

February 15, 2021

Ms. Nicole Godburn
Office of CON and Rate Setting
Department of Social Services
25 Sigourney Street
Hartford, CT 06106

Dear Ms. Godburn:

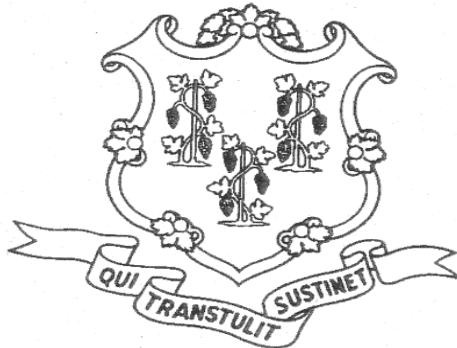
Enclosed please find the 2020 Medicaid Cost Report for Church Home of Hartford, Inc. d/b/a Seabury.

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

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

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

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury)				
Address (No. & Street, City, State, Zip Code) 200 Seabury Drive, Bloomfield, CT 06002				
Type of Facility				
<input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home
Report for Year Beginning 10/1/2019		Report for Year Ending 9/30/2020		

License Numbers:	CCNH 2103C	RHNS	Residential Care Home 1830HA	Medicare Provider 07-5383
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Church Home of Hartford, Inc. (DBA Seabury) [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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) Jacob Bompastore		Printed Name (Owner)	
Subscribed and Sworn to before me:	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public			

(Notary Seal)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

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

Data Required for Real Wage Adjustment				Page 1A	of 37
Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	Period Covered:	From 10/1/2019	To 9/30/2020		
Address of Facility 200 Seabury Drive, Bloomfield, CT 06002					
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/15/2021			
Item	Total	CCNH	RHNS	Residential Care Home	
1. Dietary wages paid	\$				
2. Laundry wages paid	\$				
3. Housekeeping wages paid	\$				
4. Nursing wages paid	\$				
5. All other wages paid	\$				
6. Total Wages Paid	\$				
7. Total salaries paid	\$				
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 860-286-0243	Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Church Home of Hartford, Inc. (DBA Seabury)		Address (No. & Street, City, State, Zip) 200 Seabury Drive, Bloomfield, CT 06002		
License Numbers:	CCNH 2103C	RHNS	Residential Care Home 1830HA	Medicare Provider No. 07-5383
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Jacob Bompastore		Nursing Home Administrator's License No.:	1979	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

CHHI BOARD OF DIRECTORS/SEABURY, INC.

November 2019-2020

<p>The Right Rev. Ian T. Douglas Ecclesiastical Authority, Ex Officio Episcopal Diocesan House 290 Pratt Street, Box 52 Meriden, CT 06450 203-639-3501 (O) E-mail: itdouglas@episcopalct.org</p> <p>One Collins Lane Essex, CT 06426 860-767-0771 (H)</p>	<p>BISHOP'S REPRESENTATIVE, Ex Officio The Reverend Anne Fraley St. Peter's Episcopal Church 99 Sand Hill Road South Windsor, CT 06074 860-644-8548 (O) E-mail: wolfdance9@gmail.com</p> <p>109 Sand Hill Road South Windsor, CT 06074 615-347-8630</p>
<p>Mr. Thomas E. Andersen Bartlett Brainard Eacott, Incorporated 70 Griffith Road South Bloomfield, CT 06002-1352 860-380-5550 (O) 860-243-8929 (Fax) E-mail: tandersen@bbeinc.com</p> <p>253 Center Hill Road Barkhamsted, CT 06063-4110 860-379-0487 (H) 860-922-5001 (Cell)</p>	<p>Bradford S. Babbitt Robinson & Cole LLP 280 Trumbull Street Hartford, CT 06103 860-275-8209 (O) 860-275-8299 (Fax) E-mail: bbabbitt@rc.com</p> <p>52 Atwater Road Canton, CT 06019</p>
<p>Cynthia Becker 237 Hollister Drive Avon, CT 06001 860-751-9509 (Cell) E-mail: cbecker16@netzero.net</p>	<p>Renée J. Bernasconi *(Non-Director) President Seabury 200 Seabury Drive Bloomfield, CT 06002 E-mail: reneebernasconi@seaburylife.org</p> <p>30 Devonshire Court Avon, CT 06001 860-508-2658 (Cell)</p>
<p>Linda Berry 343 Seabury Drive Bloomfield, CT 06002 860-521-9709 (H) E-mail: lindaberry343@gmail.com</p>	<p>Robert Hewey 307 Seabury Drive Bloomfield, CT 06002 860-578-9678 (H) 860-643-5701 (Cell) E-mail: boltonbob@aol.com</p>
<p>*Voice but no vote</p>	

CHHI BOARD OF DIRECTORS/SEABURY, INC.

November 2019-2020

<p>Dr. Jonathan A. Dixon Board Chair Hartford Hospital Rheumatology Clinic 85 Seymour Street, Suite #601 Hartford, CT 06106 860-545-2791 (O) E-mail: Jonathan.Dixon@hhchealth.org</p> <p>7 Fernwood Road West Hartford, CT 06119 860-233-6997 (H) 860-748-7865 (Cell)</p>	<p>*Mr. A. Raymond Madorin Director Emeritus 300 Mountain Spring Road Farmington, CT 06032 860-674-0211 (H) 860-573-3998 (Cell) E-mail: ray.madorin@gmail.com</p>
<p>*Mr. Gale A. Mattison Director Emeritus 12 Sandhurst Drive West Hartford, CT 06107 860-561-3723 (H) 860-944-0922 (Cell) E-mail: g.mattison@comcast.net</p>	<p>Ross Mezzanotte KBE Building Corp. 76 Batterson Park Road Farmington, CT 06032 860-250-1542 (Cell) E-mail: rmezzanotte@kbebuilding.com</p> <p>30 Paul Spring Road Farmington, CT 06032</p>
<p>Ms. Marnie W. Mueller 102 N. Beacon Street Hartford, CT 06105 860-233-6821 (H)-prefers 860-508-5545 (Cell) E-mail: muellermw@yahoo.com</p>	<p>Monique R. Polidoro, Esq. Rogin Nassau LLC CityPlace I, 22nd Floor 185 Asylum Street Hartford, CT 06103-3460 860-256-6358 (O) E-mail: mpolidoro@roginlaw.com</p> <p>11 White Road Tolland, CT 06084 860-454-4558 (H) 860-833-8026 (Cell)</p>
*Voice but no vote	

CHHI BOARD OF DIRECTORS/SEABURY, INC.

November 2019-2020

<p>The Rev. Erl G. Purnell Vice Chair 46 Overlook Terrace Simsbury, CT 06070 860-508-1898 E-mail: puckpurnell@mac.com</p>	<p>Mr. Craig Scott Treasurer Aero Gear, Inc. 1050 Day Hill Road Windsor, CT 06095 860-688-0888 ext. 130 (O) 860-285-8514 (Fax) E-mail: cwscott5@hotmail.com</p> <p>10 Harvest Lane Bloomfield, CT 06002 860-243-9151 (H) 860-930-2471 (Cell)</p>
<p>Michael Sherrill Cigna 900 Cottage Grove Bloomfield, CT 06002 860-226-2596 (O) E-mail: hilsherrill@comcast.net</p> <p>79 Hunter Drive West Hartford, CT 06107 860-521-3306 (H) 860-913-4722 (Cell)</p>	<p>Mr. Ronald Theriault OneDigital Health and Benefits 5 Batterson Park Road, Suite 1 Farmington, CT 06032 860-773-6965 (O) 860-712-4747 (Cell) 860-677-0612 (Fax) E-mail: rtheriault@onedeigital.com</p> <p>64 Stagecoach Road Avon, CT 06001 860-712-4747 (H)</p>
<p>*Voice but no vote</p>	<p>Mr. John R. Wadsworth Secretary 292 Fern Street West Hartford, CT 06119 860-233-1622 (H) E-mail: 29Wadsworth@comcast.net</p>

General Information and Questionnaire
Individual Proprietorship

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020	Page of 3B 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020			Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?				<input checked="" type="radio"/> Yes <input type="radio"/> No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?				<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Richard C. Heath	200 Seabury Drive, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Consultant	Page 16 m11	13,148	13,148
KBE Building Corp	76 Batterson Park Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>		Construction Services	Page 30 B9	36,000	36,000
Rogin Nassau, LLC	185 Asylum St. Hartford, CT 06103	<input checked="" type="radio"/>	<input type="radio"/>		Legal - 100% disallowed prior to cost report	Page 15 9e		
One Digital	200 Galleria Parkway Ste 1950, Atlanta, GA 30339	<input checked="" type="radio"/>	<input type="radio"/>		Insurance Broker	Page 15 1A5	38,625	38,625
Renee Bernasconi	200 Seabury Drive, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		CEO	Page 10 A1	113,423	113,423
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

See cover letter.

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

N/A

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

General Information and Questionnaire

Leases (Excluding Real Property)

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals should not be included in these amounts.

Name of Facility		License No.		Report for Year Ended			Page of
Church Home of Hartford, Inc. (DBA Seabury)		2103C		9/30/2020			6 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	04/04/15	39 Months	210	210
Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Folding Machine	03/30/17	36 Months	441	221
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Punch Unit	05/01/17	36 Months	145	85
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Marketing (Disallowed)	05/24/18	36 Months	676	676
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Nursing	10/18/17	36 Months	799	799
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Clinic	01/08/19	36 Months	590	590
DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Meadows	01/08/19	36 Months	484	484
DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Accounting	01/08/19	36 Months	429	429
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Admin	07/01/20	36 Months	325	81
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Nursing	02/27/20	36 Months	515	300
Is a Mileage Log Book Maintained for All Leased Vehicles ?		<input type="radio"/> Yes		<input checked="" type="radio"/> No		Total ***	3,875

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

** Attach copies of newly acquired leases.

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



Ricoh USA, Inc.
300 Eagleview Blvd
Suite 200
Exton, PA 19341

Number: _____

This Image Management Agreement (this "Agreement") has been written in clear, easy to understand language. Please take time to review the terms. When we use "Customer," "you" or "your," we are referring to you, our Customer. When we use "we," "us" or "our," we are referring to Ricoh USA, Inc. ("Ricoh") or, if we assign this Agreement pursuant to Section 3 below, the Assignee (as defined below). Our corporate office is located at 300 Eagleview Blvd, Suite 200, Exton, PA 19341.

CUSTOMER INFORMATION

CHURCH HOME OF HARTFORD INCORPORATED				Renaud Le Pape			
Full Legal Name				Billing Contact Name			
200 SEABURY DR				200 SEABURY DR			
Equipment Location Address				Billing Address (if different from location address)			
BLOOMFIELD	HARTFOR	06002-	2659	BLOOMFIELD	HARTFORD	CT	06002-2659
City	County	State	Zip	City	County	State	Zip
Federal Tax ID No. 60-2935000 (Do Not Insert Social Security No.)		Billing Contact Telephone Number (860) 286-0243		Billing Contact Facsimile No.		Billing Contact E-Mail Address renaudlepape@seaburlylife.org	

EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make& Model	Street Address/City/State/Zip
2	RICOH IM350F CONFIGURABLE PTO MODEL	200 SEABURY DR, BLOOMFIELD, CT, 06002-2659, US

PAYMENT SCHEDULE

Minimum Term (months)	Minimum Payment (Without Tax)	Minimum Payment Billing Frequency
36	\$115.77	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other:

Guaranteed Minimum Images*°	
Black/White	Color
0	0

Cost of Additional Images°	
Black/White	Color
0.0095	N/A

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

* Based upon Minimum Payment Billing Frequency

° Based upon standard 8½" x 11" paper size. Paper sizes greater than 8½" x 11" may count as more than one image.

ADDITIONAL PROVISIONS

 (list here, if any):

Sales Tax Exempt: Yes (Attach Exemption Certificate)

Customer Billing Reference Number (P.O.#, etc.)

Addendum Attached: Yes (Check if yes and indicate total number of pages: _____)

TERMS AND CONDITIONS

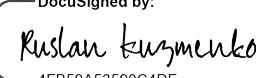
1. **Use of Equipment; Term.** You agree to use the equipment listed above ("Equipment") and pay the sums described above. **THIS AGREEMENT IS UNCONDITIONAL AND NON-CANCELABLE.** You agree to use this Equipment for the Minimum Term indicated above. You agree that the Equipment will be used solely for lawful business purposes and not for personal, family, or household purposes and the "Equipment Location" is a business address. To the extent the Equipment includes intangible property or associated services such as periodic software licenses and prepaid data base subscription rights, such intangible property shall be referred to as the "Software." The manufacturer of the tangible Equipment shall be referred to as the "Manufacturer." Our signature below will indicate our acceptance of this Agreement.



2. **Location of Equipment.** You will keep the Equipment at the Equipment Location. You must obtain our written permission, which will not be unreasonably withheld, to move the Equipment. With reasonable notice, you will allow us or our designee to inspect the Equipment. (You further agree that the additional terms and conditions on the next pages of this Agreement are incorporated by reference into this Agreement.)

AUTHORIZED SIGNER

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

Authorized Signer Signature DocuSigned by:	Date	Authorized Signer Printed Name	Authorized Signer Title
 X -4FB59A53590C4DF...	7/1/2020	Ruslan Kuzmenko	CFO

3. **Ownership of Equipment; Assignment.** We are the sole owner and titleholder to the Equipment (except for any Software). You will keep the Equipment free of all liens and encumbrances. YOU HAVE NO RIGHT TO SELL, TRANSFER, ENCUMBER, SUBLLET OR ASSIGN THE EQUIPMENT OR THIS AGREEMENT WITHOUT OUR PRIOR WRITTEN CONSENT (which consent shall not be unreasonably withheld). You agree that we may sell or assign all or a portion of our interests in the Equipment and/or this Agreement without notice to you even if less than all the Payments have been assigned. In that event, the assignee (the "Assignee") will have such rights as we assign to them but none of our obligations (we will keep those obligations) and the rights of the Assignee will not be subject to any claims, defenses or set-offs that you may have against us. No assignment to an Assignee will release Ricoh from any obligations Ricoh may have to you hereunder. The Maintenance Agreement (as defined below) you have entered into with a Servicer (as defined below) will remain in full force and effect with Servicer and will not be affected by any such assignment. You acknowledge that the Assignee did not manufacture or design the Equipment and that you have selected the Manufacturer, the Servicer and the Equipment based on your own judgment.

4. **Software or Intangibles.** To the extent that the Equipment includes Software, you understand and agree that we have no right, title or interest in the Software and you will comply throughout the term of this Agreement with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Effective Date (as defined below).

5. **Taxes and Origination Fee.** In addition to the payments under this Agreement, you agree to pay all taxes, assessments, fees and charges governmentally imposed upon our purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment. If we are required to file and pay property tax, you agree at our discretion, to either: (a) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (b) remit to us each billing period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the billing period sum includes a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the term of this Agreement. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Property Tax Administrative Fee" in an amount not to exceed the greater of 10% of the invoiced property tax amount or \$10 each time such tax is invoiced during the term of this Agreement, not to exceed the maximum amount permitted by applicable law. The Property Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year during the term of this Agreement to reflect our increased cost of administration and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. If we are required to pay upfront sales or use tax and you opt to pay such tax over the term of this Agreement and not as a lump sum at inception of this Agreement, then you agree to pay us a "Sales Tax Administrative Fee" equal to 3.5% of the total tax due per year. Sales and use tax, if applicable, will be charged until a valid sales and use tax exemption certificate is provided to us. In connection with this Agreement, you agree to pay us an origination fee of \$75.00 on the first payment date.

6. **Uniform Commercial Code ("UCC") Filing.** To protect our rights in the Equipment in the event this Agreement is determined to be a security agreement, you hereby grant to us a security interest in the Equipment, and all proceeds, products, rents or profits from the sale, casualty loss or other disposition thereof. You authorize us to file a copy of this Agreement as a financing statement, and you agree to promptly execute and deliver to us any financing statements covering the Equipment that we may reasonably require; provided, however, that you hereby authorize us to file any such financing statement without your authentication to the extent permitted by applicable law.

7. **Warranties.** We transfer to you, without recourse, for the term of this Agreement, any written warranties made by the Manufacturer or the Software Supplier with respect to the Equipment. YOU ACKNOWLEDGE THAT YOU HAVE SELECTED THE EQUIPMENT BASED ON YOUR OWN JUDGMENT AND YOU HEREBY AFFIRMATIVELY DISCLAIM RELIANCE ON ANY ORAL REPRESENTATION CONCERNING THE EQUIPMENT MADE TO YOU. WE MAKE NO WARRANTY, EXPRESS, OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AS TO US AND OUR ASSIGNEE, YOU RENT THE EQUIPMENT "AS-IS."

8. **Maintenance of Our Equipment.** You agree to install (if required), use and maintain the Equipment in accordance with Manufacturers' specifications and to use only those supplies which meet such specifications. You shall engage Ricoh, its subsidiaries or affiliates, or an independent third party (the "Servicer") to provide maintenance services pursuant to a separate agreement for such purpose ("Maintenance Agreement"). You will keep the Equipment in good condition, except for ordinary wear and tear.

9. **Indemnity, Liability and Insurance.** To the extent not prohibited by applicable law, you agree to indemnify us, defend us and hold us harmless from all claims arising out of the death or bodily injury of any person or the damage, loss or destruction of any tangible property caused by or to the Equipment, except to the extent caused by our gross negligence or willful misconduct. Notwithstanding anything to the contrary, in no event shall we be liable to you for any indirect, special or consequential damages. You are responsible for any theft of, destruction of, or damage to the Equipment from any cause at all, whether or not insured, from the time of Equipment delivery to you until it is delivered to us at the end of the term of this Agreement. You agree to maintain insurance to cover the Equipment for all types of loss, including, without limitation, theft, in an amount not less than the full replacement value, and you will name us as an additional insured and loss payee on your insurance policy. In addition, you agree to maintain comprehensive public liability insurance, which, upon our request, shall be in an amount acceptable to us and shall name us as an additional insured. Such insurance will provide that we will be given thirty (30) days advance notice of any cancellation. Upon our request, you agree to provide us with evidence of such coverage in a form reasonably satisfactory to us. If you fail to maintain such insurance or to provide us with evidence of such insurance, we may (but are not obligated to) obtain insurance in such amounts and against such risks as we deem necessary to protect our interest in the Equipment. Such insurance obtained by us will not insure you against any claim, liability or loss related to your interest in the Equipment and may be cancelled by us at any time. You agree to pay us an additional amount each month to reimburse us for the insurance premium and an administrative fee, on which we or our affiliates may earn a profit. In the event of loss or damage to the Equipment, you agree to remain responsible for the payment obligations under this Agreement until the payment obligations are fully satisfied.

10. **Renewal and Return of Equipment.** AFTER THE MINIMUM TERM OR ANY EXTENSION, THIS AGREEMENT WILL AUTOMATICALLY RENEW ON A MONTH-TO-MONTH BASIS UNLESS EITHER PARTY NOTIFIES THE OTHER IN WRITING AT LEAST THIRTY (30) DAYS, BUT NOT MORE THAN ONE HUNDRED TWENTY (120) DAYS, PRIOR TO THE EXPIRATION OF THE MINIMUM TERM OR EXTENSION; PROVIDED, HOWEVER, THAT AT ANY TIME DURING



ANY MONTH-TO-MONTH RENEWAL, WE HAVE THE RIGHT, UPON THIRTY (30) DAYS NOTICE, TO DEMAND THAT YOU RETURN THE EQUIPMENT TO US IN ACCORDANCE WITH THE TERMS OF THIS SECTION 10. Notwithstanding the foregoing, nothing herein is intended to provide, nor shall be interpreted as providing, (x) you with a legally enforceable option to extend or renew the terms of this Agreement, or (y) us with a legally enforceable option to compel any such extension or renewal. At the end of or upon termination of this Agreement, you will immediately return the Equipment to the location designated by us, in as good condition as when you received it, except for ordinary wear and tear. You will bear all shipping, de-installing, and crating expenses and will insure the Equipment for its full replacement value during shipping. You must pay additional monthly Payments at the same rate as then in effect under this Agreement, until the Equipment is returned by you and is received in good condition and working order by us or our designees. Notwithstanding anything to the contrary set forth in this Agreement, the parties acknowledge and agree that we shall have no obligation to remove, delete, preserve, maintain or otherwise safeguard any information, images or content retained by or resident in any Equipment rented by you hereunder, whether through a digital storage device, hard drive or other electronic medium ("Data Management Services"). If desired, you may engage Ricoh to perform Data Management Services at then-prevailing rates. You acknowledge that you are responsible for ensuring your own compliance with legal requirements in connection with data retention and protection and that we do not provide legal advice or represent that the Equipment will guarantee compliance with such requirements. The selection, use and design of any Data Management Services, and any decisions arising with respect to the deletion or storage of data, as well as the loss of any data resulting therefrom, shall be your sole and exclusive responsibility.

11. **Payments.** Payments will begin on the Equipment delivery and acceptance date ("Effective Date") and the first payment will be due in arrears thirty (30) days after the Effective Date or such later date as we may designate. The remaining payments are due on the same day of each subsequent month (unless otherwise specified on page 1 hereof). You agree to pay us each payment when it is due, and if any payment is not received within ten (10) days of its due date, you agree to pay a one-time late charge of 5% or \$5 (whichever is greater, but not to exceed the maximum amount allowed by applicable law) on the overdue amount. You also agree to pay all shipping and delivery costs associated with the ownership or use of the Equipment, which amounts may be included in your payment or billed separately. You also agree to pay \$25 for each check returned for insufficient funds or any other reason. You agree that you will remit Payments to us in the form of company checks, (or personal checks in the case of sole proprietorships), direct debit or wires only. You also agree that cash and cash equivalents are not acceptable forms of Payment for this Agreement and that you will not remit such forms of payment to us. Payment in any other form may delay processing or be returned to you. Furthermore, only you or your authorized agent as approved by us will remit Payments to us. If the term of this Agreement (including any extension or renewal of this Agreement) exceeds twelve (12) months, each of the Minimum Payment and the Cost of Additional Images, at Ricoh's option, may be increased on each one-year anniversary of the Effective Date by an amount equal to 5% of such Minimum Payment or Cost of Additional Images, as applicable, immediately prior to such increase (but not to exceed the maximum amount allowed by applicable law).
12. **Default and Remedies.** Each of the following is a "Default" under this Agreement: (a) you fail to pay any amount within thirty (30) days of its due date, (b) any representation or warranty made by you in this Agreement is false or incorrect and/or you do not perform any of your other obligations under this Agreement and/or under any other agreement with us or with any of our affiliates and this failure continues for thirty (30) days after we have notified you of it, (c) a petition is filed by or against you or any guarantor under any bankruptcy or insolvency law or a trustee, receiver or liquidator is appointed for you, any guarantor or any substantial part of your assets, (d) you or any guarantor makes an assignment for the benefit of creditors, (e) any guarantor dies, stops doing business as a going concern or transfers all or substantially all of such guarantor's assets, or (f) you stop doing business as a going concern or transfer all or substantially all of your assets. If a Default occurs, we have the right to exercise any and all legal remedies available to us by applicable laws, including those set forth in Article 2A of the UCC. YOU WAIVE ANY AND ALL RIGHTS AND REMEDIES AS A CUSTOMER OR LESSEE THAT YOU HAVE UNDER ARTICLE 2A OF THE UCC AGAINST US (BUT NOT AGAINST THE MANUFACTURER). Additionally, we are entitled to all past due payments, and we may accelerate and require you to immediately pay us the future payments due under the Agreement present valued at the discount rate of 3% per year to the date of default plus the present value (at the same discount rate) of our anticipated value of the Equipment at the end of the term of this Agreement, and we may charge you interest on all amounts due us from the date of default until paid at the rate of 1.5% per month, but in no event more than the maximum rate permitted by applicable law. We may repossess the Equipment (and, with respect to any Software, (i) immediately terminate your right to use the Software including the disabling (on-site or by remote communication) of any Software; (ii) demand the immediate return and obtain possession of the Software and re-license the Software at a public or private sale; and/or (iii) cause the Software Supplier to terminate the Software License, support and other services under the Software License), and pursue you for any deficiency balance after disposing the Equipment, all to the extent permitted by law. You waive the rights you may have to notice before we seize any of the Equipment. You agree that all rights and remedies are cumulative and not exclusive. You promise to pay reasonable attorneys' fees and any cost associated with any action to enforce this Agreement. This action will not void your responsibility to maintain and care for the Equipment. If we take possession of the Equipment (or any Software, if applicable), we agree to sell or otherwise dispose of it under such terms as may be acceptable to us in our discretion with or without notice, at a public or private disposition, and to apply the net proceeds (after we have deducted all costs, including reasonable attorneys' fees) to the amounts that you owe us. You will remain responsible for any deficiency that is due after we have applied any such net proceeds.
13. **Business Agreement and Choice of Law.** YOU AGREE THAT THIS AGREEMENT WILL BE GOVERNED UNDER THE LAW FOR THE COMMONWEALTH OF PENNSYLVANIA. YOU ALSO CONSENT TO THE VENUE AND NON-EXCLUSIVE JURISDICTION OF ANY COURT LOCATED IN EACH OF THE COMMONWEALTH OF PENNSYLVANIA AND THE STATE WHERE YOUR PRINCIPAL PLACE OF BUSINESS OR RESIDENCE IS LOCATED TO RESOLVE ANY CONFLICT UNDER THIS AGREEMENT. WE BOTH WAIVE THE RIGHT TO TRIAL BY JURY IN THE EVENT OF A LAWSUIT. TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ASK TO SEE IDENTIFYING DOCUMENTS.
14. **No Waiver or Set Off; Entire Agreement; Delivery & Acceptance Certificate.** You agree that our delay, or failure to exercise any rights, does not prevent us from exercising them at a later time. If any part of this Agreement is found to be invalid, then it shall not invalidate any of the other parts and the Agreement shall be modified to the minimum extent as permitted by law. ALL PAYMENTS TO US ARE "NET" AND UNCONDITIONAL AND ARE NOT SUBJECT TO SET OFF, DEFENSE, COUNTERCLAIM OR REDUCTION FOR ANY REASON. ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE. YOU AGREE THAT THE TERMS AND CONDITIONS CONTAINED IN THIS AGREEMENT REPRESENT THE ENTIRE AGREEMENT BETWEEN YOU AND US AND SUPERSEDE ALL PRIOR WRITTEN OR ORAL COMMUNICATIONS, UNDERSTANDINGS OR AGREEMENTS. Neither of us will be bound by any amendment, waiver, or other change unless agreed to in writing and signed by both. Any purchase order, or other ordering documents will not modify or affect this Agreement, nor have any other legal effect and shall serve only the purpose of identifying the Equipment ordered. You agree to sign and return to us a delivery and acceptance certificate (which, at our request, may be done electronically) within three (3) business days after any Equipment is installed.
15. **Image Charges/Meters.** In return for the Minimum Payment, you are entitled to use the number of Guaranteed Minimum Images as specified in the Payment Schedule of this Agreement. The Meter Reading/Billing Frequency is the period of time (monthly, quarterly, etc.) for which the number of images used will be reconciled. If you use more than the Guaranteed Minimum Images during the selected Meter Reading/Billing Frequency period, you will pay additional charges at the applicable Cost of Additional Images as specified in the Payment Schedule of this Agreement for images, black and white and/or color, which exceed the Guaranteed Minimum Images ("Additional Images"). The charge for Additional Images is calculated by multiplying the number of Additional Images times the applicable Cost of Additional Images. The Meter Reading/Billing Frequency may be different than the Minimum Payment Billing Frequency as specified in the Payment Schedule of this Agreement. You will provide us or our designee with the actual meter reading(s) by submitting meter reads electronically via an automated meter read program, or in any other reasonable manner requested by us or our designee from time to time. If such meter reading is not received within seven (7) days of either the end of the Meter Reading/Billing



Frequency period or at our request, we may estimate the number of images used. Adjustments for estimated charges for Additional Images will be made upon receipt of actual meter reading(s). Notwithstanding any adjustment, you will never pay less than the Minimum Payment.

16. **Ricoh Service Commitments; Counterparts; Facsimiles.** You acknowledge and agree that the Ricoh service commitments included on the “*Image Management Commitments*” page attached to this Agreement (collectively, the “Commitments”) are separate and independent obligations of Ricoh governed solely by the terms set forth on such page. They do not represent obligations of any Assignee of this Agreement and are not incorporated herein by reference. You agree that Ricoh alone is the party to provide all such services and is directly responsible to you for all of the Commitments. We are or, if applicable, our Assignee will be the party responsible for financing and billing this Agreement, including, but not limited to, the portion of your payments under this Agreement that reflects consideration owing to Ricoh in respect of its performance of the Commitments. Accordingly, you and we expressly agree that Ricoh is an intended third party beneficiary of your payment obligations hereunder. This Agreement may be executed in counterparts. The counterpart that has our original signature and/or is in our possession or control shall constitute chattel paper as that term is defined in the UCC and shall constitute the single true original agreement for all purposes. If you sign and transmit this Agreement to us by facsimile or by other electronic transmission, the facsimile or other electronic transmission of this Agreement, upon execution by us (manually or electronically, as applicable), shall be binding upon the parties. You authorize us to supply any missing “configure to order” number (“CTO”), other equipment identification numbers (including, without limitation, serial numbers), agreement identification numbers and/or dates in this Agreement. You agree that the facsimile or other electronic transmission of this Agreement containing your facsimile or other electronically transmitted signature, which is manually or electronically signed by us shall constitute the original agreement for all purposes, including, without limitation, those outlined above in this Section. You agree to deliver to us upon our request the counterpart of the Agreement containing your original manual signature.

17. **Miscellaneous.** It is the intent of the parties that this Agreement shall be deemed and constitutes a “finance lease” as defined under and governed by Article 2A of the UCC. You acknowledge that you have not been induced to enter into this Agreement by any representation or warranty not expressly set forth in this Agreement. This Agreement is not binding on us until we sign it. It is the express intent of the parties not to violate any applicable usury laws or to exceed the maximum amount of time price differential or interest, as applicable, permitted to be charged or collected by applicable law, and any such excess payment will be applied to Payments in the order of maturity, and any remaining excess will be refunded to you. Each of our respective rights and indemnities will survive the termination of this Agreement. We make no representation or warranty of any kind, express or implied, with respect to the legal, tax or accounting treatment of this Agreement and you acknowledge that we are an independent contractor and not your fiduciary. You will obtain your own legal, tax and accounting advice related to this Agreement and make your own determination of the proper accounting treatment of this Agreement. We may receive compensation from the Manufacturer or supplier of the Equipment in order to enable us to reduce the cost of providing the Equipment to you under this Agreement below what we otherwise would charge. If we received such compensation, the reduction in the cost of providing the Equipment is reflected in the Minimum Payment specified herein. You authorize us, our agent and/or our Assignee to obtain credit reports and make credit inquiries regarding you and your financial condition and to provide your information, including payment history, to our Assignee and third parties having an economic interest in this Agreement or the Equipment. You agree to provide updated annual and/or quarterly financial statements to us upon request.

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

X

Date:

Guarantor Signature

Home Address

{}{Guarantor name}}

(Printed Name of Guarantor - Do Not Include Title)

City

State

Zip

()

Home Phone

Accepted by RICOH USA, INC.:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title
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Ricoh USA, Inc.
300 Eagleview Blvd
Suite 200
Exton, PA 19341

Lease Agreement

Number:

This Lease Agreement (this "Lease") has been written in clear, easy to understand language. Please take time to review the terms. When we use "Customer," "you" or "your," we are referring to you, our Customer. When we use "we," "us" or "our," we are referring to Ricoh USA, Inc. ("Ricoh") or, if we assign this Lease pursuant to Section 3 below, the Assignee (as defined below). Our corporate office is located at 300 Eagleview Blvd, Suite 200, Exton, PA 19341.

CUSTOMER INFORMATION

CHURCH HOME OF HARTFORD INCORPORATED				Renaud Le Pape					
Full Legal Name 200 SEABURY DR				Billing Contact Name 200 SEABURY DR					
Equipment Location Address BLOOMFIELD D CT 06002-2659				Billing Address (if different from location address) BLOOMFIELD HARTFORD CT 06002-2659					
City BLOOMFIELD		County	State	Zip 06002-2659	City BLOOMFIELD		County	State	Zip 06002-2659
Federal Tax ID No. 60-2935000 (Do Not Insert Social Security No.)		Billing Contact Telephone No. (860) 286-0243		Billing Contact Facsimile Number		Billing Contact E-Mail Address renaudlepage@seaburylife.org			

EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make& Model	Street Address/City/State/Zip
1	RICOH IMC2500 CONFIGURABLE PTO MODEL	200 SEABURY DR, BLOOMFIELD, CT, 06002-2659, US

PAYMENT SCHEDULE

Minimum Term (months)	Minimum Payment (Without Tax)	Minimum Payment Billing Frequency
36	\$183.38	<input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other:

ADDITIONAL PROVISIONS (if any) are:

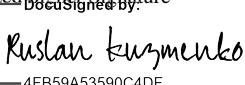
Sales Tax Exempt: Yes (Attach Exemption Certificate) Customer Billing Reference Number (P.O.#, etc.) _____
Addendum Attached: Yes (Check if yes and indicate total number of pages: ____)

TERMS AND CONDITIONS:

- Lease Agreement. You agree to lease from us the equipment listed above ("Equipment"). **THIS LEASE IS UNCONDITIONAL AND NON-CANCELABLE.** Effective as of delivery of the Equipment, you agree to all of the terms and conditions contained in this Lease. You agree this Lease is for the entire lease term indicated above. You also agree that the Equipment will be used solely for lawful business purposes and not for personal, family or household purposes and the "Equipment Location" identified above is a business address. To the extent the Equipment includes intangible property or associated services such as periodic software licenses and prepaid data base subscription rights, such intangible property shall be referred to as the "Software." The manufacturer of the tangible Equipment shall be referred to as the "Manufacturer." Our signature indicates our acceptance of this Lease.
- Location of Equipment. You will keep the Equipment at the Equipment Location. You must obtain our written permission, which will not be unreasonably withheld, to move the Equipment. With reasonable notice, you will allow us or our designee to inspect the Equipment. (The terms and conditions set forth on the next page(s) of this Lease are hereby incorporated herein by reference.)

AUTHORIZED SIGNER

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

Authorized Signer Signature Duly Signed By:	Date	Authorized Signer Printed Name	Authorized Signer Title
X  Ruslan Kuzmenko 4FB59A53590C4DF...	2/27/2020	Ruslan Kuzmenko	CFO



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

X

Date:

Guarantor Signature

Home Address

(Printed Name of Guarantor - *Do Not Include Title*)

City _____ State _____ Zip _____

(_____)
Home Phone

3. **Ownership of Equipment; Assignment.** We are the sole owner and titleholder to the Equipment (except for any Software). You will keep the Equipment free of all liens and encumbrances. **YOU HAVE NO RIGHT TO SELL, TRANSFER, ENCUMBER, SUBLLET OR ASSIGN THE EQUIPMENT OR THIS LEASE WITHOUT OUR PRIOR WRITTEN CONSENT** (which consent shall not be unreasonably withheld). You agree that we may sell or assign all or a portion of our interests in the Equipment and/or this Lease without notice to you even if less than all the payments have been assigned. In that event, the assignee (the "Assignee") will have such rights as we assign to them but none of our obligations (we will keep those obligations) and the rights of the Assignee will not be subject to any claims, defenses or set-offs that you may have against us. No assignment to an Assignee will release Ricoh from any obligations Ricoh may have to you hereunder. The Maintenance Agreement you have entered into with a Servicer will remain in full force and effect with Servicer and will not be affected by any such assignment. You acknowledge that the Assignee did not manufacture or design the Equipment and that you have selected the Manufacturer, the Servicer and the Equipment based on your own judgment.
4. **Software or Intangibles.** To the extent that the Equipment includes Software, you understand and agree that we have no right, title or interest in the Software and you will comply throughout the term of this Lease with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Effective Date (as defined below).
5. **Taxes and Origination Fee.** In addition to the payments under this Lease, you agree to pay all taxes, assessments, fees and charges governmentally imposed upon our purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment. If we are required to file and pay property tax, you agree at our discretion, to either: (a) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (b) remit to us each billing period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the billing period sums include a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the term of this Lease. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Property Tax Administrative Fee" in an amount not to exceed the greater of 10% of the invoiced property tax amount or \$10 each time such tax is invoiced during the term of this Lease, not to exceed the maximum amount permitted by applicable law. The Property Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year during the term of this Lease to reflect our increased cost of administration, and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. If we are required to pay upfront sales or use tax and you opt to pay such tax over the term of this Lease and not as a lump sum at Lease inception, then you agree to pay us a "Sales Tax Administrative Fee" equal to 3.5% of the total tax due per year. Sales and use tax, if applicable, will be charged until a valid sales and use tax exemption certificate is provided to us. In connection with this Lease, you agree to pay us an origination fee of \$75.00 on the first payment date.
6. **Uniform Commercial Code ("UCC") Filing.** To protect our rights in the Equipment in the event this Lease is determined to be a security agreement, you hereby grant to us a security interest in the Equipment, and all proceeds, products, rents or profits from the sale, casualty loss or other disposition thereof. You authorize us to file a copy of this Lease as a financing statement, and you agree to promptly execute and deliver to us any financing statements covering the Equipment that we may reasonably require; provided, however, that you hereby authorize us to file any such financing statement without your authentication to the extent permitted by applicable law.
7. **Warranties.** We transfer to you, without recourse, for the term of this Lease, any written warranties made by the Manufacturer or the Software Supplier with respect to the Equipment. **YOU ACKNOWLEDGE THAT YOU HAVE SELECTED THE EQUIPMENT BASED ON YOUR OWN JUDGMENT AND YOU HEREBY AFFIRMATIVELY DISCLAIM RELIANCE ON ANY ORAL REPRESENTATION CONCERNING THE EQUIPMENT MADE TO YOU.** However, if you enter into a Maintenance Agreement with the Servicer with respect to any Equipment, no provision, clause or paragraph of this Lease shall alter, restrict, diminish or waive the rights, remedies or benefits that you may have against the Servicer under such Maintenance Agreement. **WE MAKE NO WARRANTY, EXPRESS, OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AS TO US AND OUR ASSIGNEE, YOU LEASE THE EQUIPMENT "AS-IS."**
8. **Maintenance of Our Equipment.** You agree to install (if required), use and maintain the Equipment in accordance with Manufacturers' specifications and to use only those supplies, which meet such specifications. You shall engage Ricoh, its subsidiaries or affiliates, or an independent third party (the "Servicer") to provide maintenance and support services pursuant to a separate agreement for such purpose ("Maintenance Agreement"). You will keep the Equipment in good condition, except for ordinary wear and tear.
9. **Indemnity, Liability and Insurance.** To the extent not prohibited by applicable law, you agree to indemnify us, defend us and hold us harmless from all claims arising out of the death or bodily injury of any person or the damage, loss or destruction of any tangible property caused by or to the Equipment, except to the extent caused by our gross negligence or willful misconduct. Notwithstanding anything to the contrary, in no event shall we be liable to you for any indirect, special or consequential damages. You are responsible for any theft of, destruction of, or damage to the Equipment from any cause at all, whether or not insured, from the time of Equipment delivery to you until it is delivered to us at the end of the term of this Agreement. You agree to maintain insurance to cover the Equipment for all types of loss, including, without limitation, theft, in an amount not less than the full replacement value and you will name us as an additional insured and loss payee on your insurance policy. In addition, you agree to maintain comprehensive public liability insurance, which, upon our request, shall be in an amount acceptable to us and shall name us as an additional insured. Such insurance will provide that we will be given thirty (30) days advance notice of any cancellation. You agree to provide us with evidence of such insurance in a form reasonably satisfactory to us. If you fail to maintain such insurance or to provide us with evidence of such insurance, we may (but are not obligated to) obtain insurance in such amounts and against such risks as we deem necessary to protect our interest in the Equipment. Such insurance obtained by us will not insure you against any claim, liability or loss related to your interest in the Equipment and may be cancelled by us at any time. You agree to pay us an additional amount each month to reimburse us for the insurance premium and an administrative fee, on which we or our affiliates may earn a profit. In the event of loss or damage to the Equipment, you agree to remain responsible for the payment obligations under this Lease until the payment obligations are fully satisfied.



10. **Renewal and Return of Equipment.** After the Minimum Term or any extension, this Lease will automatically renew on a month-to-month basis unless either party notifies the other in writing at least thirty (30) days, but not more than one hundred twenty (120) days, prior to the expiration of the Minimum Term or extension; provided, however, that at any time during any month-to-month renewal, we have the right, upon thirty (30) days notice, to demand that you return the Equipment to us in accordance with the terms of this Section 10. Notwithstanding the foregoing, nothing herein is intended to provide, nor shall be interpreted as providing, (a) you with a legally enforceable option to extend or renew the terms of this Lease, or (b) us with a legally enforceable option to compel any such extension or renewal. At the end of or upon termination of this Lease, you will immediately return the Equipment to the location designated by us, in as good condition as when you received it, except for ordinary wear and tear. You will bear all shipping, de-installing, and crating expenses and will insure the Equipment for its full replacement value during shipping. You must pay additional monthly Payments at the same rate as then in effect under this Lease, until the Equipment is returned by you and is received in good condition and working order by us or our designees. Notwithstanding anything to the contrary set forth in this Lease, the parties acknowledge and agree that we shall have no obligation to remove, delete, preserve, maintain or otherwise safeguard any information, images or content retained by or resident in any Equipment leased by you hereunder, whether through a digital storage device, hard drive or other electronic medium ("Data Management Services"). If desired, you may engage Ricoh to perform Data Management Services at then-prevailing rates. You acknowledge that you are responsible for ensuring your own compliance with legal requirements in connection with data retention and protection and that we do not provide legal advice or represent that the Equipment will guarantee compliance with such requirements. The selection, use and design of any Data Management Services, and any decisions arising with respect to the deletion or storage of data, as well as the loss of any data resulting therefrom, shall be your sole and exclusive responsibility.

11. **Lease Payments.** Payments will begin on the Equipment delivery and acceptance date ("Effective Date") or such later date as we may designate. The remaining payments are due on the same day of each subsequent month (unless otherwise specified on page 1 hereof). You agree to pay us each payment when it is due, and if any payment is not received within ten (10) days of its due date, you agree to pay a one-time late charge of 5% or \$5 (whichever is greater, but not to exceed the maximum amount allowed by applicable law) on the overdue amount. You also agree to pay all shipping and delivery costs associated with the ownership or use of the Equipment, which amounts may be included in your payment or billed separately. You also agree to pay \$25 for each check returned for insufficient funds or any other reason. You agree that you will remit payments to us in the form of company checks, (or personal checks in the case of sole proprietorships), direct debit or wires only. You also agree that cash and cash equivalents are not acceptable forms of payment for this Lease and that you will not remit such forms of payment to us. Payment in any other form may delay processing or be returned to you. Furthermore, only you or your authorized agent as approved by us will remit payments to us.

12. **Default and Remedies.** Each of the following is a "Default" under this Lease: (a) you fail to pay any amount within thirty (30) days of its due date, (b) any representation or warranty made by you in this Lease is false or incorrect and/or you do not perform any of your other obligations under this Lease and/or under any other agreement with us or with any of our affiliates and this failure continues for thirty (30) days after we have notified you of it, (c) a petition is filed by or against you or any guarantor under any bankruptcy or insolvency law or a trustee, receiver or liquidator is appointed for you, any guarantor or any substantial part of your assets, (d) you or any guarantor makes an assignment for the benefit of creditors, (e) any guarantor dies, stops doing business as a going concern or transfers all or substantially all of such guarantor's assets, or (f) you stop doing business as a going concern or transfer all or substantially all of your assets. If a Default occurs, we have the right to exercise any and all legal remedies available to us by applicable laws, including those set forth in Article 2A of the UCC. YOU WAIVE ANY AND ALL RIGHTS AND REMEDIES AS A CUSTOMER OR LESSEE THAT YOU HAVE UNDER ARTICLE 2A OF THE UCC AGAINST US (BUT NOT AGAINST THE MANUFACTURER OF THE EQUIPMENT). Additionally, we are entitled to all past due payments and we may accelerate and require you to immediately pay us the future payments due under the Lease present valued at the discount rate of 3% per year to the date of default plus the present value (at the same discount rate) of our anticipated value of the equipment at the end of the term of this Lease, and we may charge you interest on all amounts due us from the date of default until paid at the rate of 1.5% per month, but in no event more than the maximum rate permitted by applicable law. We may repossess the Equipment (and, with respect to any Software, (i) immediately terminate your right to use the Software including the disabling (on-site or by remote communication) of any Software; (ii) demand the immediate return and obtain possession of the Software and re-license the Software at a public or private sale; and/or (iii) cause the Software Supplier to terminate the Software License, support and other services under the Software License), and pursue you for any deficiency balance after disposing the Equipment, all to the extent permitted by law. You waive the rights you may have to notice before we seize any of the Equipment. You agree that all rights and remedies are cumulative and not exclusive. You promise to pay reasonable attorneys' fees and any cost associated with any action to enforce this Lease. This action will not void your responsibility to maintain and care for the Equipment, nor will Ricoh be liable for any action taken on our behalf. If we take possession of the Equipment, we agree to sell or otherwise dispose of it under such terms as may be acceptable to us in our discretion with or without notice, at a public or private disposition, and to apply the net proceeds (after we have deducted all costs, including reasonable attorneys' fees) to the amounts that you owe us. You will remain responsible for any deficiency that is due after we have applied any such net proceeds.

13. **Business Agreement and Choice of Law.** YOU AGREE THAT THIS LEASE WILL BE GOVERNED UNDER THE LAW FOR THE COMMONWEALTH OF PENNSYLVANIA. YOU ALSO CONSENT TO THE VENUE AND NON-EXCLUSIVE JURISDICTION OF ANY COURT LOCATED IN EACH OF THE COMMONWEALTH OF PENNSYLVANIA AND THE STATE WHERE YOUR PRINCIPAL PLACE OF BUSINESS OR RESIDENCE IS LOCATED TO RESOLVE ANY CONFLICT UNDER THIS LEASE. WE BOTH WAIVE THE RIGHT TO TRIAL BY JURY IN THE EVENT OF A LAWSUIT. TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ASK TO SEE IDENTIFYING DOCUMENTS.

14. **No Waiver or Set Off.** You agree that our delay, or failure to exercise any rights, does not prevent us from exercising them at a later time. If any part of this Lease is found to be invalid, then it shall not invalidate any of the other parts and the Lease shall be modified to the minimum extent as permitted by law. ALL PAYMENTS TO US ARE "NET" AND UNCONDITIONAL AND ARE NOT SUBJECT TO SET OFF, DEFENSE, COUNTERCLAIM OR REDUCTION FOR ANY REASON.

15. **Entire Agreement; Delivery & Acceptance Certificate.** ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE. YOU AGREE THAT THE TERMS AND CONDITIONS CONTAINED IN THIS LEASE REPRESENT THE ENTIRE AGREEMENT BETWEEN US AND YOU AND SUPERSEDE ALL PRIOR WRITTEN OR ORAL COMMUNICATIONS, UNDERSTANDINGS OR AGREEMENTS. Neither of us will be bound by any amendment, waiver, or other change unless agreed to in writing and signed by both. Any purchase order, or other ordering documents will not modify or affect this Lease, nor have any other legal effect and shall serve only the purpose of identifying the Equipment ordered. You agree to sign and return to us a delivery and acceptance certificate (which, at our request, may be done electronically) within three (3) business days after any Equipment is installed.

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



17. Miscellaneous. It is the intent of the parties that this Lease shall be deemed and constitute a "finance lease" as defined under and governed by Article 2A of the UCC. You acknowledge that you have not been induced to enter into this Lease by any representation or warranty not expressly set forth in this Lease. This Lease is not binding on us until we sign it. It is the express intent of the parties not to violate any applicable usury laws or to exceed the maximum amount of time price differential or interest, as applicable, permitted to be charged or collected by applicable law, and any such excess payment will be applied to payments in the order of maturity, and any remaining excess will be refunded to you. Each of our respective rights and indemnities will survive the termination of this Lease. We make no representation or warranty of any kind, express or implied, with respect to the legal, tax or accounting treatment of this Lease and you acknowledge that we are an independent contractor and not your fiduciary. You will obtain your own legal, tax and accounting advice related to this Lease and make your own determination of the proper accounting treatment of this Lease. We may receive compensation from the Manufacturer or supplier of the Equipment in order to enable us to reduce the cost of leasing the Equipment to you under this Lease below what we otherwise would charge. If we received such compensation, the reduction in the cost of leasing the Equipment is reflected in the Minimum Payment specified herein. You authorize us, our agent and/or our Assignee to obtain credit reports and make credit inquiries regarding you and your financial condition and to provide your information, including payment history, to our Assignee and third parties having an economic interest in this Lease or the Equipment. You agree to provide updated annual and/or quarterly financial statements to us upon request.



Initial

Accepted by RICOH USA, INC.:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title



General Information and Questionnaire

Accounting Basis

Name of Facility Church Home of Hartford, Inc. (DB)	License No. 2103C	Report for Year Ended 9/30/2020	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 CliftonLarsonAllen LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127-2000
--------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report	\$ 11,800
2 Medicare Cost Report	\$ 6,700
3 Annual Audit and Preparation of 990 Tax Return	\$ 18,975
4	\$
	Charge for Services Provided \$ 37,475

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

Yes No |Page 15, Line 1D

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Robert Noonan & Associates 2 3 4 5	Telephone Number 860-349-7010
------------------------------------------------------------------------------------------------	----------------------------------

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

1 6 Way Road #031, Middlefield, CT 06455 2 3 4 5	
--------------------------------------------------------------	--

Services Provided by This Firm (*describe fully*)

1 Various general matters	\$ 2,092
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 2,092

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

Yes No |Page 15, Line 1E

Schedule of Resident Statistics

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C				Report for Year Ended 9/30/2020				Page 8 of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	108	72		36	108	72		36				
B. On last day of THIS report period	108	72		36					108	72		36
2. Number of Residents												
A. As of midnight of PREVIOUS report period	93	66		27	93	66		27				
B. As of midnight of THIS report period	69	43		26					69	43		26
3. Total Number of Days Care Provided During Period												
A. Medicare	4,019	4,019			3,130	3,130			889	889		
B. Medicaid (Conn.)	13,952	6,172		7,780	10,597	4,791		5,806	3,355	1,381		1,974
C. Medicaid (other states)												
D. Private Pay	4,203	2,980		1,223	3,349	2,330		1,019	854	650		204
E. State SSI for RCH												
F. Other (Specify) CCC / Insurance	8,285	7,919		366	6,550	6,276		274	1,735	1,643		92
G. Total Care Days During Period (3A thru F)	30,459	21,090		9,369	23,626	16,527		7,099	6,833	4,563		2,270
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	539	15		524	420	15		405	119			119
B. Other Bed Reserve Days	64	46		18	43	25		18	21	21		
5. Total Resident Days (3G + 4A + 4B)	31,062	21,151		9,911	24,089	16,567		7,522	6,973	4,584		2,389

Schedule of Resident Statistics (Cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year?

 Yes No

If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change	
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home		
				(1)	(2)	(3)	(1)	(2)	(3)					

5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.

1st change	Change in Resident Days			CCNH	RHNS	Residential Care Home
	CCNH	RHNS	Residential Care Home	CCNH	RHNS	Residential Care Home
1st change						
2nd change						
3rd change						
4th change						

6. Number of Residents and Rates on September 30 of Cost Year

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	8	12		23			4	22
Per Diem Rate								
a. One bed rm.	PPS	257.60		550.00		184.00-337.00	154.64	
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

A. Medicare - Part B

TOTAL CCNH RHNS Residential Care Home

5,290 5,290 5,290

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

20,325 20,325 20,325

D. **Total Physical Therapy Treatments**

25,615 25,615 25,615

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B

401 401 401

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

1,315 1,315 1,315

D. **Total Speech Therapy Treatments**

1,716 1,716 1,716

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B

6,680 6,680 6,680

B. Medicaid (Exclusive of Part B)

1. Maintenance Treatments

2. Restorative Treatments

C. Other

13,220 13,220 13,220

D. **Total Occupational Therapy Treatments**

19,900 19,900 19,900

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		2103C	9/30/2020	10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes <input type="radio"/> No			
		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	Residential Care Home Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)	94,936	490			18,487 96
2. Administrator(s) (Complete also Sec. III of Schedule A1)	105,312	1,612			50,878 1,081
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	56,035	1,958			27,866 1,331
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	476,010	32,824			177,913 11,683
6. Housekeeping Service					
a. Head Housekeeper	20,069	578			6,255 180
b. Other Housekeeping Workers	201,453	14,199			81,496 5,659
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance	19,491	283			5,956 86
b. Other Maintenance Workers	66,571	2,868			24,805 1,109
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	34,079	2,057			35,255 2,179
9. Barber and Beautician Services					
10. Protective Services	104,889	8,308			32,049 2,538
11. Accounting Services					
a. Head Accountant					
b. Other Accountants	119,533	2,775			23,277 541
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	196,892	3,906			34,716 762
b. RN					
1. Direct Care	1,024,809	23,714			55,823 1,918
2. Administrative**	149,300	2,910			11,554 225
c. LPN					
1. Direct Care	391,274	21,953			50,592 3,718
2. Administrative**					
d. Aides and Attendants	1,307,140	122,988			349,651 35,079
e. Physical Therapists					
f. Speech Therapists					
g. Occupational Therapists					
h. Recreation Workers	113,545	5,092			100,612 4,308
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
4. Other (Specify)					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	56,041	1,953			4,337 151
n. Marketing					
o. Other (Specify)					
See Attached Schedule	276,048	8,681			40,656 1,485
A-13. Total Salary Expenditures	4,813,427	259,149			1,132,178 74,129

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

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

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C		Report for Year Ended 9/30/2020			Page 11	of 37
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section I - Operators/Owners									
Renee Bernasconi	94,936		18,487	Vehicle and Deferred Compensation	Responsible for all operations of facilities	586	A1		
CEO expenses, including consultant fees were capped by 70% of the Administrator	Allowable salary expense,	net of 28a disallowan ce	was \$51,383.						
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									

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

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

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

Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury)				License No. 2103C		Report for Year Ended 9/30/2020			Page 12	of 37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Jacob Bompastore	105,312		36,574	Nondiscretionary	Administrator	2,104	A2			
Heather Griskewicz (Meadows Administrator 10/1/2020 - 7/6/2020)			10,942	Nondiscretionary	Administrator - Meadows	473	A2			
Rachel Calvo (Meadows Administrator 7/15/2020 - 10/16/2020)			3,362	Nondiscretionary	Administrator - Meadows	116	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended		Page	of
	2103C	9/30/2020		13	37
Item	Total Cost and Hours				
	CCNH	Hours	RHNS	Hours	Residential Care Home
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	31,813	686			2,462
2. Dentist					
3. Pharmacist	5,617	85			435
4. Podiatrist					
5. Physical Therapy					
a. Resident Care					
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	16,701	92			1,292
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care					
b. Other					
10. Occupational Therapist					
a. Resident Care					
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	54,131	863			4,189
					67

* 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*

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2020	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 79,452	61,646		17,806
2. Disability Insurance	\$ 3,017			3,017
3. Unemployment Insurance	\$ 20,638	16,017		4,621
4. Social Security (F.I.C.A.)	\$ 426,958	345,129		81,829
5. Health Insurance	\$ 850,316	662,717		187,599
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 754			754
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 171,897	150,491		21,406
8. Uniform Allowance	\$ 1,707	1,494		213
9. Other (<i>Specify</i>) See Attached Schedule	\$ 5,872	5,141		731
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ 5,433	4,547		886
c. Bad Debts*	\$ 100,028	82,706		17,322
d. Accounting and Auditing	\$ 37,475	30,617		6,858
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 2,092	1,751		341
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 32,157	25,832		6,325
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 21,506	18,001		3,505
2. Cellular Phones	\$ 5,369	4,494		875
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
Subtotal	\$ 1,764,671	1,410,583		354,088

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Schedule of Other Taxes

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

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020		Page 16	of 37
Item		Total	CCNH	RHNS	Residential Care Home
	<i>Subtotals Brought Forward:</i>	1,764,671	1,410,583		354,088
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	2,751	2,231		520
4. Employee Travel	\$	3,270	2,737		533
5. Education Expenses Related to Seminars and Conventions	\$	3,264	2,732		532
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>)	\$	388	325		63
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	708			708
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)***	\$	1,993			1,993
7. Postage	\$	2,854	2,256		598
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	6,653	5,569		1,084
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	53,888	43,766		10,122
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	101,544	83,707		17,837
<i>C-14 Total Administrative & General Expenditures</i>	\$	1,941,984	1,553,906		388,078

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Other Advertising			\$ 708
Total Other Advertising	\$ -	\$ -	\$ 708

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age Connecticut	\$ 5,569		\$ 1,084
Total Dues	\$ 5,569	\$ -	\$ 1,084

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Licenses & Fees - Disallowed	\$ 4,057		\$ 2,078
Supplies	\$ 5,748		\$ 1,368
Communication Systems - Disallowed	\$ 25,231		\$ 4,913
General Expenses - Disallowed	\$ 30		\$ 6
Bank Fees - Disallowed	\$ 3,721		\$ 725
Fire/ Safety Alarm System	\$ 44,920		\$ 8,747
Total Other Administrative and General	\$ 83,707	\$ -	\$ 17,837

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Church Home of Hartford, Inc. (DBA Sea	License No. 2103C	Report for Year Ended 9/30/2020	Page 17 37 of
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020		Page of 18 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 359,548	260,658		98,890
2. Non-Food Supplies	\$ 59,790	46,068		13,722
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ 53,289	42,956		10,333
c. Other (Specify) _____ Food Uniforms and Miscellaneous	\$ 5,729	3,602		2,127
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 478,356	353,284		125,072
2E. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected 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)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020		Page 19	of 37
Item	Total	CCNH	RHNS	Residential Care Home	
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	3,055	2,086		969
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (<i>Specify</i>) Laundry Supplies & Other	\$	19,912	16,390		3,522
3D. Total Laundry Expenditures (3a + b + c)	\$	22,967	18,476		4,491
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. 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 3D.

*** 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
		9/30/2020		20	37
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt.	\$ 20,919	10,008		10,911
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	Sq. Ft. Serviced by Personnel				
	Amt.	\$			
C. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	20,919	10,008		10,911
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$	257	239		18
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	42,418	39,371		3,047
c. Medical and Therapeutic Supplies	\$	9,018	3,530		5,488
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$				
i. Recreation	\$	25,266	15,253		10,013
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	134,207	130,607		3,600
5M. Total Resident Care Expenditures (5a - 5j)	\$	211,166	189,000		22,166

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Worship Materials & Supplies	\$ 4,303		\$ 333
Programs	\$ 186		\$ 14
Supplies (Non-Medical)	\$ (2,206)		\$ (171)
Medical Supplies - Non-billable	\$ 113,838		
Nutrition Supplies - Billable - Disallowed	\$ 14,486		\$ 1,121
Activities Expense			\$ 2,303
Total Other Resident Care	\$ 130,607	\$ -	\$ 3,600

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)				License No. 2103C	Report for Year Ended 9/30/2020				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Sentrics (formerly ESCO)	8940 Vincennes Circle, Indianapolis, IN 46268	<input type="radio"/>	<input checked="" type="radio"/>	N/A	TV/Internet/Telephone	30,158		5,875	15/16	1h1/r
Property Management	Bloomfield, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	14,212		4,343	22	6f
USA Hauling and Recyclcing	PO Box 1000, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	18,787		5,741	22	6f
USL of Bloomfield	37 Peters Road, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	18,275		5,584	22	6f
Infinity Group	Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Construction Services	16,801		3,273	22	6a
Richard Heath	200 Seabury Drive, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Consultant	10,368		2,780	16	m11
Temp Source	221 Main St, Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Temporary Labor	35,392		8,514	18	2b
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020			Page 22	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	54,345	40,178			14,167
b. Heat	\$	37,043	24,622			12,421
c. Light & Power	\$	201,068	138,385			62,683
d. Water	\$	56,516	40,594			15,922
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	3,875	2,597			1,278
f. Other (<i>itemize</i>)	\$	98,184	71,293			26,891
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	451,031	317,669			133,362
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	1,400,083	994,568			405,515
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	447,655	322,148			125,507
*7e. Total Depreciation Costs (7a + b + c + d)	\$	1,847,738	1,316,716			531,022
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,847,738	1,316,716			531,022

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Exterminations	\$ 2,409		\$ 1,154
Trash Removal	\$ 21,716		\$ 8,671
Snow Removal	\$ 17,691		\$ 5,406
Water Treatment	\$ 1,417		\$ 433
Mechanical System - HVAC	\$ 3,721		\$ 1,137
Contracted Professional Services	\$ 22,718		\$ 7,218
Small Equipment Expense	\$ 1,450		\$ 1,049
Tools	\$ 171		\$ 52
Meadows Unit Refurbishing			\$ 658
Meadows Commons Refurbishing			\$ 249
Cable Services - Disallowed			\$ 371
Maintenance Supplies			\$ 468
Flowers			\$ 25
Total Other Repairs and Maintenance	\$ 71,293	\$ -	\$ 26,891

Depreciation Schedule

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)				License No. 2103C			Report for Year Ended 9/30/2020				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	
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements				155,413,706		155,413,706	32,088,603	SL	VAR	1,379,691		
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				1,494,320		1,494,320		SL	VAR	20,392		
B-4. Subtotal												
C. Non-Movable Equipment				19,625		19,625	19,625	SL	VAR			
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		
		Yes	No									
	D. Movable Equipment	1. Motor Vehicles (Specify name, model and year of each vehicle)	a. Vehicles	230,163	230,163	17,319	SL	VAR	5,445			
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period				11,639,796		11,639,796	2,453,857	SL	VAR	436,732		
b. Disposals (attach schedule)				(15,227)		(15,227)	(11,637)	SL	VAR			
c. Acquired during this report period (attach schedule)				164,424		164,424		SL	VAR	5,478		
D-3. Subtotal											447,655	
E. Total Depreciation											1,847,738	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

*Ties to Page 23, Line B3

****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

*Ties to Page 24, Line C3

****Ties to Page 24, Line C2**

Attachment Page 23a

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

Buildings and Building Improvements**Seabury (see Page 23b)**

SNF Allowable	12,003
RCH Allowable	272,861
Unallowable	<u>1,209,456</u>
	<u>1,494,320</u>

Meadows - None in 2020

RCH Allowable	- 14/58
Unallowable	<u>- 44/58</u>
	<u>-</u>

Total Building and Building Improvements

1,494,320**Moveable Equipment****Seabury (see Page 23b)**

SNF Allowable	23,057
RCH Allowable	8,454
Unallowable	<u>132,913</u>
	<u>164,424</u>

Meadows - None in 2020

RCH Allowable	- 14/58
Unallowable	<u>- 44/58</u>
	<u>-</u>

Total Moveable Equipment

164,424

Total Property Additions Summary

Total Building Improvements Additions After Allocation:

Useful life	SNF	HFA	O	Total	
10	-	-	791,562	791,562	Direct Independent
10	-	268,460	353,880	622,340	Assisted
10	9,881	3,019	42,268	55,168	I/A/S, All, and Other Allocated
Total 10 yr life	9,881	271,479	1,187,710	1,469,070	
8	4,522	1,382	19,346	25,250	I/A/S, All, and Other Allocated
Total	14,403	272,861	1,207,056	1,494,320	

Total Other Additions After Allocation:

Useful life	SNF	HFA	O	Total	
3	15,002	4,584	64,174	83,760	I/A/S, All, and Other Allocated
5	-	-	7,585	7,585	Independent
10	8,937	2,731	38,231	49,899	I/A/S, All, and Other Allocated
10	-	-	16,809	16,809	Independent
10	3,730	1,140	1,502	6,371	Skilled/ Assisted
Total 10 yr life	12,667	3,870	56,542	73,079	
Total	27,669	8,454	128,302	164,424	
Total additions	42,072	281,316	1,335,357	1,658,744	

Disallowance calculation for 12 SNF beds not eligible for reimbursement:

Building Additions:

Total 10 year life	9,881	16.67%	1,647	
Total 8 year life	4,522	16.67%	754	
	14,403		2,401	

Other Additions:

Total 3 year life	15,002	16.67%	2,500	
Total 5 year life	-	16.67%	-	
Total 10 year life	12,667	16.67%	2,111	
	27,669		4,611	
			7,012	Total Transfer Out

Total Building Improvement Additions after Disallowances:

	SNF	HFA	O	Total
Total 10 year life	8,234	271,479	1,189,357	1,469,070
Total 8 year life	3,769	1,382	20,100	25,250
	12,003	272,861	1,209,456	1,494,320

Total Other Additions after Disallowances:

	SNF	HFA	O	Total
Total 3 year life	12,501	4,584	66,675	83,760
Total 4 year life	-	-	7,585	7,585
Total 10 year life	10,556	3,870	58,653	73,079
	23,057	8,454	132,913	164,424
Total Additions	35,060	281,316	1,342,369	1,658,744

BUILDING IMPROVEMENT ADDITIONS

Date	Description	Cost	Level	Life
6/30/2020	Views courtyard apartments (6)	616,339.85	A	10
7/31/2020	Storage units - Views	6,000.00	A	10
3/31/2020	Heat pumps - upflow	11,150.00	All	10
5/1/2020	Heat exchanger	7,923.00	All	10
5/1/2020	3 Heat Pumps	9,600.00	All	10
5/1/2020	4 Heat Pumps	12,800.00	All	10
5/1/2020	Heat pump	5,395.00	All	10
9/1/2020	Carillon system upgrade	8,300.00	All	10
5/1/2020	Paving (asphalt)	25,250.00	All	8
10/31/2019	Renovation - 3147	67,079.00	I	10
10/31/2019	MDR renovations	51,148.00	I	10
11/30/2019	Renovation - 5174	23,867.00	I	10
11/30/2019	Renovation - 4188	15,000.00	I	10
12/31/2019	Renovation - 4137	22,228.75	I	10
12/31/2019	Renovation - swing space	5,347.50	I	10
12/31/2019	Renovation - 2142	16,089.00	I	10
12/31/2019	Renovation - 4160	20,875.00	I	10
1/31/2020	MDR renovations	8,507.00	I	10
1/31/2020	Renovation - 4188	15,567.00	I	10
1/31/2020	Renovation - 2112	34,875.00	I	10
1/31/2020	Carpeting - 5th floor	8,840.00	I	10
2/29/2020	3rd/4th floor recessed lighting	11,750.00	I	10
2/29/2020	Renovation - 4176	60,376.00	I	10
2/29/2020	Renovation - 4133	52,043.00	I	10
4/1/2020	Pool roof	346,112.72	I	10
5/31/2020	Renovation - Cottage 326	25,639.26	I	10
9/30/2020	Renovation - 4214	6,218.00	I	10
TOTAL ADDITIONS		1,494,320		

Totals:		
All	80,418	1
Other	-	1
Other Direct	-	Direct
Skilled	-	Direct
Assisted	622,340	Assisted
Independent	791,562	Direct
	1,494,320	

I/A/S, All and Other Allocation Breakout (Sum of 1)				
Useful life	SNF	HFA	O	Total
10	9,881	3,019	42,268	55,168
8	4,522	1,382	19,346	25,250
	SNF	HFA	Other	
Allocation By Living units (method 3):				17.91% 5.47% 76.62%

Assisted Allocation Breakout				
Useful life	SNF	HFA	O	Total
10	-	268,460	353,880	622,340
	SNF	HFA	Other	
Allocation By Assisted Living Units (22/51):				0.00% 43% 57%

HFA CON Limit 2,000,000
Less FY18 CON Additions (801,485)
Remaining CON as of 10/1/18 1,198,515
FY19 CON Additions (426,920) Fully Allowable as part of the CON
Remaining CON as of 10/1/19 771,595
FY20 CON Additions (272,861) Fully Allowable as part of the CON
Remaining CON as of 10/1/20 498,734

Page 23c(2)

FURNITURE/EQUIPMENT COMPUTER ADDITIONS

Date	Description	Cost	Level	Life
	None in 2020			

Page 23(3)
FURNITURE/EQUIPMENT OTHER ADDITIONS

Date	Description	Cost	Level	Life
8/31/2020	Awning	6,371.42	A	10
2/29/2020	Convection ovens	15,588.00	All	10
2/29/2020	Roll-in refrigerator	7,521.15	All	10
4/1/2020	VEGAS POS system	83,760.00	All	3
4/30/2020	Heated holding cabinet	5,771.45	All	10
9/30/2020	Meat slicer	5,490.83	All	10
9/30/2020	Convection steamer	15,527.49	All	10
10/31/2019	T5 recumbent cross trainers (3)	16,809.00	I	10
12/31/2019	Drapes - MDR	7,585.00	I	5
	TOTAL ADDITIONS	164,424		

Totals:			
All	133,659	1	
Skilled/ Assisted	6,371	1	
Independent	24,394	Direct	
	164,424		

I/A/S, All and Other Allocation Breakout (Includes all 1's)				
Useful life	SNF	HFA	O	Total
3	15,002	4,584	64,174	83,760
10	8,937	2,731	38,231	49,899
Allocation By Living units:				
			SNF	HFA
			17.91%	5.47%
			76.62%	

Direct by Level Allocation Breakout				
Useful life	SNF	HFA	O	Total
5	-	-	7,585	7,585 Independent
10	-	-	16,809	16,809 Independent

Skilled/ Assisted Allocation Breakout				
Useful life	SNF	HFA	O	Total
10	3,730	1,140	1,502	6,371 SNF HFA Other
				58.54% 17.89% 23.58%
Allocation By Living units:				

Total Other Additions After Allocation				
Useful life	SNF	HFA	O	
3	15,002	4,584	64,174	I/A/S, All, and Other Allocated
5	-	-	7,585	Independent
10	8,937	2,731	38,231	I/A/S, All, and Other Allocated
10	-	-	16,809	Independent
10	3,730	1,140	1,502	Skilled/ Assisted
Total 10 yr life	12,667	3,870	56,542	
Total Additions	27,669	8,454	128,302	

BUILDING IMPROVEMENTS AND FURNITURE/EQUIPMENT OTHER ADDITIONS
MEADOWS

Building Improvements

DATE	DESCRIPTION	LIFE	AMOUNT
	None in 2020		_____

Meadows Allocation Breakout - Building Improvements

Useful life	SNF	HFA	O	Total
5	-	-	-	-
10	-	-	-	-
15	-	-	-	-
25	-	-	-	-

SNF	HFA	Other	
Allocation By Meadows Beds:	0.00%	24.14%	75.86%

Furniture/Equipment

DATE	DESCRIPTION	LIFE	AMOUNT
	None in 2020		_____

Meadows Allocation Breakout - Furniture/ Equip

Useful life	SNF	HFA	O	Total
10	-	-	-	-
12	-	-	-	-
15	-	-	-	-
20	-	-	-	-

SNF	HFA	Other	
Allocation By Meadows Beds:	0.00%	24.14%	75.86%

Attachment Page 23d**Buildings and Building Improvements**

NOTE: The purpose of this allocation workpaper is to properly portray the depreciation amongst assets acquired in the CY versus prior years. This workpaper does not include depreciation on Phase 3 unallowable assets.

Total Depreciation Allowable		1,400,083
Total Phase A Depreciation - Unallowable		546,703
Seabury - Depreciation on Assets Acquired in CY:	68,138	
Allocation using Method 14	30%	
Total Allowable Related to Assets Acquired in CY	<u>20,392</u>	
Meadows - Depreciation on Assets Acquired in CY:	-	
Includable Cost Allocation Basis	24%	
Total Allowable Related to Assets Acquired in CY	<u>-</u>	
Total Depreciation Related to Assets Acquired in CY		20,392
Total Phase A Depreciation Related to Assets Acquired in PY		<u>546,703</u>
Depreciation Related to Assets Acquired in Prior Years		<u>1,379,691</u>
Moveable Equipment		
Total Depreciation Allowable		442,210
Total Phase A Depreciation - Unallowable		208,488
Seabury - Depreciation on Assets Acquired in CY:	18,304	
Allocation using Method 14	30%	
Total Allowable Related to Assets Acquired in CY	<u>5,478</u>	
Meadows - Depreciation on Assets Acquired in CY:	-	
Includable Cost Allocation Basis	24%	
Total Allowable Related to Assets Acquired in CY	<u>-</u>	
Total Depreciation Related to Assets Acquired in CY		5,478
Total Phase A Depreciation Related to Assets Acquired in PY		<u>208,488</u>
Depreciation Related to Assets Acquired in Prior Years		<u>436,732</u>

Seabury Cost Report

Attachment Page 23e

Depreciation Schedule & Depreciation Disallowance

This spreadsheet serves as a rollforward of fixed asset depreciation for Seabury. Each year, this is updated per current year additions and amounts that become fully depreciated. A half year's depreciation is taken in first year of asset acquisition. After which, the formulas are updated to reflect one full year's worth of depreciation. The depreciation allowed split uses the allocations assigned based on what the asset is used for and is pulled from attachments 23b, 23c, and 23d for current year additions.

	Asset Value			Depreciation Allowed			Depreciation Taken			60 22% 8%	22 8% 70%	192 70%
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other			
2012												
Building												
10 Year	192,771	14,371	510,132	717,274	19,277	1,437	51,013	15,707	5,759			50,262
Equipment												
8 Year	1,203	441	4,833	6,477	150	55	604	177	65			567
10 Year	13,146	26,686	90,313	130,145	1,315	2,669	9,031	2,850	1,045			9,120
15 Year	1,086	398	9,182	10,666	72	27	612	156	57			498
Total Assets	516,862	96,177	2,011,815	2,624,854	45,639	9,530	199,335	55,731	20,435			178,339
Building												
Movable												
					31,579	6,471	184,315	48,693	17,854			155,818
					14,060	3,059	15,020	7,038	2,581			22,521
Disallowance												
Building												
Movable												
					17,114	11,383						
					(7,022)	(479)						

	2012 -Vehicle disallowance			Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)			60 22% 8%	22 8% 70%	192 70%
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other			
Total Vehicles in fleet as of 9/30/12	7											
Vehicle with highest depreciation (Ford Bus)-2012	13,751											
				Per allocation template			3,011	1,104	9,636	5,119	1,877	16,382
Total 2012 Vehicle Depreciation	23,378						2,108	773				
Total Unallowed Amount	-9,627											

	Asset Value			Depreciation Allowed			Depreciation Taken			60 22% 8%	22 8% 70%	192 70%
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other			
2013												
Building												
10 Year	21,226	71,084	1,532,656	1,624,966	2,123	7,108	153,266	35,583	13,047			113,866
Equipment												
8 Year	1,912	701	7,681	10,294	239	87.63	960.13	282	103			902
10 Year	15,560	975	12,061	28,596	1,556	97.50	1,206.10	626	230			2,004
15 Year	14,558	2,039	27,832	44,429	970.53	135.93	1,855.47	649	238			2,076
Total Assets	570,118	170,976	3,592,045	4,333,139	50,527	16,960	356,622	92,871	34,053			297,186
Building												
Movable												
					33,702	13,579	337,580	84,276	30,901			269,684
					16,826	3,380	19,042	8,594	3,151			27,502
Disallowance												
Building												
Movable												
					50,574	17,322	(8,231)					

	2013 -Vehicle disallowance			Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)			60 22% 8%	22 8% 70%	192 70%
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other			
Total Vehicles in fleet as of 9/30/13	9											
Vehicle with highest depreciation (Ford Lift Van-2013	7,884						-	-	-			
				Per allocation template			-	-	-			
Total 2013 Vehicle Depreciation	31,327						-	-	-			
Total Unallowed Amount	-23,443											

	Asset Value			Depreciation Allowed			Depreciation Taken			60 22% 8%	22 8% 70%	192 70%
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other			
2014												
Building												
10 Year	258,184	106,325	1,575,981	1,940,490	25,818	10,633	157,598	42,492	15,581			135,976
Equipment												
8 Year	3,348	1,228	13,449	18,025	419	154	1,681	493	181			1,579
10 Year	42,419	6,278	77,025	125,722	4,242	628	7,703	2,753	1,009			8,810
15 Year	28,722	430	4,713	33,865	1,915	29	314	494	181			1,582
20 Year	16,388	6,009	65,827	88,224	819	300	3,291	966	354			3,091
Total Assets	919,179	291,246	5,329,040	6,539,465	83,740	28,702	527,210	140,070	51,359			448,224
Building												
Movable												
					59,520	24,212	495,179	126,769	46,482			405,660
					24,220	4,491	32,031	13,301	4,877			42,564
Disallowance												
Building												
Movable												
					67,249	22,270						
					(10,919)	387						

				2017 -Vehicle disallowance			Depreciation Taken (all vehicles)		
				Depreciation Allowed (1 Vehicle)			Depreciation Taken		
				SNF	HFA	Other	SNF	HFA	Other
Total Vehicles in fleet as of 9/30/17	11								
Vehicle with highest depreciation									
<i>(Ford Lift Van-2014</i>	8,601								
Total 2017 Vehicle Depreciation	20,683								
Total Unallowed Amount	-12,082								

				Asset Value			Depreciation Allowed			Depreciation Taken		
				SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other
2018												
Building												
5 Year	-	2,338		7,463	9,801		468	1,493	429	157	1,374	
10 Year	46,079	12,164		840,618	898,861		4,608	1,216	84,062	19,683	7,217	62,986
20 Year	2,573,771	631,958		12,211,221	15,416,950		128,689	31,598	610,561	168,799	61,893	540,156
25 Year	308,328	218,012		55,167,892	55,694,232		12,333	8,720	2,206,716	487,833	178,872	1,561,065
Equipment												
5 Year	14,168	45,556		255,438	315,162		2,834	9,111	51,088	13,803	5,061	44,169
10 Year	12,955	15,589		360,121	388,665		1,296	1,559	36,012	8,511	3,121	27,235
12 Year	-	2,354		7,400	9,754		-	196	617	178	65	570
15 Year	-	159,885		998,044	1,157,929		-	10,659	66,536	16,904	6,198	54,093
20 Year	-	2,148		6,752	8,900		-	107	338	97	36	312
25 Year	53	213		107,586	107,852		2	9	4,303	945	346	3,023
Total Assets	4,989,280	1,848,405		82,420,942	89,258,627		335,667	137,234	4,265,163	1,037,532	380,428	3,320,103
FY18 Additions				2,955,354	1,090,217		69,962,535	74,008,106				
Building												
Movable												
Disallowance												
Building												
Movable												
2018 -Vehicle disallowance												
Total Vehicles in fleet as of 9/30/18	9											
Vehicle with highest depreciation	7,592 A											
Total 2018 Vehicle Depreciation	16,451											
Total Unallowed Amount	-8,859											

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

				Asset Value			Depreciation Allowed			Depreciation Taken		
				SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other
2019												
Building												
10 Year	61,890	426,599		1,576,915	2,065,404		6,189	42,660	157,692	45,228	16,584	144,729
20 Year	877	322		4,677	5,876		44	16	234	64	24	206
Equipment												
3 Year	775	284		4,132	5,191		258	95	1,377	379	139	1,212
4 Year	8,705	3,192		46,428	58,325		2,176	798	11,607	3,193	1,171	10,218
8 Year	1,994	731		10,636	13,361		249,25	91	1,330	366	134	1,170
10 Year	10,695	3,922		12,828	27,445		1,070	392	1,283	601	220	1,923
Total Assets	5,074,216	2,283,455		84,076,558	91,434,229		345,653	181,286	4,438,685	1,087,363	398,700	3,479,561
FY19 Additions				84,936	435,050		1,655,616	2,175,602				
Building												
Movable												
Disallowance												
Building												
Movable												
2019 -Vehicle disallowance												
Total Vehicles in fleet as of 9/30/19	9											
Vehicle with highest depreciation	3,796 A											
Total 2019 Vehicle Depreciation	10,191											
Total Unallowed Amount	-5,395											

A BSC notes one CY addition and one CY disposal. The car with the highest depreciation has a cost of \$30,368 and is fully depreciated at the end of FY19. Seabury is allowed one vehicle. As such, the vehicle with the highest depreciation is allowed, and all other amounts are disallowed.

	Asset Value			Depreciation Allowed			Depreciation Taken		
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other
2020							60	22	192
Building							22%	8%	70%
10 Year	9,881	271,480	1,187,710	1,469,071	494	13,574	59,386	16,085	5,898
8 Year	4,522	1,382	19,346	25,250	283	86	1,209	346	127
Equipment									
3 Year	15,002	4,584	64,174	83,760	2,500	764	10,696	3,057	1,121
5 Year	-	-	7,585	7,585	-	-	759	166	61
10 Year	12,667	3,870	56,542	73,079	633	194	2,827	800	293
Total Assets	5,116,288	2,564,771	85,411,915	93,092,974	349,563	195,904	4,513,561	1,107,816	406,199
FY20 Additions	42,072	281,316	1,335,357	1,658,745					
Building					253,585	142,024	4,055,891	974,781	357,420
Movable					95,978	53,880	457,670	133,035	48,780
Disallowance									
Building					721,196	215,396	Page 29/29a - Line 48		
Movable					37,057	(5,100)	Page 29/29a - Line 35		
2020 -Vehicle disallowance									
Depreciation Allowed (1 Vehicle)									
Total Vehicles in fleet as of 9/30/19	9			SNF	HFA	Other	Depreciation Taken (all vehicles)		
Vehicle with highest depreciation	14,581 A			3,194	1,171	10,218	SNF	HFA	Other
Total 2019 Vehicle Depreciation	18,192			791	290	Page 29/29a - Line 35	3,985	1,461	12,748
Total Unallowed Amount	-3,611								

A BSC notes no additions or disposals in the CY. The car with the highest depreciation has a cost of \$58,325. Seabury is allowed one vehicle. As such, the vehicle with the highest depreciation is allowed, and all other amounts are disallowed.

Amortization Schedule*

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C		Report for Year Ended 9/30/2020			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Church Home of Hartford, Inc. (DBA S	License No. 2103C	Report for Year Ended 9/30/2020	Page 25	of 37
----------------------------------------------------------	----------------------	------------------------------------	------------	----------

11. Property Questionnaire

Part A

Is the property either owned by the Facility
or leased from a Related Party?*

Yes

No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased	1991			
2. Date Structure Completed	1993			
3. If NOT Original Owner, Date of Purchase	08/27/03			
4. Date of Initial Licensure	1991 / 2006			
5. Total Licensed Bed Capacity	108			
6. Square Footage	429,551			
7. Acquisition Cost				
a. Land	4,429,495			
b. Building	107,766,869			

Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)	Multiple Bonds - Fix	Multiple Bonds -		
b. Date Mortgage Obtained	04/01/15	04/01/16		
c. Interest Rate for the Cost Year	4%-5%	2.875%-5%		
d. Term of Mortgage (number of years)	5-23 years	4-37 years		
e. Amount of Principal Borrowed	34,510,000	75,265,000		
f. Principal balance outstanding as of 9/30/2020	29,495,000	52,515,000		

Complete if Mortgage was Refinanced

During Current Cost Year

g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page 26	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage		\$ 442855	339,208			103,647
Name of Lender	Rate					
UMB Bond/ CHEFA	2.875-5%					
Address of Lender						
2. Second Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage		\$				
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount		\$				
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 442,855	339,208			103,647

(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 9/30/2020			Page 27	of 37
Item			Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:			442,855	339,208		103,647
12. C. Movable Equipment						
1. Automotive Equipment			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)			\$			
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)			\$			
12. D. Other Interest Expense (Specify)			\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$ 442,855	339,208		103,647
14. Insurance						
a. Insurance on Property (buildings only)			\$ 47,235	24,217		23,018
b. Insurance on Automobiles			\$ 6,547	5,015		1,532
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$ 10,674	8,176		2,498
2. Fire and Extended Coverage			\$ 16,727	12,812		3,915
3. Other (Specify)			\$ 6,807	5,214		1,593
Directors & Crime						
14d. Total Insurance Expenditures (14a + b + c)			\$ 87,990	55,434		32,556
15. Total All Expenditures (A-13 thru C-14)			\$ 11,508,931	9,021,259		2,487,672

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page of	
Church Home of Hartford, Inc. (DBA Seabury)			2103C	9/30/2020		28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<i>Page 10 - Salaries and Wages</i>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 207,282	90,875		116,407
<i>Page 13 - Professional Fees</i>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 3,004	1,712		1,292
<i>Pages 15 & 16 - Administrative and General</i>							
8.	15	1B	Discriminatory Benefits	\$ 5,433	4,547		886
9.	15	1C	Bad Debts	\$ 100,028	82,706		17,322
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	H2	Cellular Telephone	\$ 5,369	4,494		875
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	27	14b	Automobile Expense (e.g. personal use)	\$ 6,547	5,015		1,532
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M6	Barber and Beauty	\$ 1,993			1,993
23.			Other - See attached Schedule	\$ 146,904	97,782		49,122
<i>Page 18 - Dietary Expenditures</i>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 246			246
<i>Page 19 - Laundry Expenditures</i>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<i>Page 20 - Housekeeping Expenditures</i>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 476,806	287,131			189,675

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
10	12b	RN - Direct Care - Disallow to reduce RN down to Aide Cost			\$ 73,137
10	12c	LPN - Direct Care - Disallow to reduce LPN down to Aide Cost			\$ 13,533
10	A2	Administrator Overlap			\$ 2,419
10	A1	CEO Salary over Cap	\$ 51,883		\$ 10,107
10	A2	Administrator Salary over Cap	\$ 38,992		\$ 17,211
Total Other Salaries Adjustment			\$ 90,875	\$ -	\$ 116,407

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	8a	Medical Director	\$ 1,712		\$ 1,292
Total Other Fees Adjustments			\$ 1,712	\$ -	\$ 1,292

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits - RN and LPN			\$ 24,342
15	1a	Employee Benefits - CEO and Administrator Salaries	\$ 23,461		\$ 8,352
16	M11	CEO administrative consulting fees capped by CEO limit	\$ 5,669		\$ 1,104
16	M13	Licenses and Fees	\$ 4,057		\$ 2,078
16	M13	Bank Fees	\$ 3,721		\$ 725
22	6F	Cable Services			\$ 371
30	8	ANC - Other Revenue	\$ 17,113		\$ 3,353
30	8	ANC - Laundry	\$ 499		\$ 86
15	h1	ANC Revenue - Telephone	\$ 18,001		\$ 3,505
16	M13	ANC Revenue - Internet (Communications Systems)	\$ 25,231		\$ 4,913
30	8	Miscellaneous Other Revenue			287
16	M13	General Expenses	30		6
Total Other A&G Adjustments			\$ 97,782	\$ -	\$ 49,122

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.	2103C	9/30/2020		29 37
				Total Amount of Decrease	CCNH	RHNS Residential Care Home
			Subtotals Brought Forward	\$ 476,806	287,131	189,675
Page 20 - Resident Care Supplies***						
27.			Prescription Drugs	\$		
28.			Ambulance/Limousine	\$		
29.			X-rays, etc	\$		
30.			Laboratory	\$		
31.	20	5c	Medical Supplies	\$ 9,018	3,530	5,488
32.			Oxygen (non emergency)	\$		
33.			Occupational Therapy	\$		
34.			Other - See Attached Schedule	\$ 15,607	14,486	1,121
Page 22 - Maintenance and Property						
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 32,605	37,057	(4,452)
36.			Depreciation on Unallowable Motor Vehicles	\$		
37.			Unallowable Property and Real Estate Taxes	\$		
38.			Rental of Building Space or Rooms	\$		
39.			Other - See Attached Schedule	\$ 28,373	22,228	6,145
Page 27 - Insurance						
40.			Mortgage Insurance	\$		
41.			Property Insurance	\$		
Other - Miscellaneous						
42.			Other - Indirect	\$		
43.			Interest Income on Account Rec.	\$		
44.			Other - Miscellaneous Administrative	\$		
45.			Management Fees Direct	\$		
46.			Management Fees Indirect	\$		
47.			Other - Direct	\$ 9,157	7,182	1,975
Not For Profit Providers Only						
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 961,957	721,196	240,761
49.	Total Amount of Decrease (Items 1 - 48)		\$ 1,533,523	1,092,810		440,713

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Outpatient - A&G	\$ 3,607		\$ 995
		Outpatient - Indirect	\$ 167		\$ 46
		Outpatient - Fixed Asset Depreciation and Interest	\$ 10,786		\$ 2,974
		Outpatient - Capital	\$ 274		\$ 75
		Outpatient - Fair Rent	\$ 6,877		\$ 1,896
22	6e	Marketing Copier	\$ 518		\$ 158
Total Other Property Adjustments			\$ 22,228	\$ -	\$ 6,145

Schedule of Other - Indirect Adjustments

Attachment Page 29

Schedule of Other - Miscellaneous Administrative Adjustments

Schedule of Other - Direct Adjustments

Schedule of Unallowable Building Interest

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2020			Page 30 37
Item		Total	CCNH	RHNS	Residential Care Home
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,073,543	3,754,224			2,319,319
b. Medicaid Room and Board Contractual Allowance **	\$ (3,012,760)	(1,920,749)			(1,092,011)
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,843,180	1,843,180			
b. Medicare Room and Board Contractual Allowance **	\$ 248,618	248,618			
4. a. Private-Pay Residents and Other	\$ 3,104,876	2,533,521			571,355
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$				
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$				
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$				
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,257,457	6,458,794			1,798,663
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 246				246
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 33,139	24,714			8,425
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$ 2,334				2,334
8. Other (<i>Specify</i>)	\$ 295,257	248,777			46,480
V. Total Other Revenue (1 thru 8)	\$ 330,976	273,491			57,485
VI. Total All Revenue (III +V)	\$ 8,588,433	6,732,285			1,856,148

* 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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
	Interest Income - See attached schedule. Amount does not tie directly as schedule is for the entire facility	\$ 24,714			\$ 8,425
Total Interest Income		\$ 24,714	\$ -		\$ 8,425

Schedule of Other Revenue

Interest Income
Seabury Retirement
FYE 09/2020

	Interest Amount	G/L Account #	Balance 09/30/20
CCNH			
Eq/Entrance Fund	34,105	1-000-1070	3,377,342
Asset Replacement	2,124	1-000-1060	0
	36,229		

RCH			
Asset Replacement	3,616	1-000-1192	167,968
	3,616		
Bond Fund Adj	(101,343)		
Grand Total	(61,498)		

G. Balance Sheet

Name of Facility Church Home of Hartford, Inc. (DBA Se	License No. 2103C	Report for Year Ended 9/30/2020	Page 31	of 37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$ 7,735,827	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$ 1,642,893	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$ 52,249	
5. Prepaid Expenses			\$ 819,532	
a. Prepaid Expenses		101,741		
b. Prepaid Taxes		634,476		
c. Prepaid FF&E		83,315		
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$ 2,506,805	
Escrow Account		157,197		
Accounts Receivable - Related Party		244,362		
Cash and Cash Equivalents Held by Trustee		2,105,246		
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$ 12,757,306	
B. Fixed Assets				
1. Land			\$ 4,429,495	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	156,525,914	\$	93,190,692
	Accum. Depreciation	63,335,222	Net	
4. Leasehold Improvements	*Historical Cost	1,057,625	\$	572,882
	Accum. Depreciation	484,743	Net	
5. Non-Movable Equipment	*Historical Cost	19,625	\$	
	Accum. Depreciation	19,625	Net	
6. Movable Equipment	*Historical Cost	10,253,538	\$	5,464,659
	Accum. Depreciation	4,788,879	Net	
7. Motor Vehicles	*Historical Cost	230,163	\$	45,389
	Accum. Depreciation	184,774	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$ 393,080	
Construction in Process		393,080		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$ 104,096,197	

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

Total Prepaid Expenses		\$ -

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

Page Ref Line Ref Description

Total Other Current Assets (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Other Fixed Assets (Itemize)		\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

32	D7	Assets Whose Use is Limited	\$ 167,968
32	D7	Investment in Limited Partnership	\$ 385,295
32	D7	Beneficial Interest in Perpetual Trust	\$ 5,255,383
32	D7	Deferred Compensation Investments	\$ 277,339
32	D7	Loans Receivable	\$ 18,500
Total Other Assets			\$ 6,104,485

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

Total Notes Payable		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

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

Page Ref Line Ref Description

Total Other Current Liabilities (Itemize)		\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page of
Church Home of Hartford, Inc. (DBA Se	2103C	9/30/2020	32 37
Account			Amount
Total Brought Forward:			\$ 116,853,503
C. Leasehold or like property recorded for Equity Purposes.			
1. Land			\$
2. Land Improvements	*Historical Cost	Accum. Depreciation	Net
3. Buildings	*Historical Cost	Accum. Depreciation	Net
4. Non-Movable Equipment	*Historical Cost	Accum. Depreciation	Net
5. Movable Equipment	*Historical Cost	Accum. Depreciation	Net
6. Motor Vehicles	*Historical Cost	Accum. Depreciation	Net
7. Minor Equipment-Not Depreciable			\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$
D. Investment and Other Assets			
1. Deferred Deposits			\$
2. Escrow Deposits			\$
3. Organization Expense	*Historical Cost	Accum. Depreciation	Net
4. Goodwill (Purchased Only)			\$
5. Investments Related to Resident Care (<i>itemize</i>)			\$
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$
Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$ 25,702,992
Investments	16,058,711		
Investments Held by Trustee	3,539,796		
See Schedule	6,104,485		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 25,702,992
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 142,556,495

* 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																				
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2020	33	37																				
Account				Amount																				
Liabilities																								
A. Current Liabilities																								
1. Trade Accounts Payable				\$ 604,728																				
2. Notes Payable (<i>itemize</i>)				\$																				
See Schedule																								
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$ 113,848																				
<table border="1"> <thead> <tr> <th>Name of Lender</th> <th>Purpose</th> <th>Amount</th> <th>Date Due</th> <th></th> </tr> </thead> <tbody> <tr> <td>Various</td> <td>TV, Phone, & Internet</td> <td>113,848</td> <td>Various</td> <td></td> </tr> </tbody> </table>					Name of Lender	Purpose	Amount	Date Due		Various	TV, Phone, & Internet	113,848	Various											
Name of Lender	Purpose	Amount	Date Due																					
Various	TV, Phone, & Internet	113,848	Various																					
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 902,955																				
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$																				
6. Accrued Payroll Taxes Payable				\$ 143,504																				
7. Medicare Final Settlement Payable				\$																				
8. Medicare Current Financing Payable				\$																				
9. Mortgage Payable (<i>Current Portion</i>)				\$ 1,050,000																				
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$ 268,992																				
11. Accrued Income Taxes*				\$																				
12. Other Current Liabilities (<i>itemize</i>)				\$ 1,374,394																				
<table border="1"> <tbody> <tr> <td>Accrued Auditing Fees</td> <td>81,400</td> <td>Custom Improvement Dej</td> <td>8,036</td> <td></td> </tr> <tr> <td>Entrance Fee Deposits</td> <td>157,697</td> <td>PPP Loan</td> <td>371,411</td> <td></td> </tr> <tr> <td>Resident Care Service</td> <td>65,370</td> <td>Deferred Revenue</td> <td>444,173</td> <td></td> </tr> <tr> <td>Other Accrued Payables</td> <td>246,307</td> <td>See Schedule</td> <td></td> <td></td> </tr> </tbody> </table>					Accrued Auditing Fees	81,400	Custom Improvement Dej	8,036		Entrance Fee Deposits	157,697	PPP Loan	371,411		Resident Care Service	65,370	Deferred Revenue	444,173		Other Accrued Payables	246,307	See Schedule		
Accrued Auditing Fees	81,400	Custom Improvement Dej	8,036																					
Entrance Fee Deposits	157,697	PPP Loan	371,411																					
Resident Care Service	65,370	Deferred Revenue	444,173																					
Other Accrued Payables	246,307	See Schedule																						
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 4,458,421																				

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA Seabur	License No. 2103C	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				4,458,421
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				\$ 162,243
Name of Lender	Purpose	Amount	Date Due	
Various	TV, Phone, & Internet	162,243	Various	
2. Mortgages Payable				\$ 80,581,483
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>)				\$ 65,587,962
Deferred Revenue from Entrance Fees				62,402,913
Deferred Compensation Plan				277,339
PPP Loan				2,907,710
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 146,331,688
C. Total All Liabilities (Lines A-13 + B-5)				\$ 150,790,109

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

Name of Facility Church Home of Hartford, Inc. (DBA	License No. 2103C	Report for Year Ended 9/30/2020	Page 35	of 37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ (6,191,198)
6. Gain or Loss for Period	10/1/2019	thru	9/30/2020	\$ (2,042,416)
7. Total Net Worth				\$ (8,233,614)
C. Total Reserves and Net Worth				\$ (8,233,614)
D. Total Liabilities, Reserves, and Net Worth				\$ 142,556,495

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Church Home of Hartford, Inc. (DBA Se	2103C	9/30/2020	36	37		
Account				Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2019				\$ 2,649,943		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)				\$ 37,865,576		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)				\$ 39,907,992		
D. Net Income or Deficit				\$ (2,042,416)		
E. Balance				\$ 607,527		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
2. Other (<i>itemize</i>)						
F-3. Total Additions				\$		
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)				\$		
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (<i>Specify</i>)				\$		
Purpose		Amount				
3. Total Deductions				\$		
H. Balance at End of Period				\$ 607,527		

I. Preparer's/Reviewer's Certification

Name of Facility Church Home of Hartford, Inc. (DBA)	License No. 2103C	Report for Year Ended 9/30/2020	Page <u>37</u> of <u>37</u>
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home	

Preparer/Reviewer Certification

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

Signature of Preparer 	Title	Date Signed 2/15/2021
Printed Name of Preparer CliftonLarsonAllen LLP		
Address 29 South Main Street, 4th Floor, West Hartford, CT		Phone Number 860-561-4000
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink		Phone Number 860-561-4000
Contact Email Address Jonathan.Fink@CLACconnect.com		