.48	38%	\$36,661.20	TBD
HL7 Five Pack	4039	\$0.07	38%	\$5,358.95	TBD
Replicated Reporting data Base	4039	\$0.03	38%	\$2,291.33	TBD
<b>Total Monthly Subscriptions</b>				<b>\$44,311.48</b>	
<b>Belair</b> 2478 Jerusalem Ave. North Bellmore, NY 11710					
EHR Advantage – clinical & financial bundled Application	102	\$0.48	38%	\$925.83	TBD
HL7 Five Pack	102	\$0.07	38%	\$135.33	TBD
Replicated Reporting data Base	102	\$0.03	38%	\$57.87	TBD
<b>Bloomfield</b> 355 Park Ave. Bloomfield, CT 06002					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
<b>Brattleboro (Pine Heights)</b> 187 Oak Grove Avenue Brattleboro, VT 05301					
EHR Advantage – clinical & financial bundled Application	80	\$0.48	38%	\$726.14	TBD
HL7 Five Pack	80	\$0.07	38%	\$106.14	TBD
Replicated Reporting data Base	80	\$0.03	38%	\$45.38	TBD

<b>Bristol (The Pines at)</b> 61 Bellevue Avenue Bristol, CT 06010					
EHR Advantage – clinical & financial bundled Application	132	\$0.48	38%	\$1198.14	TBD
HL7 Five Pack	132	\$0.07	38%	\$175.14	TBD
Replicated Reporting data Base	132	\$0.03	38%	\$74.88	TBD
<b>Cambridge</b> 2428 Easton Turnpike Fairfield, CT 06825					
EHR Advantage – clinical & financial bundled Application	160	\$0.48	38%	\$1452.29	TBD
HL7 Five Pack	160	\$0.07	38%	\$212.29	TBD
Replicated Reporting data Base	160	\$0.03	38%	\$90.77	TBD
<b>Catskill</b> 154 Jefferson Plain Heights Catskill, NY 12414					
EHR Advantage – clinical & financial bundled Application	136	\$0.48	38%	\$1234.45	TBD
HL7 Five Pack	136	\$0.07	38%	\$180.45	TBD
Replicated Reporting data Base	136	\$0.03	38%	\$77.15	TBD
<b>Cold Spring Hills- Pilot Facility</b> 378 Syosset-Woodbury Rd Woodbury NY 11797					
EHR Advantage – clinical & financial bundled Application	606	\$0.48	38%	\$5,500.54	TBD
HL7 Five Pack	606	\$0.07	38%	\$804.04	TBD
Replicated Reporting data Base	606	\$0.03	38%	\$343.78	TBD
<b>Glens Falls</b> 170 Warren Street Glens Falls, NY 12801					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD

<b>Hudson Pointe</b> 3220 Henry Hudson Pkwy Riverdale, NY 10463					
EHR Advantage – clinical & financial bundled Application	167	\$0.48	38%	\$1515.83	TBD
HL7 Five Pack	167	\$0.07	38%	\$221.58	TBD
Replicated Reporting data Base	167	\$0.03	38%	\$94.74	TBD
<b>Huntington Hills</b> 400 South Service Rd. Melville, NY 11747					
EHR Advantage – clinical & financial bundled Application	320	\$0.48	38%	\$2904.58	TBD
HL7 Five Pack	320	\$0.07	38%	\$424.58	TBD
Replicated Reporting data Base	320	\$0.03	38%	\$181.54	TBD
<b>Ludlowe Center</b> 118 Jefferson Street Fairfield, CT 06825					
EHR Advantage – clinical & financial bundled Application	144	\$0.48	38%	\$1307.06	TBD
HL7 Five Pack	144	\$0.07	38%	\$191.06	TBD
Replicated Reporting data Base	144	\$0.03	38%	\$81.69	TBD
<b>Maple View</b> 856 Maple St. Rocky Hill, CT 06067					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
<b>Marlborough</b> 85 Stage Harbor Rd. Marlborough, CT 06447					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD

<b>Maywood</b> 100 West Magnolia Avenue Maywood, NJ 07607					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
<b>Milford</b> 195 Platt St. Milford, CT 06460					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
<b>Poughkeepsie</b> 100 Franklin Street Poughkeepsie, NY 12601					
EHR Advantage – clinical & financial bundled Application	200	\$0.48	38%	\$1815.36	TBD
HL7 Five Pack	200	\$0.07	38%	\$265.36	TBD
Replicated Reporting data Base	200	\$0.03	38%	\$113.46	TBD
<b>Regency</b> 181 East Main St. Wallingford, CT 06492					
EHR Advantage – clinical & financial bundled Application	130	\$0.48	38%	\$1179.98	TBD
HL7 Five Pack	130	\$0.07	38%	\$172.48	TBD
Replicated Reporting data Base	130	\$0.03	38%	\$73.75	TBD
<b>Riverside</b> 745 Main St. East Hartford, CT 06108					
EHR Advantage – clinical & financial bundled Application	345	\$0.48	38%	\$3131.50	TBD
HL7 Five Pack	345	\$0.07	38%	\$457.75	TBD
Replicated Reporting data Base	345	\$0.03	38%	\$195.72	TBD

<b>Ross</b> 839 Suffolk Ave. Brentwood, CT 11717					
EHR Advantage – clinical & financial bundled Application	135	\$0.48	38%	\$1225.37	TBD
HL7 Five Pack	135	\$0.07	38%	\$179.12	TBD
Replicated Reporting data Base	135	\$0.03	38%	\$76.59	TBD
<b>Rutland (The Pines)</b> 99 Allen Street Rutland, VT 05701					
EHR Advantage – clinical & financial bundled Application	120	\$0.48	38%	\$1089.22	TBD
HL7 Five Pack	120	\$0.07	38%	\$159.22	TBD
Replicated Reporting data Base	120	\$0.03	38%	\$68.08	TBD
<b>Sands Point</b> 1440 Port Washington Blvd. Port Washington, NY 11050					
EHR Advantage – clinical & financial bundled Application	180	\$0.48	38%	\$1633.82	TBD
HL7 Five Pack	180	\$0.07	38%	\$238.82	TBD
Replicated Reporting data Base	180	\$0.03	38%	\$102.11	TBD
<b>Utica</b> 1800 Butterfield Avenue Utica, NY 13501					
EHR Advantage – clinical & financial bundled Application	117	\$0.48	38%	\$1061.99	TBD
HL7 Five Pack	117	\$0.07	38%	\$155.24	TBD
Replicated Reporting data Base	117	\$0.03	38%	\$66.37	TBD
<b>Village Crest</b> 19 Popular Street New Milford, CT 06776					
EHR Advantage – clinical & financial bundled Application	95	\$0.48	38%	\$862.30	TBD
HL7 Five Pack	95	\$0.07	38%	\$126.05	TBD
Replicated Reporting data Base	95	\$0.03	38%	\$53.89	TBD

**Water's Edge**111 Church St.  
Middletown, CT 06457

EHR Advantage – clinical & financial bundled Application	150	\$0.48	38%	\$1361.52	TBD
HL7 Five Pack	150	\$0.07	38%	\$199.02	TBD
Replicated Reporting data Base	150	\$0.03	38%	\$85.10	TBD

Schedule 2

PointClickCare Professional Services – Implementation Budget for the Pilot Facility

<b>Item</b>	<b>Group Qty</b>	<b>Extended Rate</b>	<b>Amount</b>
<b>Enterprise Configuration</b>	1	\$6000	\$6000
<b>Clinical Training (Train the trainer)</b>	1	\$39,750	\$39,750
<b>Financial Training</b>	1	\$TBD	\$TBD
<b>Data Imports - Gold</b>	1	\$1,250	1,250
<b>Project MGMT</b>	1	\$21,250	\$21,250
<b>User defined assessment (UDA) Corporate Configuration</b>	1	\$7,000	\$7000
<b>IRM Training (with super user training)</b>	1	\$600	\$600
<b>Sandbox training database.</b>	1	\$1200	\$1200
<b>TOTAL</b>			\$61,300

Terms:

1. Unless otherwise stated, all project coordination, configuration, implementation and data services are provided by consultants online and/or over the telephone. In the event that onsite services are required, the Client acknowledges that travel and accommodation fees are not included in the above noted fees. For clarification purposes, the Client will be solely responsible for all travel and accommodation expenses incurred by Wescom or its employees for any Onsite services required.
2. Cancellation Policy: All training sessions scheduled with a PointClickCare consultant require at least 24 hours notice when cancelling. Any sessions cancelled with less than 24 hours notice will be charged at their full rate. This policy also applies to fixed rate customers
3. Implementation fees are due within 30 days of signing.
4. Client will provide a fully equipped classroom with PCs, Internet connection and a PC projector (if possible).

## Schedule 3

### Service Level Agreement

#### Service Request Priorities:

Service priorities are identified by Help Desk service representatives based on the definitions below. Priorities that cannot be determined by the help desk representative are immediately escalated following Wescom's defined staff escalation process. The initial response time is the time in which the customer reporting the service request is provided with an initial diagnosis of the request and provided with a Service Request number (SR#) to track the request. The target resolution is the expected timeframe that the Service Request will be resolved.

#### Service Level Agreement:

Priority Level	Problem Description	Initial Response	Target Resolution Time	Commitment
Urgent	<p>A condition that is stopping production with no economically feasible alternate method for running PointClickCare or prevents users from accessing or using a critical function of PointClickCare.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>- Users cannot login to the application (does not include Users forgetting or losing their password).</li> <li>- Data is corrupted in the PointClickCare database.</li> </ul>	1 hour, 24 x 7 x 365	8 hours	The problem will be worked on until fixed or a reasonable workaround is applied.
High	<p>A condition that is deterring user from meeting production processes/schedules, is seriously impacting the use of PointClickCare, is making production materially more difficult or costly for user, or results in material corruption of any of user's Data.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>- Charge generation process does not run.</li> <li>- MDS submission process does not run.</li> <li>- Interfaces to ERP, census, etc. do not run.</li> </ul>	1 hour during primary support hours	Immediately to 5 Business Days	The problem will be worked on until fixed or a reasonable workaround is applied.
Medium	<p>A condition other than those described above in which PointClickCare is performing in an unpredictable manner or is producing incorrect results but is not materially impacting production or business processes/schedules.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>- Census reports do not accurately reflect</li> </ul>	1 hour during primary support hours	Immediately to 20 Business Days	The problem will be worked on until fixed or a reasonable workaround is applied.



	<p>census transactions entered into the system</p> <p>- Quick ADT does not clear bed when a resident is discharged.</p>			
Low	<p>A condition other than those described above in which inconsistencies, irregularities and/or limitations in PointClickCare or an Application that cause inconvenience to user.</p>	<p>1 hour during primary support hours</p>	<p>Mutually agreed to time</p>	<p>PCC will work with customer to mutually prioritize and schedule resolutions into regular release cycles.</p>

## Schedule 4

### Data Import Services

#### **Data Import Services (New Implementation):**

Pricing is based on the provision that files are provided to PointClickCare in the format outlined by the PointClickCare Data Import Guide, and data integrity is of the highest quality. Data cleansing is subject to an additional cost.

#### **Details:**

<b>Data Import Package</b>	<b>Included in Data Import Service</b>	<b>Pricing</b>
Gold	Database Creation 18-Month MDS Import MDS Gap Import ADT AR Balances	** See Schedule 2**

*\*\*Data Import services charges shown here are already included in Schedule 2 \*\**

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

Name of Facility Regency House of Wallingford, Inc	License No. 2072-C	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484-1488
--	---

Services Provided by This Firm (*describe fully*)

1	Compilation, preparation of Medicare and Medicaid cost reports, and year end tax services	\$	29,200
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 29,200

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    pg 15 l d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 See attachment. 2 3 4 5	Telephone Number
---	------------------

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	See attachment.	\$	49,497
2		\$	
3		\$	
4		\$	
5		\$	
			Charge for Services Provided
			\$ 49,497

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

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

Name of Facility <b>Regency House of Wallingford</b>	License No. <b>2072-C</b>	Report for Year Ended <b>9/30/2016</b>	Page <b>7</b>	of <b>37</b>
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<b>Legal Services Information</b>	
Name of Legal Firm or Independent Attorney	Telephone Number
1 Altus Global Trade Solutions	(800) 509-6060
2 Goldman, Gruder & Wood	(203) 899-8900
3 Berchem & Moses, P.C.	(203)-783-1200
4 Jackson Lewis P.C.	(914) 328-0404
5 Rogin Nassau, LLC	860-256-6300
6 Murtha Cullina	860-240-6000
7 Timothy S. Wall	(203) 265-7173
8 Treasurer State of Connecticut	
9 M&T	
10 Wallingford Probate Court	

Address (No. & Street, City, State, Zip Code)	
1	2400 Veterans Blvd Suite 300 Kenner, LA. 70062
2	200 Connecticut Avenue Norwalk, CT. 06854
3	75 Broad Street Milford, CT. 06460
4	P.O. Box 416019 15th Floor Boston, MA. 02241
5	185 Asylum St, Hartford CT 06103
6	PO Box 15045, Hartford, CT 06115
7	Deputy Sherriff N.H. Count Wallingford, CT. 06492
8	Hartford, CT. 06106
9	
10	

Services Provided by This Firm (describe fully)		
1	Collections	\$ 352
2	Collections	\$ 27,904
3	Labor	\$ 325
4	Labor	\$ 12,108
5	Revaluation IDR	\$ 4,500
6	Revaluation IDR	\$ 3,690
7	Conservator	\$ 56
8	Conservator	\$ 8
9	Revaluation IDR	\$ 329
10	Probate	\$ 225
		Charge for Services Provided
		\$ 49,497

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

### Schedule of Resident Statistics

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C		Report for Year Ended 9/30/2016				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	130	130			130	130			130	130		
B. On last day of THIS report period	130	130			130	130			130	130		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	129	129			129	129			121	121		
B. As of midnight of THIS report period	126	126			121	121			126	126		
3. Total Number of Days Care Provided During Period												
A. Medicare	8,179	8,179			6,211	6,211			1,968	1,968		
B. Medicaid (Conn.)	31,202	31,202			22,840	22,840			8,362	8,362		
C. Medicaid (other states)												
D. Private Pay	4,395	4,395			3,449	3,449			946	946		
E. State SSI for RCH												
F. Other (Specify)	2,203	2,203			1,933	1,933			270	270		
G. Total Care Days During Period (3A thru F)	45,979	45,979			34,433	34,433			11,546	11,546		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	68	68			42	42			26	26		
B. Other Bed Reserve Days	29	29			29	29						
5. <b>Total Resident Days (3G + 4A + 4B)</b>	46,076	46,076			34,504	34,504			11,572	11,572		

**\*\*\*OTHER DAYS BREAKOUT:**

Regency House of Wallingford, Inc.  
2016 Cost Report - Page 8 attachment

Page 8, Line 3F: Total Number of Other Days Care Provided During the Period

Managed Care	<u>547</u>
Hospice	<u>1,656</u>
VA	<u>-</u>
	<u><u>2,203</u></u>

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

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

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C			Report for Year Ended 9/30/2016			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(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	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	18		95			13							
Per Diem Rate													
a. One bed rm.	PPS		257.59			537/475							
b. Two bed rms.	PPS		257.59			504/424							
c. Three or more bed rms.	PPS		257.59										
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,505	3,505			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									21	21			
C. Other									20,769	20,769			
D. <b>Total Physical Therapy Treatments</b>									24,295	24,295			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									738	738			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									33	33			
C. Other									1,773	1,773			
D. <b>Total Speech Therapy Treatments</b>									2,544	2,544			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,586	2,586			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									111	111			
C. Other									19,556	19,556			
D. <b>Total Occupational Therapy Treatments</b>									22,253	22,253			

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

CSP-10 Rev. 9/2002

**Report of Expenditures - Salaries & Wages**

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	24,993	44				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	175,330	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	199,231	10,166				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	76,007	2,082				
c. Dietary Workers	410,864	25,067				
6. Housekeeping Service						
a. Head Housekeeper	37,884	1,982				
b. Other Housekeeping Workers	330,082	23,662				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	62,756	2,085				
b. Other Maintenance Workers	32,098	2,213				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	13,751	1,057				
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	165,383	3,504				
b. RN						
1. Direct Care	684,277	16,622				
2. Administrative**	176,444	5,311				
c. LPN						
1. Direct Care	1,380,831	52,190				
2. Administrative**						
d. Aides and Attendants	1,931,842	123,790				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	133,447	7,442				
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	264,949	8,864				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	6,100,169	288,161				

\* 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	
Regency House of Wallingford, Inc.				2072-C	9/30/2016			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559	24,993			same as other employees	Supervises operations, deals with DNS & other patient care,	44	a1	See attached		
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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



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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Regency House of Wallingford, Inc.				2072-C	9/30/2016			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
David Bond	175,330			same as other employees	Management & supervision of healthcare facility	2,080	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		
Regency House of Wallingford, Inc.	2072-C	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary</b>						
(For all such services complete Schedule B1)						
1. Dietitian	31,340	784				
2. Dentist	4,416	Disallowed				
3. Pharmacist	14,281	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	427,564	9,000				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	48,750	209				
b. Utilization Review (Title 18 and 19 only) monthly meeting	300	3				
c. Resident Care**	737	Disallowed				
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	102,787	1,837				
b. Other						
10. Occupational Therapist						
a. Resident Care	393,362	7,477				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	4,385	59				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	13,812	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>1,041,734</b>	<b>19,369</b>				

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

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

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

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

Name of Facility Regency House of Wallingford, Inc.		License No. 2072-C		Report for Year Ended 9/30/2016		Page 14		of 37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship					
		Yes	No						
Nancy Eastwood, 8 White Cedar Dr. Madison, CT	Dietician	<input type="radio"/>	<input checked="" type="radio"/>						
United Health Resources, 60 Waterbury Road, Prospect CT 06460	Dentist	<input type="radio"/>	<input checked="" type="radio"/>						
Procure LTC Pharmacy of CT, 111 Executive Blvd, Farmingdale, NY, 11735	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Preferred Therapy Solutions, 850 Silas Deane, Wethersfield, CT 06109	PT, ST, OT & Consulting Services	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership					
Garumuni Desilva, M. D., 15 Also Dr. Woodbridge, CT 06525	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>						
Dr. Anthony Scialla, 100 York Street, New Haven, CT 06511	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>						
Swallowing Diagnostics PO Box 484 Avon CT 06001	ST	<input type="radio"/>	<input checked="" type="radio"/>						
Ready Nurse, 34921 US Highway 19N Palm Harbor, FL 34684	RN's	<input type="radio"/>	<input checked="" type="radio"/>						
IV Excellence, 32 Falls Ave, Oakville, CT, 06179	IV Therapy	<input type="radio"/>	<input checked="" type="radio"/>						
Healthdrive Audiology Group, 888 Worcester Street Wellesley MA 02482	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>						
CT Neurological Spec, 445 Lewis Ave, Ste 105 Meriden CT 06451	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
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		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2016	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 190,892	190,892		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 142,191	142,191		
4. Social Security (F.I.C.A.)	\$ 450,653	450,653		
5. Health Insurance	\$ 736,572	736,572		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 11,829	11,829		
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*	\$			
d. Accounting and Auditing	\$ 29,200	29,200		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 49,497	49,497		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 23,496	23,496		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,604	18,604		
2. Cellular Phones	\$ 2,179	2,179		
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	\$ 795,397	795,397		
<b>Subtotal</b>	\$ 2,450,510	2,450,510		

\* 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
Regency House of Wallingford, Inc.	2072-C	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,450,510	2,450,510		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$	3,943	3,943		
3. Gifts to Staff and Residents	\$	13,733	13,733		
4. Employee Travel	\$	8,504	8,504		
5. Education Expenses Related to Seminars and Conventions	\$	488	488		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> )	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$				
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )***	\$	30,025	30,025		
See Attached Schedule					
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	3,703	3,703		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> )	\$	9,200	9,200		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions***	\$	4,250	4,250		
See Attached Schedule					
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$				
12. Administrative Management Services**	\$	533,950	533,950		
13. Other ( <i>Specify</i> )	\$	148,156	148,156		
See Attached Schedule					
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$	3,206,462	3,206,462		

\* 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)
Advertising Promotional- Marketing- Disallowed	\$ 21,489		
Advertising Promotional- Administration	\$ 8,536		
<b>Total Other Advertising</b>	\$ 30,025	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 9,200		
<b>Total Dues</b>	\$ 9,200	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Donations	\$ 4,250		
<b>Total Contributions</b>	\$ 4,250	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Consulting Fees- Fiscal Operations	\$ 19,100		
IT Services - Administration	\$ 34,077		
Purchased Services- Administration	\$ 1,869		
Purchased Services- Fiscal Operations	\$ 30,854		
Licenses and Permits- Administration	\$ 700		
Bank Charges- Administration- Disallowed	\$ 42,119		
Background Check- Administration	\$ 2,706		
Miscellaneous Expense- Administration- Disallowed	\$ 13,992		
Penalties - Administration - Disallowed	\$ 146		
Computer License Fee-Administration	\$ 6		
Crime Ins-Administration - Disallowed	\$ 2,587		
<b>Total Other Administrative and General</b>	\$ 148,156	\$ -	\$ -

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

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2016	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
National Healthcare	533,950	See Attached	page 16, line M12

**\* 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.**

National Health Care  
Profit and Loss Allocated by GL Account

Start Date: 10/1/2015  
End Date: 9/30/2016

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	0113
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	Bethel Health and Rehabilitation Center
Beds	120	132	160	144	120	120	120	95	130	345	150	203
Bed %	1.99%	2.19%	2.45%	2.38%	1.99%	1.99%	1.99%	1.57%	2.15%	5.71%	2.48%	3.33%
300000-0000-00-0000-0	TROY Shared Cost-2015	(435.02)	(478.42)	(579.96)	(522.03)	(435.02)	(435.02)	(344.44)	(471.26)	(1,250.71)	(543.72)	0.00
300001-0000-00-0000-0	TROY Shared Cost	(2,043.15)	(2,247.09)	(2,723.78)	(2,451.76)	(2,043.15)	(2,043.15)	(1,617.64)	(2,213.47)	(5,873.94)	(2,553.65)	(2,008.75)
400000-0000-00-0000-0	Salary-National Healthcare Management- - -	302,394.78	332,602.45	403,157.81	362,873.26	302,394.78	302,394.78	239,414.13	327,601.44	869,384.09	377,978.07	305,984.69
401000-0000-04-0000-0	FICA-National Healthcare Management-Fiscal Op - -	19,859.57	21,843.21	26,477.12	23,831.29	19,859.57	19,859.57	15,723.44	21,514.81	57,096.06	24,823.32	21,386.49
401100-0000-04-0000-0	FUI-National Healthcare Management-Fiscal Op - -	320.15	352.19	426.87	384.26	320.15	320.15	253.52	346.90	920.59	400.24	101.61
401200-0000-04-0000-0	SUI-National Healthcare Management-Fiscal Op - -	1,239.43	1,363.12	1,652.35	1,487.25	1,239.43	1,239.43	981.25	1,342.64	3,563.27	1,549.18	516.33
401250-0000-00-0000-0	NY MTA Tax-Nat. Mgmt. - - -	511.71	562.81	682.17	614.05	511.71	511.71	405.11	554.38	1,471.09	639.52	549.90
401300-0000-04-0000-0	Health Insurance-National Healthcare-Fiscal Op - -	26,346.34	28,979.27	35,125.88	31,518.33	26,346.34	26,346.34	20,861.01	28,545.49	75,750.46	32,932.02	29,261.33
401400-0000-04-0000-0	Workers Compensation-National Health-Fiscal Op - -	43.87	48.26	58.50	52.46	43.87	43.87	34.76	47.53	126.15	54.84	39.55
401400-0000-04-0000-0	Disability Expense-National Health-Fiscal Op - -	(107.45)	(118.22)	(143.27)	(128.97)	(107.45)	(107.45)	(85.08)	(116.47)	(309.03)	(137.44)	(118.08)
401700-0000-04-0000-0	Pension-National Healthcare Management-Fiscal Op - -	1,685.67	1,853.77	2,247.11	2,022.54	1,685.67	1,685.67	1,334.70	1,826.20	4,845.90	2,106.58	2,851.60
401800-0000-04-0000-0	Employee Benefits - Other-National H-Fiscal Op - -	1,149.73	1,264.47	1,532.90	1,379.62	1,149.73	1,149.73	910.27	1,245.51	3,305.39	1,437.02	812.18
402000-0000-04-0000-0	Holiday Expense-National Healthcare - Fiscal Op - -	1,228.39	1,350.94	1,637.66	1,474.06	1,228.39	1,228.39	972.59	1,330.69	3,531.68	1,535.34	1,035.34
410000-0000-04-0000-0	Supplies-National Healthcare Management-Fiscal Op - -	3,175.73	3,492.69	4,233.69	3,810.75	3,175.73	3,175.73	2,514.61	3,440.42	9,130.07	3,969.20	2,822.95
410000-0000-08-0000-0	Supplies-National Healthcare Management-Maintenan- -	11.71	12.88	15.64	14.07	11.71	11.71	9.27	12.71	33.68	14.65	12.65
410000-0000-09-0000-0	Supplies-National Healthcare Management-Housekeep - -	54.05	59.43	72.08	64.83	54.05	54.05	42.81	58.55	155.38	67.55	45.65
410000-0000-12-0000-0	Supplies-National Healthcare Management-Security - -	1.92	2.12	2.56	2.31	1.92	1.92	1.52	2.08	6.52	2.40	3.24
411000-0000-04-0000-0	Food-National Healthcare Management-Fiscal Op - -	22.23	24.44	29.65	26.66	22.23	22.23	17.60	24.08	63.89	27.78	26.32
431000-0000-03-0000-0	Consulting Fees-National Healthcare - Administr- -	15.68	17.24	20.90	18.81	15.68	15.68	12.41	16.98	45.07	19.60	14.65
431000-0000-04-0000-0	Consulting Fees-National Healthcare - Fiscal Op - -	6,334.50	6,966.68	8,444.83	7,601.20	6,334.50	6,334.50	5,015.50	6,862.59	18,211.44	7,917.12	6,999.52
432000-0000-03-0000-0	Accounting Fees-National Healthcare - Administr- -	717.27	788.89	956.19	860.67	717.27	717.27	567.86	777.09	2,062.07	896.44	715.23
433000-0000-03-0000-0	Legal Fees-National Healthcare Manag-Administr- -	3,012.25	3,312.71	4,015.69	3,614.47	3,012.25	3,012.25	2,385.06	3,263.28	8,659.89	3,764.69	3,629.33
433100-0000-03-0000-0	Legal Fees - Labor-National Healthcare-Administr- -	(8.97)	(9.87)	(11.96)	(10.76)	(8.97)	(8.97)	(7.11)	(9.72)	(25.79)	(11.21)	(8.65)
440000-0000-03-0000-0	Purch Services-National Healthcare M-Administr- -	9,991.68	10,988.60	13,320.04	11,989.24	9,991.64	9,991.64	7,911.02	10,824.56	28,725.02	12,483.72	12,550.88
440000-0000-08-0000-0	Purch Services-National Healthcare M-Maintenan- -	4,495.68	4,944.38	5,993.42	5,394.80	4,495.68	4,495.68	3,559.44	4,870.47	12,924.97	5,618.98	6,431.62
440000-0000-09-0000-0	Purch Services-National Healthcare M-Housekeep - -	689.79	758.54	919.55	827.65	689.79	689.79	546.15	747.14	1,982.92	862.07	834.15
440000-0000-12-0000-0	Purch Services-National Healthcare Ma-Security - -	62.30	68.54	83.07	74.79	62.30	62.30	49.34	67.53	179.16	77.90	86.93
440001-0000-08-0000-0	Ground Services-Nat. Mgmt.-Maintenance- -	547.97	602.65	730.50	657.52	547.97	547.97	433.91	593.66	1,575.36	684.85	923.05
441000-0000-03-0000-0	Computer Expense-National Healthcare-Administr- -	7,132.91	7,825.38	9,486.07	8,537.98	7,132.91	7,132.91	5,634.37	7,708.66	20,456.96	8,893.26	10,122.66
442000-0000-08-0000-0	Pest Control-Nat. Mgmt.-Maintenance- -	24.29	26.70	32.39	29.14	24.29	24.29	19.23	26.30	69.81	30.34	28.50
452000-0000-25-0000-0	Equipment Rental-National Healthcare-Fiscal Op - -	2,722.93	2,994.48	3,630.05	3,267.93	2,722.93	2,722.93	2,155.77	2,949.83	7,828.27	3,403.17	3,403.17
461000-0000-03-0000-0	Telephone-National Healthcare Management-Administr- -	3,485.71	3,852.38	4,669.59	4,203.11	3,502.69	3,502.69	2,773.21	3,794.70	10,070.06	4,377.75	3,002.02
461100-0000-03-0000-0	Telephone - Cell-National Healthcare-Administr- -	1,696.37	1,865.62	2,261.47	2,035.60	1,696.37	1,696.37	1,343.08	1,837.63	4,876.93	2,120.19	1,726.00
462000-0000-25-0000-0	Electric-National Healthcare Managem-Property - -	3,618.63	3,979.63	4,824.11	4,342.16	3,618.63	3,618.63	2,865.04	3,920.15	10,403.27	4,523.63	5,120.73
463000-0000-25-0000-0	Gas-National Healthcare Management-Property - -	637.70	701.37	850.15	765.22	637.70	637.70	504.94	690.83	1,833.34	797.04	714.42
466000-0000-25-0000-0	Water-National Healthcare Management-Property - -	197.22	216.91	236.65	197.22	197.22	197.22	156.16	213.64	566.97	246.50	288.45
471000-0000-25-0000-0	Rent-National Healthcare Management-Property - -	10,973.97	12,069.46	14,629.54	13,168.52	10,973.97	10,973.97	8,688.55	11,888.99	31,549.23	13,715.67	22,620.37
472000-0000-25-0000-0	Personal Property Taxes-National Health-Fiscal Op - -	495.00	544.34	659.91	593.91	495.00	495.00	391.90	536.30	1,423.03	618.60	689.32
473000-0000-25-0000-0	Real Estate Taxes-National Healthcare-Fiscal Op - -	2,466.29	2,712.35	3,287.72	2,959.42	2,466.29	2,466.29	1,952.90	2,672.02	7,090.69	3,082.47	1,917.81
484000-0000-04-0000-0	Amort Exp - LHI-National Healthcare - Fiscal Op - -	1,990.00	2,188.63	2,652.93	2,387.96	1,990.00	1,990.00	1,575.57	2,155.88	5,721.16	2,487.18	2,162.98
484100-0000-04-0000-0	Amortization Exp- LHI ALL-Nat. Mgmt.-Fiscal Op - -	2.26	2.44	3.01	2.70	2.26	2.26	1.78	2.45	6.43	2.83	(4.30)
486000-0000-04-0000-0	Dep Exp - Moveable Equip-National He-Fiscal Op - -	9,732.55	10,703.91	12,974.77	11,678.83	9,732.55	9,732.55	7,705.74	10,543.85	27,980.56	12,164.17	10,406.43
491000-0000-03-0000-0	Dues and Subscriptions-National Health-Administr- -	665.11	731.48	886.69	798.15	665.11	665.11	526.60	720.49	1,912.20	831.32	621.10
500000-0000-03-0000-0	Licenses and Permits-National Health-Administr- -	196.99	216.61	262.57	236.32	196.99	196.99	155.98	213.37	566.21	246.13	290.57
501000-0000-03-0000-0	Advertising Employment-National Health-Administr- -	10,704.73	11,773.40	14,270.76	12,845.65	10,704.73	10,704.73	8,475.46	11,597.33	30,775.61	13,379.38	13,205.16
501100-0000-03-0000-0	Advertising Promotional-National Health-Administr- -	6,946.12	7,639.18	9,260.58	8,334.96	6,946.20	6,946.20	5,499.79	7,524.82	19,970.25	8,681.83	7,444.00
503000-0000-03-0000-0	Interest-National Healthcare Management-Administr- -	1,587.70	1,746.13	2,116.54	1,905.16	1,587.70	1,587.70	1,257.01	1,720.04	4,564.39	1,984.32	1,587.70
503500-0000-03-0000-0	Penalties-National Healthcare Management-Administr- -	220.68	242.70	294.21	264.82	220.68	220.68	174.73	239.06	634.48	275.83	218.00
503600-0000-03-0000-0	Bank Charges-Nat. Mgmt.-Administration- -	998.58	1,098.26	1,331.27	1,198.29	998.58	998.58	790.62	1,081.83	2,870.89	1,248.08	1,086.24
504000-0000-03-0000-0	Postage-National Healthcare Management-Administr- -	1,084.76	1,192.95	1,446.16	1,301.63	1,084.76	1,084.76	858.88	1,175.18	3,116.64	1,355.72	1,157.50
509000-0000-03-0000-0	Seminars-National Healthcare Management-Administr- -	4,645.05	5,108.58	6,192.68	5,573.93	4,645.05	4,645.05	3,677.74	5,032.10	13,354.34	5,808.63	2,954.35
510000-0000-03-0000-0	Liability Insurance-National Health-Administr- -	2,014.32	2,215.39	2,685.39	2,417.12	2,014.32	2,014.32	1,594.81	2,182.26	5,791.08	2,517.67	2,024.28
511000-0000-03-0000-0	Auto Insurance-National Healthcare M-Administr- -	1,033.62	1,136.64	1,377.93	1,240.28	1,033.62	1,033.62	818.30	1,119.82	2,971.53	1,291.87	1,024.92
512000-0000-03-0000-0	Umbrella Insurance-National Health-Administr- -	1,123.53	1,235.69	1,497.82	1,348.28	1,123.53	1,123.53	889.62	1,217.22	3,230.17	1,404.30	1,152.55
513000-0000-03-0000-0	Crime Insurance-National Healthcare - Administr- -	50.21	55.22	66.99	60.31	50.21	50.21	39.79	54.47	144.47	62.78	35.52
517000-0000-03-0000-0	Wor kmans Comp Insurance-National	5,433.45	5,975.75	7,243.51	6,519.97	5,433.45	5,433.45	4,301.98	5,886.39	15,620.82	6,790.94	6,290.91
520000-0000-03-0000-0	Auto Expense-National Healthcare Man-Administr- -	929.43	1,022.18	1,239.05	1,115.23	929.43	929.43	735.94	1,006.91	2,671.99	1,161.54	1,551.65
520100-0000-03-0000-0	Auto Lease Expense-National Healthcare-Administr- -	3,055.38	3,360.16	4,073.13	3,666.09	3,055.38	3,055.38	2,419.06	3,309.67	8,783.56	3,813.34	3,044.11
521000-0000-03-0000-0	Travel Expense-National Healthcare M-Administr- -	7,119.77	7,830.81	9,492.18	8,543.52	7,119.77	7,119.77	5,637.06	7,713.24	20,469.28	8,898.96	7,433.49
522000-0000-03-0000-0	Hotel Expense-National Healthcare Ma-Administr- -	6,719.01	7,389.97	8,957.52	8,062.79	6,719.01	6,719.01	5,319.61	7,279.13	19,316.90	8,398.06	6,871.19
541000-0000-03-0000-0	Misc. Expense-Nat. Mgmt.-Administration- -	4,061.32	4									

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

Name of Facility Regency House of Wallingford, Inc.		License No. 2072-C	Report for Year Ended 9/30/2016	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$	348,938	348,938		
2. Non-Food Supplies	\$	31,620	31,620		
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	11,810	11,810	
c. Management Services**		\$			
d. Other (Specify) _____		\$			
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$	<b>392,368</b>	<b>392,368</b>	
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals:	Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.	
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Regency House of Wallingford, Inc.		License No. 2072-C	Report for Year Ended 9/30/2016		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	180,571	180,571		
c. Management Services**		\$				
d. Other (Specify) Supplies \$1,444; Diapers \$57,037		\$	58,481	58,481		
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$	239,052	239,052		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Regency House of Wallingford, Inc.		2072-C	9/30/2016		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. \$	40,931	40,931		
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. \$	1,524	1,524		
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
<b>4E.</b>	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	42,455	42,455		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmerica	\$	352,205	352,205		
b.	Medicine Cabinet Drugs	\$	33,448	33,448		
c.	Medical and Therapeutic Supplies	\$	149,099	149,099		
d.	Ambulance/Limousine****	\$	849	849		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other****	\$	32,221	32,221		
f.	X-rays and Related Radiological Procedures****	\$	37,768	37,768		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory****	\$	48,066	48,066		
i.	Recreation	\$	61,526	61,526		
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	25,093	25,093		
<b>5K.</b>	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	740,275	740,275		

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

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

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

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

**Schedule of Other Resident Care**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Equipment Rental- Nursing	\$ 8,633		
IV Therapy Supplies - Rehab Therapy and Ancillary	\$ 10,423		
Flu Vaccine - Medical Services	\$ 5,458		
Purchased Services - Nursing	\$ 579		
<b>Total Other Resident Care</b>	\$ 25,093	\$ -	\$ -

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

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C		Report for Year Ended 9/30/2016			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Med-Apparel Services	161 S Macquesten Pkwy Mt Vernon NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry and Linen Purch Services	31,702			19	3B
Unitex Textile Rental	161 S Macquesten Pkwy Mt Vernon NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry and Linen Purch Services	148,358			19	3B
ADM Environmental Group	1370 Coney Island Ave Brooklyn NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Waste Removal/Recycling	28,341			22	6F
ADP	PO Box 847875 Boston, MA 02284-2875	<input type="radio"/>	<input checked="" type="radio"/>		Payroll	14,833			16	M13
Ultimate Landscaping	45 East Main St. Wallingford, CT 06494	<input type="radio"/>	<input checked="" type="radio"/>		Ground Services	19,430			22	6F
MJ Daly, LLC	110 Mattatuck Heights, Waterbury, CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	20,601			22	6A
EcoLab	24673 Network Place Chicago, IL 60673-1246	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance R&M	16,320			22	6A
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

\* List all contracted services over \$10,000. Use additional sheets if necessary.

\*\* Refer to Page 4 for definition of related.

\*\*\* Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 102,386	102,386				
b. Heat	\$ 64,290	64,290				
c. Light & Power	\$ 92,533	92,533				
d. Water	\$ 33,770	33,770				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 30,509	30,509				
f. Other ( <i>itemize</i> )	\$ 77,841	77,841				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	<b>\$ 401,329</b>	<b>401,329</b>				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 24,683	24,683				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	<b>\$ 24,683</b>	<b>24,683</b>				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 47,010	47,010				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	<b>\$ 47,010</b>	<b>47,010</b>				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,060,847	1,060,847				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 37,653	37,653				
c. Personal property taxes	\$ 13,650	13,650				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	<b>\$ 1,183,843</b>	<b>1,183,843</b>				

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

**Schedule of Other Repairs and Maintenance**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Purchased Services- Security	\$ 11,983		
Ground Services- Maintenance	\$ 19,430		
Pest Control- Maintenance	\$ 2,552		
Carting- Maintenance	\$ 36,214		
Supplies - Security	\$ 187		
IT Rentals	\$ 7,475		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 77,841</b>	<b>\$ -</b>	<b>\$ -</b>

### Depreciation Schedule

Name of Facility Regency House of Wallingford, Inc.			License No. 2072-C			Report for Year Ended 9/30/2016			Page 23	of 37		
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
<b>A. Land Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
<b>B. Building and Building Improvements</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal												
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a.												
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period												
1,196,898												
b. Disposals (attach schedule)												
(729,676)												
c. Acquired during this report period (attach schedule)												
46,152												
D-3. Subtotal												
24,683												
<b>E. Total Depreciation</b>												
24,683												

Regency House of Wallingford, Inc.  
9/30/2016

**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 Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvement</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 Improvement</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

**Schedule of Non-Movable Equipment Acquired during this report period**

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

## Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
11/30/2015	20i Smart Care TRIO interim care	\$ 4,207	8	\$ 482
10/31/2015	DYNO APM WITH LAL - Mattress	\$ 691	5	\$ 138
10/31/2015	DYNO APM WITH LAL - Mattress	\$ 691	5	\$ 138
12/31/2015	LED TV's	\$ 1,793	5	\$ 299
2/29/2016	DYNO APM WITH LAL - Mattress	\$ 1,383	5	\$ 184
2/29/2016	DYNO APM WITH LAL - Mattress	\$ 691	5	\$ 92
2/29/2016	Ice & Water dispenser	\$ 5,429	10	\$ 362
3/31/2016	DYNO APM WITH LAL - Mattress	\$ 691	5	\$ 81
3/31/2016	DYNO APM WITH LAL - Mattress	\$ 691	5	\$ 81
3/31/2016	DYNO APM WITH LAL - Mattress	\$ 691	5	\$ 81
3/31/2016	Laptop	\$ 879	5	\$ 103
3/31/2016	Laptop	\$ 688	5	\$ 80
4/30/2016	X-Back Armchair	\$ 8,795	15	\$ 293
4/30/2016	Wheel Chair	\$ 798	10	\$ 40
4/30/2016	80 Electric bed"	\$ 936	12	\$ 39
4/30/2016	DYNO APM WITH LAL - Mattress	\$ 691	5	\$ 69
4/30/2016	Speed queen washer	\$ 1,598	5	\$ 160
4/30/2016	Digital lift scale	\$ 749	5	\$ 75
5/31/2016	LED TV	\$ 507	5	\$ 42
5/31/2016	DYNO APM WITH LAL - Mattress	\$ 1,383	5	\$ 115
5/31/2016	DYNO APM WITH LAL - Mattress	\$ 1,383	5	\$ 115
6/30/2016	LED TV	\$ 878	5	\$ 59
8/31/2016	Arm Chair	\$ 4,161	15	\$ 46
8/31/2016	DYNO APM WITH LAL - Mattress	\$ 691	5	\$ 23
8/31/2016	DYNO APM WITH LAL - Mattress	\$ 691	5	\$ 23
8/31/2016	Entrapment Measurement Tool	\$ 1,423	5	\$ 47
9/30/2016	Vacuum	\$ 1,195	8	\$ 12
9/30/2016	Electric Bed 80"	\$ 872	12	\$ 6
9/30/2016	Laptop	\$ 876	5	\$ 15
<b>Total additions for Movable Equipmen</b>		\$ 46,152		\$ 3,300 *
<b>Deletions:</b>				
9/30/2016	Smartlinx credit (reversal)	\$ (3,998)		\$ -
9/30/2016	Disposal of fully depreciated moveable equipment for equity purposes	\$ (725,678)		\$ -
<b>Total deletions for Movable Equipmen</b>		\$ (729,676)		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

## Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
5/31/2016	Boiler	\$ 22,171	20	\$ 462
7/31/2016	HVAC	\$ 90,327	15	\$ 1,505
9/30/2016	Mixing Valve	\$ 5,297	5	\$ 88
<b>Total additions for Leasehold Improvermer</b>		\$ 117,795		\$ 2,055 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvermer</b>		\$ -		\$ - **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Regency House of Wallingford, Inc.			2072-C		9/30/2016			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period				735,506	454,442	SL		44,955	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				117,795		SL		2,055	
C-4. Subtotal									47,010
<b>D. Total Amortization</b>									47,010

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

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

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

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2016	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		130		
6. Square Footage		60,298		
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		10/01/15		
c. Interest Rate for the Cost Year		3.68%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		12,867,900		
f. Principal balance outstanding as of 9/30/16		12,715,094		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)		Fixed		
h. Date of Refinancing		10/01/15		
i. New Interest Rate		3.68%		
j. Term of Mortgage (number of years)		35		
k. Amount of Principal Borrowed		12,867,900		
l. Principal Outstanding on Note Paid-Off		12,867,900		
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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



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

Name of Facility		License No.	Report for Year Ended			Page	of
Regency House of Wallingford, Inc.		2072-C	9/30/2016			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. <b>Total Building Interest Expense</b> (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	
Regency House of Wallingford, Inc	2072-C	9/30/2016	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)	\$	4,102	4,102		
A. Item	Rate	Amount			
Equipment Lease	4.347%	4,102			
Lender					
M&T Bank					
Address of Lender					
B. Item	Rate	Amount			
Lender					
Address of Lender					
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)	\$	4,102	4,102		
12. D. Other Interest Expense (Specify)	\$	3,376	3,376		
Property \$282; Admin Interest \$3,094					
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>	\$	7,478	7,478		
14. Insurance					
a. Insurance on Property (buildings only)	\$	9,601	9,601		
b. Insurance on Automobiles	\$	4,080	4,080		
c. Insurance other than Property (as specified above)					
1. Umbrella (Blanket Coverage)	\$	6,760	6,760		
2. Fire and Extended Coverage	\$				
3. Other (Specify)	\$	37,584	37,584		
General Liability Insurance					
14d. <b>Total Insurance Expenditures (14a + b + c)</b>	\$	58,025	58,025		
15. <b>Total All Expenditures (A-13 thru C-14)</b>	\$	13,413,190	13,413,190		

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.				2072-C	9/30/2016	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.	10	12M	Salaries not related to Resident Care	\$ 13,196	13,196		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$ 737	737		
6.	13	B10a	Occupational Therapy	\$ 393,362	393,362		
7.			Other - See attached Schedule	\$ 47,491	47,491		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 42,289	42,289		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,459	1,459		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	L6	Automobile Expense (e.g. personal use)	\$			
18.	16	M3	Unallowable Advertising *	\$ 30,025	30,025		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	M10	Fund Raising / Contributions	\$ 4,250	4,250		
21.	16	M12	Unallowable Management Fees	\$ 215,484	215,484		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 75,891	75,891		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 824,184	824,184		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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

**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B12	Dentist	\$ 4,416		
13	B3	Pharmacist	\$ 14,281		
13	B8a	Medical Director	\$ 14,982		
13	B2	Fees - Nursing - IV Therapy	\$ 700		
13	B2	Consulting Fees- Rehabilitation Therapy and Ancillary	\$ 8,827		
13	B2	Consulting Fees-Nursing	\$ 4,285		
<b>Total Other Fees Adjustments</b>			\$ 47,491	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a 3,4,5,7	Benefits on Salaries Not related to Resident Care	\$ 3,314		
16	L3	Gifts to Staff	\$ 13,733		
16	m13	Bank Charges	\$ 42,119		
16	m13	Miscellaneous Expenses	\$ 13,992		
16	m13	Penalties	\$ 146		
16	m13	Crime Insurance	\$ 2,587		
<b>Total Other A&amp;G Adjustments</b>			\$ 75,891	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.				2072-C	9/30/2016	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 824,184	824,184		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 352,205	352,205		
28.	20	5d	Ambulance/Limousine	\$ 849	849		
29.	20	5f	X-rays, etc	\$ 37,768	37,768		
30.	20	5h	Laboratory	\$ 48,066	48,066		
31.	20	5c	Medical Supplies	\$ 14,870	14,870		
32.	20	5e2	Oxygen (non emergency)	\$ 32,221	32,221		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 38,133	38,133		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 3,862	3,862		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	22	10c	Unallowable Property and Real Estate Taxes	\$ 1,047	1,047		
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 14,021	14,021		
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 11,516	11,516		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,378,742	1,378,742		

\*\*\* 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.

Regency House of Wallingford, Inc.  
9/30/2016

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	5j	Flu Vaccine	\$ 5,458		
20	5j	Purchased Services-Nursing	\$ 531		
20	5j	Equipment Rental- Nursing	\$ 8,633		
20	5j	IV Therapy Supplies - Rehab Therapy and Ancillary	\$ 10,423		
20	Misc	Procare Disallowed Price Markup	\$ 1,829		
20	5i	Cable TV Expense - Resident Rooms	\$ 11,259		
<b>Total Other Ancillary Costs</b>			\$ 38,133	\$ -	\$ -

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
23	D2c	Disallowed Movable Equipment Depreciation (TV's & Mattresses)	\$ 3,862		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 3,862	\$ -	\$ -

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Auto Insurance	\$ 4,080		
22	6e	Auto Lease	\$ 9,941		
<b>Total Other Property Adjustments</b>			\$ 14,021	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Miscellaneous Income	\$ 7,683		
30	IV5	Interest Income	\$ 739		
27	12d	Other Interest Expense	\$ 3,094		
<b>Total Other Adjustments</b>			\$ 11,516	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2016			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> )	\$ 13,315,521	13,315,521				
b. Medicaid Room and Board Contractual Allowance **	\$ (5,405,299)	(5,405,299)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,740,614	3,740,614				
b. Medicare Room and Board Contractual Allowance **	\$ 697,028	697,028				
4. a. Private-Pay Residents and Other	\$ 2,790,912	2,790,912				
b. Private-Pay Room and Board Contractual Allowance **	\$ (689,320)	(689,320)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 223,563	223,563				
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (223,563)	(223,563)				
c. Prescription Drugs - Non-Medicare	\$ 123,684	123,684				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (123,684)	(123,684)				
2. a. Medical Supplies - Medicare	\$ 1,985	1,985				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (1,050)	(1,050)				
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 656,136	656,136				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (567,971)	(567,971)				
c. Physical Therapy - Non-Medicare	\$ 200,961	200,961				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (185,318)	(185,318)				
4. a. Speech Therapy - Medicare	\$ 152,342	152,342				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (110,236)	(110,236)				
c. Speech Therapy - Non-Medicare	\$ 60,189	60,189				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (40,998)	(40,998)				
5. a. Occupational Therapy - Medicare	\$ 618,604	618,604				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (556,537)	(556,537)				
c. Occupational Therapy - Non-Medicare	\$ 206,559	206,559				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (185,710)	(185,710)				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 11,618	11,618				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 20,563	20,563				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,730,593	14,730,593				
<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> )	\$ 739	739				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 961	961				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 1,700	1,700				
<b>VI. Total All Revenue</b> (III +V)	\$ 14,732,293	14,732,293				

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

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



**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, Line II6a	Medicare A Contra Other	\$ (64,708)		
30, Line II6a	Medicare A IV Therapy	\$ 7,466		
30, Line II6a	Medicare A Lab	\$ 33,257		
30, Line II6a	Medicare A X Ray	\$ 23,922		
30, Line II6a	Medicare Part B Prior Period	\$ (4,035)		
30, Line II6a	Medicare Part A - Ambulance	\$ (1,260)		
30, Line II6a	Medicare Part B IV Therapy	\$ 7,379		
30, Line II6a	Medicare Pt B Flu/Pneumonia-Regency	\$ 7,654		
30, Line II6a	Mgd Medicare Contra Other	\$ (14,356)		
30, Line II6a	Mgd Medicare IV Therapy	\$ 3,915		
30, Line II6a	Mgd Medicare Lab	\$ 8,004		
30, Line II6a	Mgd Medicare Glucose	\$ 418		
30, Line II6a	Mgd Medicare X-Ray	\$ 2,437		
30, Line II6a	Mgd Medicare Flu/Pneumonia	\$ 1,137		
30, Line II6a	Medicare Pt A Specialty Beds-Regency- - -	\$ 388		
<b>Total Other Resident Revenue - Medicare</b>		\$ 11,618	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, Line II6b	Commercial Insurance Contra Other	\$ (25,158)		
30, Line II6b	Commercial Insurance IV Therapy	\$ 3,058		
30, Line II6b	Commercial Insurance Laboratory	\$ 16,991		
30, Line II6b	Commercial Insurance X-Ray	\$ 7,738		
30, Line II6b	Medicaid X-Ray	\$ 455		
30, Line II6b	Medicaid Laboratory	\$ 249		
30, Line II6b	Medicaid Contra Other	\$ (481)		
30, Line II6b	Private Lab-Regency	\$ 154		
30, Line II6b	Commercial Insurance Ambulance	\$ 709		
30, Line II6b	Medicaid IV Therapy-Regency	\$ 74		
30, Line II6b	Private Contra Other-Regency	\$ 16,774		
<b>Total Other Resident Revenue</b>		\$ 20,563	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, Line IV5	Interest Income		\$ 739		
<b>Total Interest Income</b>			\$ 739	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, Line IV8	Miscellaneous Other Income (Donations - \$2,797, United Health - \$18,255, Medical Records Fee \$1,067, Insurance Claims Write Off - \$15,871, Other - \$4,060)	\$ 42,050		
30, Line IV8	Prior Period Other	\$ (41,089)		
<b>Total Other Revenue</b>		\$ 961	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2016	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	989,919
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,542,158
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	20,068
5. Prepaid Expenses			\$	152,129
a. Insurance	11,149			
b. Taxes (personal property, real estate)	2,600			
c. Management fees	58,599			
d. Other	79,781			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	475,425
Patient Personal Funds	45,677			
Due from Realty	361,928			
Due from Related	67,820			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>3,179,699</b>
B. Fixed Assets				
1. Land			\$	13,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>853,301</u>		\$	351,849
	Accum. Depreciation <u>501,452</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>513,374</u>		\$	130,881
	Accum. Depreciation <u>382,493</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>495,730</b>

\* 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
Regency House of Wallingford, Inc.	2072-C	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	3,675,429
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	12,210,767		
	Accum. Depreciation	2,982,135	Net	\$ 9,228,632
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>			\$	9,228,632
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care <i>(itemize)</i>			\$	
_____				
6. Loans to Owners or Related Parties <i>(itemize)</i>			\$	
Name and Address	Amount	Loan Date		
7. Other Assets <i>(itemize)</i>			\$	
Security Deposits			12,500	12,500
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	12,500
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	12,916,561

\* 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
Regency House of Wallingford, Inc.		2072-C	9/30/2016	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	678,898
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )				\$	21,397
Name of Lender		Purpose	Amount	Date Due	
M & T Bank		Equipment	21,397	Through May 2020	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )				\$	381,239
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
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> )				\$	590,699
Accrued expenses		77,530	Pension Expense	11,829	
Patient personal funds		45,677			
Due to Related Party		254,901			
Revenue Assessment		200,762			
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	1,672,233

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

(Carry Total forward to next page)

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

Name of Facility Regency House of Wallingford, Inc.		License No. 2072-C	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				1,672,233	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	61,811
Name of Lender	Purpose	Amount	Date Due		
M & T Bank	Equipment	61,811	Through May 2020		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	
_____					
_____					
_____					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	61,811
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	1,734,044

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

Name of Facility	License No.	Report for Year Ended	Page	of
Regency House of Wallingford, Inc.	2072-C	9/30/2016	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	9,228,632
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			\$	9,228,632
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	5,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	629,782
6. Gain or Loss for Period			\$	1,319,103
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	1,953,885
<b>C. Total Reserves and Net Worth</b>			\$	11,182,517
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	12,916,561

### H. Changes in Total Net Worth

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2016	Page 36	of 37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	1,159,239	
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,732,293	
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,413,190	
D. Net Income or Deficit			\$	1,319,103	
E. Balance			\$	2,478,342	
F. Additions					
1. Additional Capital Contributed <i>(itemize)</i>					
2. Other <i>(itemize)</i> Tax Refund <span style="float: right;">7,543</span>					
F-3. Total Additions			\$	7,543	
G. Deductions					
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>					
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount		
Partner Drawings - 2015 subsequent to CR filing			150,000		
Stockholder Distributions			330,000		
2. Other Withdrawings <i>(Specify)</i>			\$	57,000	
Purpose		Amount			
CT Income Tax		57,000			
3. Total Deductions			\$	537,000	
H. <b>Balance at End of Period</b>			\$	1,948,885	
				09/30/16	

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

Name of Facility Regency House of Wallingford, Inc.	License No. 2072-C	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum Shapiro & Co				
Address			Phone Number	
2 Enterprise Drive, Shelton, CT 06484-1488			(203) 944-2100	