

February 14, 2020

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

Dear Ms. Shaughnessy:

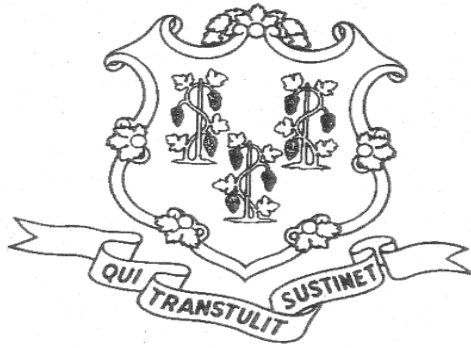
Enclosed please find the 2019 Medicaid Cost Report for Church Home of Hartford, Inc. d/b/a Seabury.

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 2019

Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury)	
Address (No. & Street, City, State, Zip Code) 200 Seabury Drive, Bloomfield, CT 06002	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

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

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

General Information

Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2019	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, 2018 and ending September 30, 2019, 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:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 200 Seabury Drive, Bloomfield, CT 06002				
Report Prepared By Blum, Shapiro & Co., P.C.		Phone Number 860-561-4000	Date 2/14/2020	
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 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Church Home of Hartford, Inc. (DBA Seabury)		Address (No. & Street, City, State, Zip) 200 Seabury Drive, Bloomfield, CT 06002		
License Numbers:	CCNH 2103C	RHNS	Residential Care Home 1830HA	Medicare Provider No. 07-5383
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator 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.:		

**CHHI BOARD OF DIRECTORS/SEABURY, INC.
November 2018-2019**

<p align="center">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@ctdiocese.org</p> <p align="center">One Collins Lane Essex, CT 06426 860-767-0771 (H)</p>	<p align="center">BISHOP'S REPRESENTATIVE, Ex Officio The Reverend Rowena Kemp Grace Church 55 New Park Avenue Hartford, CT 06106 860-233-0825 E-mail: rowjkemp@gmail.com</p> <p align="center">42 Rumford Street West Hartford, CT 06107</p>
<p align="center">Mr. Thomas E. Andersen 2020 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 align="center">253 Center Hill Road Barkhamsted, CT 06063-4110 860-379-0487 (H) 860-922-5001 (Cell)</p>	<p align="center">Bradford S. Babbitt 2019 Robinson & Cole LLP 280 Trumbull Street Hartford, CT 06103 860-275-8209 (O) 860-275-8299 (Fax) E-mail: bbabbitt@rc.com</p> <p align="center">52 Atwater Road Canton, CT 06019</p>
<p align="center">Linda Berry 2020 343 Seabury Drive Bloomfield, CT 06002 860-521-9709 (H) E-mail: lindaberry343@gmail.com</p>	<p align="center">Dr. Jonathan A. Dixon 2021 Board Vice 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 align="center">7 Fernwood Road West Hartford, CT 06119 860-233-6997 (H) 860-748-7865 (Cell)</p>
<p>*Voice but not vote</p>	

**CHHI BOARD OF DIRECTORS/SEABURY, INC.
November 2018-2019**

<p>*Mr. Richard C. Heath – (Non-Director) President Seabury 200 Seabury Drive Bloomfield, CT 06002 860-243-6002 (O) E-mail: richardheath@seaburylife.org</p> <p>56 Mountain View Avenue Avon, CT 06001 860-675-3370 (H) 860-461-5267 (Cell)</p>	<p>*Mr. A. Raymond Madorin 2021 Director Emeritus 300 Mountain Spring Road Farmington, CT 06032 860-674-0211 (H) 860-573-3998 (Cell)</p> <p>E-mail: ray.madorin@gmail.com</p>
<p>Mr. Gale A. Mattison 2019 Board Chair 12 Sandhurst Drive West Hartford, CT 06107 860-561-3723 (H) 860-944-0922 (Cell) E-mail: g.mattison@comcast.net</p>	<p>Ms. Marnie W. Mueller 2021 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. 2020 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>	<p>The Rev. Erl G. Purnell 2021 Board Secretary 46 Overlook Terrace Simsbury, CT 06070 860-508-1898 E-mail: puckpurnell@mac.com</p>
<p>*Voice but no vote</p>	

**CHHI BOARD OF DIRECTORS/SEABURY, INC.
November 2018-2019**

<p>Mr. Craig Scott 2020 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>Mr. Ronald Theriault 2020 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@onedigital.com</p> <p>64 Stagecoach Road Avon, CT 06001 860-712-4747 (H)</p>
<p>Mr. William J. Thompson 2019 Board Treasurer Milliman, Inc. 80 Lamberton Road Windsor, CT 06095 860-687-0124 (O) 860-687-4881 (Fax) E-mail: bill.thompson@millilman.com</p> <p>103 Sunset Farm Road West Hartford, CT 06107 860-561-4630 (H) 860-463-9486 (Cell)</p>	<p>Mr. John R. Wadsworth 2020 292 Fern Street West Hartford, CT 06119 860-233-1622 (H) E-mail: 29Wadsworth@comcast.net</p>
<p>Mr. Richard Woodring 2019 400 Seabury Drive Apartment 5185 Bloomfield, CT 06002 860-216-2375 (H) E-Mail: woodrire@drexel.edu</p>	
<p>*Voice but no vote</p>	

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2019	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

**General Information and Questionnaire
 Related Parties***

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Richard C. Heath	200 Seabury Drive, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Executive VP and CEO; Consultant	Page 10 A1, Page 16, n	104,811	104,811
Robinson & Cole, LLP	280 Trumbull Street, Hartford, CT 06103	<input checked="" type="radio"/>	<input type="radio"/>		Legal - 100% disallowed prior to cost reports	Page 15 9e		
Anne M. Sevcik	96 Reverknolls, Avon, CT 06001	<input type="radio"/>	<input checked="" type="radio"/>		Administrative Employee - 100% disallowed	Page 10 A12n		
Rogin Nassau, LLC	185 Asylum St. Hartford, CT 06103	<input checked="" type="radio"/>	<input type="radio"/>		Legal - 100% disallowed prior to cost reports	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	37,998	37,998
Renee Bernasconi	200 Seabury Drive, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Executive VP and CEO	Page 10 A1	24,051	24,051
		<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 9/30/2019	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
See cover letter.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
N/A				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2019			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	275	275
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Two Copiers	01/14/16	36 Months	2,109	703
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Meadows Copier	02/01/16	36 Months	462	154
Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Folding Machine	03/30/17	36 Months	575	575
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	189	189
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	883	883
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	1,042	1,042
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	771	578
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	363
DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Accounting	01/08/19	36 Months	559	420
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***						5,182	

* 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.

De Lage Landen Financial Services, Inc.

**Lease Agreement
FTN140332-001**

LESSEE	Full Legal Name CHURCH HOME OF HARTFORD INCORPORATED				Phone Number 8602860243	
	Billing Address 200 SEABURY DRIVE, BLOOMFIELD, CT, 06002				Attention to	
Send Email Invoice to:				Purchase Order Requisition Number		
EQUIPMENT	Equipment Make	Model Number	Serial Number	Quantity	Description (Attach separate Schedule A if Necessary)	
	Savin	MP4055		1		
PAYMENT INFORMATION	Number of Lease Payments	Lease Payment	Plus Applicable Taxes	Term of Lease in Months	End of Lease Option	
	36	\$152.74*	Plus Applicable Taxes	36	Fair Market Value	
	Lease Payment <input type="checkbox"/> includes - <input checked="" type="checkbox"/> does NOT include maintenance/service/supplies [check one]			First Period Payment	Other	Payment Frequency
	*Lease payment may be adjusted for up front sales tax.			(PLUS)	(EQUALS)	Monthly
					End of Lease Purchase Option shall be FMV unless another option is indicated.	
					Total Payment Enclosed	
				+	=	

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the above Equipment and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. This Lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date, as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your Lease obligations are absolute, unconditional and are not subject to cancellation, reduction, setoff or counterclaim. You agree to pay us a fee of \$75 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the Lease term. If a payment is not made when due, you will pay us a late charge of 10% of the payment or \$10, whichever is greater. We will charge you a fee of \$25 for any check that is returned. We may increase the Lease Payment on an annual basis, in an amount not to exceed ten percent (10%) of the Lease Payment in effect at the end of the prior annual period. YOU AGREE THAT NO ONE IS AUTHORIZED TO WAIVE OR CHANGE ANY TERM OR CONDITION OF THE LEASE.

2. Title: Unless you have a \$1.00 purchase option, we will have title to the Equipment. If you have a \$1.00 purchase option and/or the lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the Equipment.

3. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. The above Lease Payments do not include the cost of maintenance, service, and/or supplies ("Service"), unless indicated in the above "Payment Information" box. Notwithstanding anything to the contrary, you agree that we are not responsible for providing such Service for the Equipment and you will make all claims related to Service to the Service provider ("Provider"). No Provider may alter the terms of this Lease or make any promises or arrangements that alter our rights or your obligations under this Lease. You agree that you are expressly assuming any risks arising from such Provider's inability to deliver such Service, under any circumstance, including, without limitation, such Provider's financial condition or its inability to repair or service the Equipment. You agree that any Service claims will not impact your obligation to pay all Lease payments when due.

4. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

5. Risk of Loss and Insurance: You are responsible for risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain insurance against theft and physical damage, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

6. Taxes: You agree to pay when due, either directly or as reimbursement to us, all taxes (including, without limit, sales, use and personal property) and charges in connection with ownership, lease and use of the Equipment. We may charge you a processing fee for

administering property tax filings. You will indemnify us on an after-tax basis against the loss or unavailability of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions. This indemnity will continue even after the termination of this Lease.

7. End of Lease, Return, Purchase Option, and Renewal: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial Lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods. If the Equipment is returned to us, you shall remove all confidential information from the Equipment prior to return. If any Software license ("License") included hereunder passes title to you, such title shall automatically vest and remain in us.

8. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future Lease payments and the Residual discounted to the date of default, at 6% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; (iv) charge you a return-check or non-sufficient funds charge ("NSF Charge") of \$25.00 for a check that is returned; and (v) require that you immediately return the Equipment to us or we may peaceably repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us. You agree that if notice of sale is required by law to be given, 10 days notice will constitute reasonable notice. You are also required to pay (i) all expenses incurred by us in connection with enforcement of any remedies, including all expenses of repossessing, storing, shipping, repairing, and selling the Equipment, and (ii) reasonable attorney's fees.

9. Miscellaneous: You agree the Lease is a Finance Lease as defined in Article 2A of the UCC. You acknowledge we have given you the name of the Equipment supplier and that you may have rights under the contract with the supplier and may contact the supplier for a description of these rights. This Lease was made in Pennsylvania ("PA"), is to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to jurisdiction, personal or otherwise, in any state or federal court in PA and irrevocably waive a trial by jury. You agree (i) to waive any and all rights and remedies granted to you under UCC Section 2A-508 through 2A-522, (ii) that the Equipment will only be used for business purposes and not for personal, family, or household use, and will not be moved from the above location without our consent, and (iii) this Lease may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic signing of this Lease by you when manually countersigned by us or attached to our original signature counterpart and/or in our possession shall constitute the sole original chattel paper as defined in the UCC for all purposes and will be admissible as legal evidence thereof. At our option, we may require a manual signature. We may inspect the Equipment during the Lease term. We shall not be liable to you for indirect, special, or consequential damages. No failure to act shall be deemed a waiver of any rights hereunder. You authorize us and our agents to contact you about all of your accounts with us in any way, such as calling, texting, or using an automated dialer, at any number or email address you have provided to us, from which you have contacted us, or at which we believe we can reach you, even if you are charged for such contact by a provider.

LESSEE SIGNATURE	You agree that this is a non-cancelable lease. The Equipment is: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	
	Signature <i>Kenele S. Bernasconi</i>	Date 1/8/19
	Title VP & CSO	Print Name Kenele S. Bernasconi
	Legal Name of Corporation CHURCH HOME OF HARTFORD INCORPORATED	

LESSOR	DE LAGE LANDEN FINANCIAL SERVICES, INC.	
	Lease Processing Cnt 1111 Old Eagle School Road, Wayne, PA 19087-8608	
	Phone: (800) 735-3273 • Fax: (800) 776-2329	
	Commencement Date	Lease Number
Accepted By:		

ACCEPTANCE	The Equipment has been received, put in use, is in good working order and is satisfactory and acceptable.			
	Signature	Date	Print Name	Title



The Smart Document Company

SERVICE MAINTENANCE AGREEMENT

COST PER PRINT COLOR/BLACK & WHITE MAINTENANCE AGREEMENT

www.aaofticeonline.com

We pledge and dedicate the skills and technical knowledge of our customer engineering service organization to insure the performance of your office equipment.

PRIORITY SERVICE: You receive priority attention on your emergency service call request

PREVENTION MAINTENANCE: To minimize downtime, preventive maintenance is performed per manufacturer specifications

GENUINE OEM: parts and supplies

LOAN MACHINES: Loan machines are provided, at no extra charge, when shop repairs are necessary

SERVICE HOURS: 8:00 AM to 5:00 PM - Monday through Friday (excluding holidays)

Please read the following exception carefully:

EXCEPTIONS:

- A. Repair or adjustment caused by water, fire accident, abuse, mis-operation or foreign matter in equipment
- B. Repair or adjustment resulting from input power line fluctuations or failure to comply with proper grounding requirements
- C. Replacement of parts or assemblies which are no longer available from the manufacturer
- D. A&A will not relocate your equipment under this agreement
- E. Network printer and scan reconfiguration / installation of software
- F. Shipping cost of supplies that exceed manufacturers fill rate

RENEWAL: This agreement will be renewed automatically for successive one year periods, unless canceled by either party within 30 days written notice

This agreement may be subject to an annual increase

Customer Initial [Signature]

Customer Name Seabury **From** _____ **To** _____

Street Address 200 Seabury Drive **City** Bloomfield **State** CT **Zip** 06002

Equipment covered by this Agreement: *Included in Lease*

Make	Model	Serial #	Equip ID
SAVIN	MP4055		
SAVIN	MPC2504ex		

Beginning Black Meter Read _____ Beginning Color Meter Read _____

Cost per Black Prints \$0.005 Cost per Color Prints \$0.055

Contact: Renaud Le Pape Email address (Required) renaudlepape@seaburylife.org

May we email meter read form Yes No Fax Number _____

COST PER PRINT Include full service, parts, labor, travel, drum, photoconductor, toner and developer. Paper and staples not included.

Cost per print agreements billed Monthly Quarterly Min. Copies per billing period usage Min. Color copies per billing period usage

Additional Comments: cost per copy will remain the same for the entire duration of the lease

** A&A Office Systems has the right to cancel service agreements on equipment due to age, volume, availability of parts, environmental conditions and non-payment**

Approval For Service A&A Office Systems, Inc	A&A Authorized Signature Management Approval		DATE	CUSTOMER Authorized Signature	DATE
				<u>[Signature]</u>	<u>1/8/19</u>

I decline this Service Agreement

LESSEE	Full Legal Name CHURCH HOME OF HARTFORD INCORPORATED				Phone Number 8602860243
	Billing Address 200 SEABURY DRIVE, BLOOMFIELD, CT, 06002				Attention to
Send Email Invoice To:				Purchase Order Requestion Number	
EQUIPMENT	Equipment Make	Model Number	Serial Number	Quantity	Description (Attach separate Schedule A if Necessary)
	Savin	MPC2504ex		1	
PAYMENT INFORMATION	Number of Lease Payments	Lease Payment	Plus Applicable Taxes	Term of Lease in Months	End of Lease Option
	36	\$167.18*	Plus Applicable Taxes	36	Fair Market Value
		*	Plus Applicable Taxes	First Period Payment	End of Lease Purchase Option shall be FMV unless another option is indicated.
	Lease Payment <input type="checkbox"/> Includes <input checked="" type="checkbox"/> does NOT include maintenance/service/supplies [check one] *Lease payment may be adjusted for up front sales tax.			(PLUS)	Other (EQUALS)

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the above Equipment and on any attached schedule (the "Lease"). You authorize us to adjust the Lease payments by up to 15% if the cost of the Equipment or taxes differs from the supplier's estimate. This Lease is effective on the date that it is accepted and signed by us, and the term of this Lease begins on that date or any later date that we designate (the "Commencement Date") and continues thereafter for the number of months indicated above. Lease payments are due as invoiced by us. As you will have possession of the Equipment from the date of its delivery, if we accept and sign this Lease you will pay us interim rent for the period from the date the Equipment is delivered to you until the Commencement Date, as reasonably calculated by us based on the Lease payment, the number of days in that period, and a month of 30 days. Your Lease obligations are absolute, unconditional and are not subject to cancellation, reduction, setoff or counterclaim. You agree to pay us a fee of \$75 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the Lease term. If a payment is not made when due, you will pay us a late charge of 10% of the payment or \$10, whichever is greater. We will charge you a fee of \$25 for any check that is returned. We may increase the Lease Payment on an annual basis, in an amount not to exceed ten percent (10%) of the Lease Payment in effect at the end of the prior annual period. YOU AGREE THAT NO ONE IS AUTHORIZED TO WAIVE OR CHANGE ANY TERM OR CONDITION OF THE LEASE.

2. Title: Unless you have a \$1.00 purchase option, we will have title to the Equipment. If you have a \$1.00 purchase option and/or the lease is deemed to be a security agreement, you grant us a security interest in the Equipment and all proceeds thereof. You authorize us to file Uniform Commercial Code ("UCC") financing statements on the Equipment.

3. Equipment Use, Maintenance and Warranties: We are leasing the Equipment to you "AS-IS" AND MAKE NO WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. We transfer to you any manufacturer warranties. You are required at your cost to keep the Equipment in good working condition and to pay for all supplies and repairs. The above Lease Payments do not include the cost of maintenance, service, and/or supplies ("Service"), unless indicated in the above "Payment Information" box. Notwithstanding anything to the contrary, you agree that we are not responsible for providing such Service for the Equipment and you will make all claims related to Service to the Service provider ("Provider"). No Provider may alter the terms of this Lease or make any promises or arrangements that alter our rights or your obligations under this Lease. You agree that you are expressly assuming any risks arising from such Provider's inability to deliver such Service, under any circumstance, including, without limitation, such Provider's financial condition or its inability to repair or service the Equipment. You agree that any Service claims will not impact your obligation to pay all Lease payments when due.

4. Assignment: You agree not to transfer, sell, sublease, assign, pledge or encumber either the Equipment or any rights under this Lease without our prior written consent. You agree that we may sell, assign, or transfer the Lease and the new owner will have the same rights and benefits we now have and will not have to perform any of our obligations and the rights of the new owner will not be subject to any claims, defenses, or setoffs that you may have against us or any supplier.

5. Risk of Loss and Insurance: You are responsible for risks of loss or damage to the Equipment and if any loss occurs you are required to satisfy all of your Lease obligations. You will keep the Equipment insured against all risks of loss or damage for an amount equal to its replacement cost. You will list us as the sole loss payee for the insurance and give us written proof of the insurance. If you do not provide such insurance, you agree that we have the right, but not the obligation, to obtain insurance against theft and physical damage, and add an insurance fee to the amount due from you, on which we may make a profit. We are not responsible for any losses or injuries caused by the Equipment and you will reimburse us and defend us against any such claims. This indemnity will continue after the termination of this Lease. You will obtain and maintain comprehensive public liability insurance naming us as an additional insured with coverages and amounts acceptable to us.

6. Taxes: You agree to pay when due, either directly or as reimbursement to us, all taxes (including, without limit, sales, use and personal property) and charges in connection with ownership, lease and use of the Equipment. We may charge you a processing fee for

administering property tax filings. You will indemnify us on an after-tax basis against the loss or unavailability of any tax benefits anticipated at the Commencement Date arising out of your acts or omissions. This indemnity will continue even after the termination of this Lease.

7. End of Lease, Return, Purchase Option, and Renewal: You will give us at least 60 days but not more than 120 days written notice (to our address below) before the expiration of the initial Lease term (or any renewal term) of your intention to purchase or return the Equipment. With proper notice you may: a) purchase all the Equipment as indicated above under "End of Lease Option" (fair market value purchase option amounts will be determined by us based on the Equipment's in place value); or b) return all the Equipment in good working condition at your cost in a timely manner, and to a location we designate. If you fail to notify us, or if you do not (i) purchase or (ii) return the Equipment as provided herein, this Lease will automatically renew at the same payment amount for consecutive 60-day periods. If the Equipment is returned to us, you shall remove all confidential information from the Equipment prior to return. If any Software license ("License") included hereunder passes title to you, such title shall automatically vest and remain in us.

8. Default and Remedies: You are in default on this Lease if: a) you fail to pay a Lease payment or any other amount when due; or b) you breach any other obligation under the Lease or any other Lease with us. If you are in default on the Lease we may: (i) declare the entire balance of unpaid Lease payments for the full Lease term immediately due and payable to us; (ii) sue you for and receive the total amount due on the Lease plus the Equipment's anticipated end of Lease fair market value or fixed price purchase option (the "Residual") with future Lease payments and the Residual discounted to the date of default, at 6% per annum, plus reasonable collection and legal costs; (iii) charge you interest on all monies due at the rate of 18% per year or the highest rate permitted by law from the date of default; (iv) charge you a return-check or non-sufficient funds charge ("NSF Charge") of \$25.00 for a check that is returned; and (v) require that you immediately return the Equipment to us or we may peacefully repossess it. Any return or repossession will not be considered a termination or cancellation of the Lease. If the Equipment is returned or repossessed we will sell or re-rent the Equipment at terms we determine, at one or more public or private sales, with or without notice to you, and apply the net proceeds (after deducting any related expenses) to your obligations. You remain liable for any deficiency with any excess being retained by us. You agree that if notice of sale is required by law to be given, 10 days notice will constitute reasonable notice. You are also required to pay (i) all expenses incurred by us in connection with enforcement of any remedies, including all expenses of repossessing, storing, shipping, repairing, and selling the Equipment, and (ii) reasonable attorney's fees.

9. Miscellaneous: You agree the Lease is a Finance Lease as defined in Article 2A of the UCC. You acknowledge we have given you the name of the Equipment's supplier and that you may have rights under the contract with the supplier and may contact the supplier for a description of these rights. This Lease was made in Pennsylvania ("PA"), is to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to jurisdiction, personal or otherwise, in any state or federal court in PA and irrevocably waive a trial by jury. You agree (i) to waive any and all rights and remedies granted to you under UCC Section 2A-508 through 2A-522, (ii) that the Equipment will only be used for business purposes and not for personal, family, or household use, and will not be moved from the above location without our consent, and (iii) this Lease may be executed in counterparts and any facsimile, photographic or other electronic transmission and/or electronic signing of this Lease by you when manually countersigned by us or attached to our original signature counterpart and/or in our possession shall constitute the sole original chattel paper as defined in the UCC for all purposes and will be admissible as legal evidence thereof. At our option, we may require a manual signature. We may inspect the Equipment during the Lease term. We shall not be liable to you for indirect, special, or consequential damages. No failure to act shall be deemed a waiver of any rights hereunder. You authorize us and our agents to contact you about all of your accounts with us in any way, such as calling, texting, or using an automated dialer, at any number or email address you have provided to us, from which you have contacted us, or at which we believe we can reach you, even if you are charged for such contact by a provider.

LESSEE SIGNATURE	You agree that this is a non-cancelable lease. The Equipment is: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	
	Signature	Date
	<i>[Signature]</i>	1/8/14
	Title	Print Name
	<i>[Signature]</i>	Kenneth J. Benasich
	Legal Name of Corporation CHURCH HOME OF HARTFORD INCORPORATED	

LESSOR	DE LAGE LANDEN FINANCIAL SERVICES, INC.	
	Lease Processing Cnt: 1111 Old Eagle School Road, Wayne, PA 19087-8608	
	Phone: (800) 735-3273 • Fax: (800) 776-2329	
	Commencement Date	Lease Number
Accepted By:		

ACCEPTANCE	The Equipment has been received, put in use, is in good working order and is satisfactory and acceptable.			
	Signature	Date	Print Name	Title



The Smart Document Company

SERVICE MAINTENANCE AGREEMENT

COST PER PRINT COLOR/BLACK & WHITE MAINTENANCE AGREEMENT

www.aaofticeonline.com

We pledge and dedicate the skills and technical knowledge of our customer engineering service organization to insure the performance of your office equipment.

PRIORITY SERVICE: You receive priority attention on your emergency service call request

PREVENTION MAINTENANCE: To minimize downtime, preventive maintenance is performed per manufacturer specifications

GENUINE OEM: parts and supplies

LOAN MACHINES: Loan machines are provided, at no extra charge, when shop repairs are necessary

SERVICE HOURS: 8:00 AM to 5:00 PM - Monday through Friday (excluding holidays)

Please read the following exception carefully:

EXCEPTIONS:

- A. Repair or adjustment caused by water, fire accident, abuse, mis-operation or foreign matter in equipment
- B. Repair or adjustment resulting from input power line fluctuations or failure to comply with proper grounding requirements
- C. Replacement of parts or assemblies which are no longer available from the manufacturer
- D. A&A will not relocate your equipment under this agreement
- E. Network printer and scan reconfiguration / installation of software
- F. Shipping cost of supplies that exceed manufacturers fill rate

RENEWAL: This agreement will be renewed automatically for successive one year periods, unless canceled by either party within 30 days written notice

This agreement may be subject to an annual increase

Customer Initial [Signature]

Customer Name Seabury **From** _____ **To** _____

Street Address 200 Seabury Drive **City** Bloomfield **State** CT **Zip** 06002

Equipment covered by this Agreement: *Included in Lease*

Make	Model	Serial #	Equip ID
SAVIN	MP4055		
SAVIN	MPC2504ex		

Beginning Black Meter Read _____ Beginning Color Meter Read _____

Cost per Black Prints \$0.005 Cost per Color Prints \$0.055

Contact: Renaud Le Pape Email address (Required) renaudlepape@seaburylife.org

May we email meter read form Yes No Fax Number _____

COST PER PRINT Include full service, parts, labor, travel, drum, photoconductor, toner and developer. Paper and staples not included.

Cost per print agreements billed Monthly Quarterly Min. Copies per billing period usage Min. Color copies per billing period usage

Additional Comments: cost per copy will remain the same for the entire duration of the lease

**** A&A Office Systems has the right to cancel service agreements on equipment due to age, volume, availability of parts, environmental conditions and non-payment****

Approval For Service A&A Office Systems, Inc	A&A Authorized Signature Management Approval		DATE	CUSTOMER Authorized Signature	DATE
				<u>[Signature]</u>	<u>1/8/19</u>

I decline this Service Agreement

RICOHRicoh USA, Inc.
70 Valley Stream Parkway
Malvern, PA 19355**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 70 Valley Stream Parkway, Malvern, PA 19355.

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	HARTFORD	CT	06002-2659	BLOOMFIELD	HARTFORD	CT	06002-2659
City	County	State	Zip	City	County	State	Zip
Federal Tax ID No. 60-293500 <i>(Do Not Insert Social Security No.)</i>		Billing Contact Telephone No. (860) 286-0243		Billing Contact Facsimile Number		Billing Contact E-Mail Address renaudlepepe@seaburylife.org	

EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make & Model	Street Address/City/State/Zip
1	RICOH MPC3504EX CONFIGURABLE PTO MODEL	200 SEABURY DR, BLOOMFIELD, CT, 06002-2659, US

PAYMENT SCHEDULE

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

Minimum Payment <i>(Without Tax)</i>
\$210.39

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

ADDITIONAL PROVISIONS (if any) are:

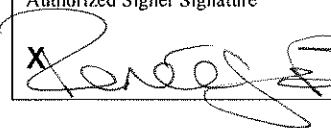
Sales Tax Exempt: Yes (Attach Exemption Certificate) Customer Billing Reference Number (P.O.#, etc.) _____
Addendum Attached: Yes (Check if yes and indicate total number of pages: _____)

TERMS AND CONDITIONS:

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

AUTHORIZED SIGNER

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

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title
	11/8/2019	Renee Bernasconi	Executive Vice President & CSO



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, SUBLET OR ASSIGN THE EQUIPMENT OR THIS LEASE WITHOUT OUR PRIOR WRITTEN CONSENT (which consent shall not be unreasonably withheld). You agree that we may sell or assign all or a portion of our interests in the Equipment and/or this Lease without notice to you even if less than all the payments have been assigned. In that event, the assignee (the "Assignee") will have such rights as we assign to them but none of our obligations (we will keep those obligations) and the rights of the Assignee will not be subject to any claims, defenses or set-offs that you may have against us. No assignment to an Assignee will release Ricoh from any obligations Ricoh may have to you hereunder. The Maintenance Agreement you have entered into with a Servicer will remain in full force and effect with Servicer and will not be affected by any such assignment. You acknowledge that the Assignee did not manufacture or design the Equipment and that you have selected the Manufacturer, the Servicer and the Equipment based on your own judgment.
- 4. **Software or Intangibles.** To the extent that the Equipment includes Software, you understand and agree that we have no right, title or interest in the Software and you will comply throughout the term of this Lease with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Effective Date (as defined below).
- 5. **Taxes and Origination Fee.** In addition to the payments under this Lease, you agree to pay all taxes, assessments, fees and charges governmentally imposed upon our purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment. If we are required to file and pay property tax, you agree at our discretion, to either: (a) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (b) remit to us each billing period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the billing period sums include a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the term of this Lease. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Property Tax Administrative Fee" in an amount not to exceed the greater of 10% of the invoiced property tax amount or \$10 each time such tax is invoiced during the term of this Lease, not to exceed the maximum amount permitted by applicable law. The Property Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year during the term of this Lease to reflect our increased cost of administration, and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. If we are required to pay upfront sales or use tax and you opt to pay such tax over the term of this Lease and not as a lump sum at Lease inception, then you agree to pay us a "Sales Tax Administrative Fee" equal to 3.5% of the total tax due per year. Sales and use tax, if applicable, will be charged until a valid sales and use tax exemption certificate is provided to us. In connection with this Lease, you agree to pay us an origination fee of \$75.00 on the first payment date.
- 6. **Uniform Commercial Code ("UCC") Filing.** To protect our rights in the Equipment in the event this Lease is determined to be a security agreement, you hereby grant to us a security interest in the Equipment, and all proceeds, products, rents or profits from the sale, casualty loss or other disposition thereof. You authorize us to file a copy of this Lease as a financing statement, and you agree to promptly execute and deliver to us any financing statements covering the Equipment that we may reasonably require; provided, however, that you hereby authorize us to file any such financing statement without your authentication to the extent permitted by applicable law.
- 7. **Warranties.** We transfer to you, without recourse, for the term of this Lease, any written warranties made by the Manufacturer or the Software Supplier with respect to the Equipment. YOU ACKNOWLEDGE THAT YOU HAVE SELECTED THE EQUIPMENT BASED ON YOUR OWN JUDGMENT AND YOU HEREBY AFFIRMATIVELY DISCLAIM RELIANCE ON ANY ORAL REPRESENTATION CONCERNING THE EQUIPMENT MADE TO YOU. However, if you enter into a Maintenance Agreement with the Servicer with respect to any Equipment, no provision, clause or paragraph of this Lease shall alter, restrict, diminish or waive the rights, remedies or benefits that you may have against the Servicer under such Maintenance Agreement. WE MAKE NO WARRANTY, EXPRESS, OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AS TO US AND OUR ASSIGNEE, YOU LEASE THE EQUIPMENT "AS-IS."
- 8. **Maintenance of Our Equipment.** You agree to install (if required), use and maintain the Equipment in accordance with Manufacturers' specifications and to use only those supplies, which meet such specifications. You shall engage Ricoh, its subsidiaries or affiliates, or an independent third party (the "Servicer") to provide maintenance and support services pursuant to a separate agreement for such purpose ("Maintenance Agreement"). You will keep the Equipment in good condition, except for ordinary wear and tear.
- 9. **Indemnity, Liability and Insurance.** To the extent not prohibited by applicable law, you agree to indemnify us, defend us and hold us harmless from all claims arising out of the death or bodily injury of any person or the damage, loss or destruction of any tangible property caused by or to the Equipment, except to the extent caused by our gross negligence or willful misconduct. Notwithstanding anything to the contrary, in no event shall we be liable to you for any indirect, special or consequential damages. You are responsible for any theft of, destruction of, or damage to the Equipment from any cause at all, whether or not insured, from the time of Equipment delivery to you until it is delivered to us at the end of the term of this Agreement. You agree to maintain insurance to cover the Equipment for all types of loss, including, without limitation, theft, in an amount not less than the full replacement value and you will name us as an additional insured and loss payee on your insurance policy. In addition, you agree to maintain comprehensive public liability insurance, which, upon our request, shall be in an amount acceptable to us and shall name us as an additional insured. Such insurance will provide that we will be given thirty (30) days advance notice of any cancellation. You agree to provide us with evidence of such insurance in a form reasonably satisfactory to us. If you fail to maintain such insurance or to provide us with evidence of such insurance, we may (but are not obligated to) obtain insurance in such amounts and against such risks as we deem necessary to protect our interest in the Equipment. Such insurance obtained by us will not insure you against any claim, liability or loss related to your interest in the Equipment and may be cancelled by us at any time. You agree to pay us an additional amount each month to reimburse us for the insurance premium and an administrative fee, on which we or our affiliates may earn a profit. In the event of loss or damage to the Equipment, you agree to remain responsible for the payment obligations under this Lease until the payment obligations are fully satisfied.
- 10. **Renewal and Return of Equipment.** After the Minimum Term or any extension, this Lease will automatically renew on a month-to-month basis unless either party notifies the other in writing at least thirty (30) days, but not more than one hundred twenty (120) days, prior to the expiration of the Minimum Term or extension; provided, however, that at

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

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

Accepted by RICOH USA, INC.:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title
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General Information and Questionnaire
Accounting Basis

Name of Facility Church Home of Hartford, Inc. (DB)	License No. 2103C	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 Blum, Shapiro & Company, P.C. 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, PO Box 272000, West Hartford, CT 06127-2000
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Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report	\$ 11,300
2 Medicare Cost Report	\$ 6,600
3 Annual Audit and Preparation of 990 Tax Return	\$ 22,320
4	\$
	Charge for Services Provided
	\$ 40,220

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
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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	\$ 227
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 227

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 9/30/2019				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	108	72		36
B. On last day of THIS report period	108	72		36	108	72		36	108	72		36
2. Number of Residents												
A. As of midnight of PREVIOUS report period	85	57		28	85	57		28	87	58		29
B. As of midnight of THIS report period	93	66		27	87	58		29	93	66		27
3. Total Number of Days Care Provided During Period												
A. Medicare	3,922	3,922			3,018	3,018			904	904		
B. Medicaid (Conn.)	13,810	5,689		8,121	10,318	4,154		6,164	3,492	1,535		1,957
C. Medicaid (other states)												
D. Private Pay	4,731	3,307		1,424	3,378	2,312		1,066	1,353	995		358
E. State SSI for RCH												
F. Other (Specify) CCC/ Insurance	11,429	10,572		857	8,588	7,929		659	2,841	2,643		198
G. Total Care Days During Period (3A thru F)	33,892	23,490		10,402	25,302	17,413		7,889	8,590	6,077		2,513
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	396			396	272			272	124			124
B. Other Bed Reserve Days	105	98		7	65	58		7	40	40		
5. Total Resident Days (3G + 4A + 4B)	34,393	23,588		10,805	25,639	17,471		8,168	8,754	6,117		2,637

Schedule of Resident Statistics (Cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Residential Care Home		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	11		18		37		5	22					
Per Diem Rate													
a. One bed rm.	PPS		255.92		529.00		177.00-324.00	148.87					
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B									4,716	4,716			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									24,399	24,399			
D. Total Physical Therapy Treatments									29,115	29,115			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									370	370			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									1,389	1,389			
D. Total Speech Therapy Treatments									1,759	1,759			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									5,037	5,037			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									17,328	17,328			
D. Total Occupational Therapy Treatments									22,365	22,365			

Report of Expenditures - Salaries & Wages

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2019	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)	93,451	472			18,848	95
2. Administrator(s) (Complete also Sec. III of Schedule A1)	114,238	1,607			49,518	1,008
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	79,723	2,857			33,818	1,662
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	374,834	25,913			143,704	9,946
6. Housekeeping Service						
a. Head Housekeeper	16,556	521			6,244	196
b. Other Housekeeping Workers	163,077	12,231			83,789	6,155
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	15,503	271			4,737	83
b. Other Maintenance Workers	68,615	2,980			30,314	1,399
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	96,400	6,771			22,709	1,606
9. Barber and Beautician Services						
10. Protective Services	88,166	5,087			26,939	1,554
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	112,785	2,890			22,747	583
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	134,001	2,434			28,883	581
b. RN						
1. Direct Care	1,072,974	26,170			75,922	1,857
2. Administrative**	174,915	3,125			15,748	281
c. LPN						
1. Direct Care	323,400	10,079			49,962	1,680
2. Administrative**						
d. Aides and Attendants	1,157,410	69,355			378,379	22,840
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	110,007	5,516			67,203	3,272
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	54,354	1,816			4,894	163
n. Marketing						
o. Other (Specify) See Attached Schedule	199,583	6,370			34,344	1,365
<i>A-13. Total Salary Expenditures</i>	4,449,992	186,465			1,098,702	56,326

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Human Resources	\$ 50,482	1,195			\$ 10,181	241
Information Technology	\$ 27,890	913			\$ 5,625	184
Scheduler - Skilled	\$ 46,478	1,643				
Medical Records - Skilled	\$ 56,924	2,158				
Medical Records & Scheduler					\$ 16,935	899
Chaplain & Holistic Medicine	\$ 17,809	461			\$ 1,603	41
Total	\$ 199,583	6,370	\$ -	-	\$ 34,344	1,365

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

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

Name of Facility				License No.	Report for Year Ended				Page	of
Church Home of Hartford, Inc. (DBA Seabury)				2103C	9/30/2019				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Richard Heath: CEO 10/1/18 - 5/31/19; Consultant 6/1/19 - 9/30/19	73,437		14,811	Vehicle and Deferred Compensation	Responsible for all operations of facilities	369	A1	Consultant fees paid to Richard of \$16,563 on page 16, line m11		
CEO expenses, including consultant fees were capped by 70% of the Administrator	Allowable salary expense,	net of 28a disallowances	was \$57,148.					Of fees paid, allowable amount net of 28a CEO disallowance was \$8,429.		
Renee Bernasconi (June 1, 2019 - Present)	20,014		4,037	Vehicle and Deferred Compensation	Responsible for all operations of facilities	198	A1			
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Church Home of Hartford, Inc. (DBA Seabury)				2103C	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Brian Nyberg (October 1, 2018 - April 12, 2019)	73,845		22,564	Nondiscretionary	Administrator	1,225	A2			
Jacob Bompastore (April 10, 2019 - Present)	40,393		12,342	Nondiscretionary	Administrator	873	A2			
Heather Griskewicz (Meadows Administrator)			14,612	Nondiscretionary	Administrator - Meadows	517	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.

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	30,128	732			2,713	66
2. Dentist						
3. Pharmacist	6,687	284			602	26
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	20,792	94			1,872	8
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Psychiatrist	4,404	218			1,555	77
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	62,011	1,328			6,742	177

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

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

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

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

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		License No. 2103C		Report for Year Ended 9/30/2019	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Marla Alibrio	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Susan Green	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Teresa Dotson	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
University of Connecticut	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Thelissa Harris	Psychiatric Services	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2019		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 111,930	85,661			26,269
2. Disability Insurance	\$ 3,058				3,058
3. Unemployment Insurance	\$ 14,990	11,467			3,523
4. Social Security (F.I.C.A.)	\$ 404,212	323,799			80,413
5. Health Insurance	\$ 775,042	596,096			178,946
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 764				764
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 156,183	136,769			19,414
8. Uniform Allowance	\$				
9. Other (<i>Specify</i>) See Attached Schedule	\$ 7,129	6,243			886
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ 10,509	8,745			1,764
c. Bad Debts*	\$ 132,202	105,155			27,047
d. Accounting and Auditing	\$ 40,220	32,913			7,307
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 227	189			38
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 33,389	26,641			6,748
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 25,407	21,143			4,264
2. Cellular Phones	\$ 6,560	5,459			1,101
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	\$ 1,721,822	1,360,280			361,542

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2019		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<i>Subtotals Brought Forward:</i>	1,721,822	1,360,280		361,542	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 6,244	4,947		1,297	
4. Employee Travel	\$ 27,879	23,200		4,679	
5. Education Expenses Related to Seminars and Conventions	\$ 8,277	6,888		1,389	
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>)	\$ 1,881	1,565		316	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,669			1,669	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 5,578			5,578	
7. Postage	\$ 1,860	1,420		440	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,446	5,364		1,082	
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>)	\$ 43,030	31,237		11,793	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 120,288	98,270		22,018	
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,944,974	1,533,171		411,803	

* 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			\$ 1,669
Total Other Advertising	\$ -	\$ -	\$ 1,669

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age Connecticut	\$ 5,364		\$ 1,082
Total Dues	\$ 5,364	\$ -	\$ 1,082

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	\$ 3,721		\$ 2,949
Supplies	\$ 6,270		\$ 1,265
Communication Systems - Disallowed	\$ 35,280		\$ 7,115
General Expenses - Disallowed	\$ 123		\$ 25
Bank Fees - Disallowed	\$ 6,358		\$ 1,282
Fire/ Safety Alarm System	\$ 46,518		\$ 9,382
Total Other Administrative and General	\$ 98,270	\$ -	\$ 22,018

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seal	2103C	9/30/2019	17	37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
Sodexo - 86 Hopmeadow St, Weatogue, CT 06089	25,393	Dietary Services	Page 18, Line 2c	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2019		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 512,106	377,106			135,000
2.	Non-Food Supplies	\$ 82,538	63,706			18,832
3.	Other (<i>Specify</i>) _____	\$				
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$ 407,147	312,657			94,490
c. Other (<i>Specify</i>) _____ Management Fee Food Uniforms and Miscellaneous		\$ 40,986	28,975			12,011
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 1,042,777	782,444			260,333
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 9/30/2019		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$	6,443	5,061		1,382
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)		\$				
c. Other (<i>Specify</i>) Laundry Supplies & Other		\$	16,203	13,344		2,859
3D. Total Laundry Expenditures (3a + b + c)		\$	22,646	18,405		4,241
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
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2019		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	22,440	12,725		9,715
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)	\$	22,440	12,725		9,715
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$	204	187		17
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	58,627	53,785		4,842
c.	Medical and Therapeutic Supplies	\$	9,946	4,678		5,268
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	\$	46,511	28,967		17,544
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	132,383	126,082		6,301
5M.	Total Resident Care Expenditures (5a - 5j)	\$	247,671	213,699		33,972

* 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.

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 9/30/2019	Page 21	of 37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Property Management	Bloomfield, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	19,628		5,998	22	6f
ESCO	8940 Vincennes Circle, Indianapolis, IN 46268	<input type="radio"/>	<input checked="" type="radio"/>	N/A	TV/Internet/Telephone	41,949		8,460	15/ 16	1h1/ r
USL of Bloomfield	37 Peters Road, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	29,875		9,129	22	6f
Sodexo	PO Box 360170, Pittsburgh, PA 15251	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary Service	221,739		71,562	18	2b
People Ready	92 Weston St., Hartford, CT 06120	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Temporary Labor	8,658		2,183	18	2b
Temp Source	221 Main St, Hartford, CT 06106	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Temporary Labor	82,259		20,744	18	2b
Richard Heath	200 Seabury Drive, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Consultant	13,783		2,780	16	m11
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2019			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 88,792	67,891			20,901	
b. Heat	\$ 52,864	35,273			17,591	
c. Light & Power	\$ 191,844	137,645			54,199	
d. Water	\$ 50,748	35,475			15,273	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 5,182	3,572			1,610	
f. Other (<i>itemize</i>)	\$ 140,366	102,461			37,905	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 529,796	382,317			147,479	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 1,425,331	1,013,042			412,289	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 394,453	283,196			111,257	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 1,819,784	1,296,238			523,546	
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)	\$ 1,819,784	1,296,238			523,546	

* 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	\$ 2,165		\$ 999
Trash Removal	\$ 22,042		\$ 8,480
Snow Removal	\$ 19,628		\$ 5,998
Water Treatment	\$ 1,577		\$ 482
Mechanical System - HVAC	\$ 6,430		\$ 1,965
Contracted Professional Services	\$ 48,806		\$ 15,215
Small Equipment Expense	\$ 681		\$ 1,039
Small Tools	\$ 540		\$ 165
Tools	\$ 592		\$ 181
Meadows Unit Refurbishing			\$ 841
Meadows Commons Refurbishing			\$ 1,840
Cable Services - Disallowed			\$ 383
Maintenance Supplies			\$ 317
Total Other Repairs and Maintenance	\$ 102,461	\$ -	\$ 37,905

Depreciation Schedule

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)				License No. 2103C			Report for Year Ended 9/30/2019			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														
1. Acquired prior to this report period				153,342,425		153,342,425	30,663,272	SL	VAR	1,403,182				
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)				2,071,281		2,071,281		SL	VAR	22,149				
B-4. Subtotal											1,425,331			
C. Non-Movable Equipment														
1. Acquired prior to this report period				19,625		19,625	19,625	SL	VAR					
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
C-4. Subtotal														
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
		Yes	No	Month	Year									
D. Movable Equipment														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a. Vehicles				Yes		VAR	VAR	230,163		230,163	14,269	SL	VAR	3,050
b.														
c.														
d.														
2. Movable Equipment														
a. Acquired prior to this report period								11,561,153		11,561,153	2,084,349	SL	VAR	390,214
b. Disposals (attach schedule)								(25,678)		(25,678)	(21,895)	SL	VAR	
c. Acquired during this report period (attach schedule)								104,321		104,321		SL	VAR	1,189
D-3. Subtotal														394,453
E. Total Depreciation														1,819,784

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See attached schedules (pages 23a-23c); allowable depreciation only	\$ 2,071,281		\$ 22,149
Total additions for Building Improvements		\$ 2,071,281		\$ 22,149 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See attached schedules (pages 23a-23c); allowable depreciation only	\$ 104,321		\$ 1,189
Total additions for Movable Equipment		\$ 104,321		\$ 1,189 *
Deletions:				
8/31/2019	Generators	\$ (12,602)		
11/30/2018	Carpet Extractor Vacuum	\$ (9,213)		
9/30/2019	Laptop and Software	\$ (3,863)		
Total deletions for Movable Equipment		\$ (25,678)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*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	62,767
RCH Allowable	426,920
Unallowable	1,581,593
	<u>2,071,280</u>

Meadows - None in 2019

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

Total Building and Building Improvements 2,071,280

Moveable Equipment

Seabury (see Page 23b)

SNF Allowable	22,169
RCH Allowable	8,129
Unallowable	74,024
	<u>104,322</u>

Meadows - None in 2019

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

Total Moveable Equipment 104,322

Total Property Additions Summary

Total Building Improvements Additions After Allocation:

Useful life	SNF	HFA	O	Total	
10	9,337	-	-	9,337	Direct Skilled
10	-	-	616,486	616,486	Direct Independent
10	-	406,759	536,182	942,941	Assisted
10	-	-	134,110	134,110	Direct Other
10	64,931	19,840	277,759	362,530	I/A/S, All, and Other Allocated
Total 10 yr life	74,268	426,599	1,564,537	2,065,404	
20	1,052	322	4,502	5,876	I/A/S, All, and Other Allocated
Total	75,320	426,920	1,569,039	2,071,280	

Total Other Additions After Allocation:

Useful life	SNF	HFA	O	Total	
3	930	284	3,977	5,191	I/A/S, All, and Other Allocated
4	10,446	3,192	44,687	58,325	I/A/S, All, and Other Allocated
8	2,393	731	10,237	13,361	I/A/S, All, and Other Allocated
10	-	-	5,520	5,520	Independent
10	12,834	3,922	5,169	21,925	Skilled/ Assisted
Total 10 yr life	12,834	3,922	10,689	27,445	
Total	26,603	8,129	69,590	104,322	
Total additions	101,923	435,049	1,638,629	2,175,602	

Disallowance calculation for 12 SNF beds not eligible for reimbursement:

Building Additions:

Total 10 year life	74,268	16.67%	12,378
Total 20 year life	1,052	16.67%	175
	<u>75,320</u>		<u>12,553</u>

Other Additions:

Total 3 year life	930	16.67%	155
Total 4 year life	10,446	16.67%	1,741
Total 8 year life	2,393	16.67%	399
Total 10 year life	12,834	16.67%	2,139
	<u>26,603</u>		<u>4,434</u>

16,987 Total Transfer Out

Total Building Improvement Additions after Disallowances:

	SNF	HFA	O	Total
Total 10 year life	61,890	426,599	1,576,915	2,065,404
Total 20 year life	877	322	4,677	5,876
	<u>62,767</u>	<u>426,920</u>	<u>1,581,593</u>	<u>2,071,280</u>

Total Other Additions after Disallowances:

	SNF	HFA	O	Total
Total 3 year life	775	284	4,132	5,191
Total 4 year life	8,705	3,192	46,428	58,325
Total 8 year life	1,994	731	10,636	13,361
Total 10 year life	10,695	3,922	12,828	27,445
	<u>22,169</u>	<u>8,129</u>	<u>74,024</u>	<u>104,322</u>
Total Additions	84,936	435,049	1,655,616	2,175,602

Date	Description	Cost	Level	Life
11/30/2018	Renovation - Unit 228	5,920	A	10
11/30/2018	Renovation - Unit 230	12,867	A	10
2/1/2019	Renovation - Units 228, 230, and 290 - Views	16,146	A	10
7/1/2019	Views Phase C, Area B, Level 4	539,363	A	10
7/1/2019	Views activities space	264,207	A	10
8/31/2019	Renovation - Views unit 466	19,603	A	10
7/1/2019	Corridors	64,172	A	10
12/31/2018	Heritage Hall - improvements	267,756	All	10
7/1/2019	Clinic restrooms	30,821	All	10
7/31/2019	Top of stairs courtyard	35,327	All	10
10/31/2018	Renovation - Unit 5217	15,753	I	10
11/30/2018	Renovation - Unit 2108	19,763	I	10
11/30/2018	Renovation - Unit 5173	25,414	I	10
11/30/2018	Renovation - Unit 3190	59,696	I	10
12/31/2018	Renovation - Unit 5205	13,830	I	10
2/28/2019	Renovation - Cottage 337	38,102	I	10
3/31/2019	Renovation - Unit 2135	7,075	I	10
3/31/2019	Porch enclosures (6)	38,984	I	10
4/30/2019	West Wing lighting project	23,584	I	10
5/31/2019	Renovation - Cottage 339	54,003	I	10
6/30/2019	Renovation - Cottage 331	19,662	I	10
6/30/2019	Renovation - Cottage 315	23,022	I	10
6/30/2019	Renovation - Unit 4193	28,947	I	10
7/1/2019	Renovation - Unit 5215	12,251	I	10
7/1/2019	Renovation - Unit 5222	16,873	I	10
7/1/2019	Renovation - Unit 6215	11,509	I	10
7/1/2019	Renovation - Unit 6216	11,053	I	10
7/31/2019	Renovation - Unit 5220	12,106	I	10
7/31/2019	Porch enclosures (9)	61,013	I	10
8/31/2019	Renovation - Unit 3113	11,009	I	10
8/31/2019	Renovation - Cottage 324	16,980	I	10
9/30/2019	Renovation - unit 4205	12,771	I	10
9/30/2019	Renovation - unit 4136	14,972	I	10
9/30/2019	Renovation - unit 5170	20,833	I	10
9/30/2019	Renovation - unit 5157	7,124	I	10
9/30/2019	Renovation - unit 4157	6,487	I	10
7/1/2019	Carport landscaping	33,670	I	10
3/31/2019	Break room skylights	5,876	Other	20
4/30/2019	Staff lounge renovation	21,691	Other	10
8/31/2019	Renovation - CEO office	6,935	Other	10
9/30/2019	Tenant space/clinic	154,774	Other/ Assisted	10 A
8/31/2019	Renovation - Blue Room	9,337	S	10
TOTAL ADDITIONS		2,071,281		

Totals:		
All	333,904	1
Other	34,502	1
Other Direct	134,110	Direct
Skilled	9,337	Direct
Assisted	942,941	Assisted
Independent	616,486	Direct
	2,071,280	

A Tenant Space/ Clinic Split between Other and Assisted: 154,774 Total cost

	Level	Sq Feet	Allocated Cost	
Tenant Space	Disallowed	12,954	134,110	Direct to Other
Clinic	Assisted	1,996	20,664	Assisted - 10 Year Life
		14,950	154,774	

/A/S, All and Other Allocation Breakout (Sum of 1)							
Useful life	SNF	HFA	O	Total			
10	64,931	19,840	277,759	362,530			
20	1,052	322	4,502	5,876			
					SNF	HFA	
				Allocation By Living units (method 3):	17.91%	5.47%	76.62%

Assisted Allocation Breakout							
Useful life	SNF	HFA	O	Total			
10	-	406,759	536,182	942,941			
					SNF	HFA	
				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

A Of this addition, \$134,110 is allocated to Unallowable/ Other and \$20,664 is allocated to Assisted. See above.

FURNITURE/EQUIPMENT COMPUTER ADDITIONS

Date	Description	Cost	Level	Life
11/30/2018	Veritas Backup Exec 20 - software	5,191	Other	3

All and Other Allocation Breakout							
Useful life	SNF	HFA	O	Total			
3	930	284	3,977	5,191	Sum of 1		
					SNF	HFA	Other
Allocation By Living units:					17.91%	5.47%	76.62%

Total Computer Additions After Allocation				
Useful life	SNF	HFA	O	
3	930	284	3,977	I/A/S, All, and Other Allocated
Total	930	284	3,977	

FURNITURE/EQUIPMENT OTHER ADDITIONS

Date	Description	Cost	Level	Life
11/30/2018	Carpet extractor vacuum	13,361.00	All	8
9/27/2019	2018 Ford Transit T350 Wheelchair Van	58,325.00	All	4
12/31/2018	Appliances - cottage 337	5,519.75	I	10
6/30/2019	Artwork - Views/Brewer/Davis	21,925.00	S/A	10
TOTAL ADDITIONS		99,131		

Totals:			
All	71,686	1	
Skilled/ Assisted	21,925	1	
Independent	5,520	Direct	
	99,131		

I/A/S, All and Other Allocation Breakout (Includes all 1's)						
Useful life	SNF	HFA	O	Total		
4	10,446	3,192	44,687	58,325		
8	2,393	731	10,237	13,361		
Allocation By Living units:					SNF	HFA Other
					17.91%	5.47% 76.62%

Direct by Level Allocation Breakout					
Useful life	SNF	HFA	O	Total	
10	-	-	5,520	5,520	Independent

Skilled/ Assisted Allocation Breakout						
Useful life	SNF	HFA	O	Total		
10	12,834	3,922	5,169	21,925	SNF	HFA Other
Allocation By Living units:					58.54%	17.89% 23.58%

Total Other Additions After Allocation						
Useful life	SNF	HFA	O			
4	10,446	3,192	44,687	I/A/S, All, and Other Allocated		
8	2,393	731	10,237	I/A/S, All, and Other Allocated		
10	-	-	5,520	Independent		
10	12,834	3,922	5,169	Skilled/ Assisted		
Total 10 yr life	12,834	3,922	10,689			
Total Additions	25,673	7,845	65,613			

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

Building Improvements

DATE	DESCRIPTION	LIFE	AMOUNT
	None in 2019		

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 2019		

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		1,425,331
Total Phase A Depreciation - Unallowable		546,703
Seabury - Depreciation on Assets Acquired in CY:	74,010	
Allocation using Method 14	<u>30%</u>	
Total Allowable Related to Assets Acquired in CY	22,149	
Meadows - Depreciation on Assets Acquired in CY:	-	
Includable Cost Allocation Basis	<u>24%</u>	
Total Allowable Related to Assets Acquired in CY	-	
Total Depreciation Related to Assets Acquired in CY		22,149
Total Phase A Depreciation Related to Assets Acquired in PY		<u>546,703</u>
Depreciation Related to Assets Acquired in Prior Years		<u>1,403,182</u>

Moveable Equipment

Total Depreciation Allowable		394,453
Total Phase A Depreciation - Unallowable		208,488
Seabury - Depreciation on Assets Acquired in CY:	3,974	
Allocation using Method 14	<u>30%</u>	
Total Allowable Related to Assets Acquired in CY	1,189	
Meadows - Depreciation on Assets Acquired in CY:	-	
Includable Cost Allocation Basis	<u>24%</u>	
Total Allowable Related to Assets Acquired in CY	-	
Total Depreciation Related to Assets Acquired in CY		1,189
Total Phase A Depreciation Related to Assets Acquired in PY		<u>208,488</u>
Depreciation Related to Assets Acquired in Prior Years		<u>393,264</u>

Vehicle with highest depreciation (Ford Lift Van-2014)	8,601	Per allocation template								
					1,883	691	6,027	7,688	2,819	24,603
Total 2014 Vehicle Depreciation	35,110	Disallowance			5,805	2,128				
Total Unallowed Amount	-26,509									

	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
2015										
Building										
10 Year	102,387	45,558	1,604,197	1,752,142	10,238.70	4,555.80	160,419.70	38,368	14,068	122,778
Equipment										
5 Year	35,353	19,371	123,521	178,245	7,070.60	3,874.20	24,704.20	7,806	2,862	24,980
8 Year	1,221	448	4,903	6,572	152.63	56	612.88	180	66	576
10 Year	10,306	2,686	33,477	46,469	1,030.60	268.60	3,347.70	1,018	373	3,256
15 Year	23,963	4,277	46,849	75,089	1,597.53	285.13	3,123.27	1,096	402	3,508
20 Year	22,259	8,161	89,405	119,825	1,112.95	408.05	4,470.25	1,312	481	4,198
Total Assets	1,379,062	447,307	9,822,755	11,649,124	136,582	46,145	989,896	256,779	94,152	821,692
Building					90,038	35,870	905,997	225,965	82,854	723,087
Movable					46,544	10,275	83,899	30,814	11,298	98,605
Disallowance										
Building					135,926	46,983				
Movable					(15,730)	1,023				

2015 -Vehicle disallowance

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

	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
2016										
Building										
5 Year	0	965	3,034	3,999	-	193	607	175	64	560
8 Year	1,684	618	11,539	13,841	211	77	1,442	379	139	1,212
10 Year	106,663	61,468	1,334,052	1,502,183	10,666	6,147	133,405	32,895	12,061	105,262
Equipment										
3 Year	1,184	434	4,757	6,375	395	145	1,586	465	171	1,489
5 Year	13,706	15,499	85,171	114,376	2,741	3,100	17,034	5,009	1,837	16,029
7 Year	16,117	-	-	16,117	2,302	-	-	504	185	1,613
10 Year	144,046	54,762	609,354	808,162	14,405	5,476	60,935	17,697	6,489	56,630
15 Year	20,243	2,877	36,159	59,279	1,350	192	2,411	865	317	2,769
20 Year	361,285	133,055	1,457,557	1,951,897	18,064	6,653	72,878	21,371	7,836	68,388
Total Assets	2,043,990	716,985	13,364,378	16,125,353	186,716	68,128	1,280,194	336,139	123,251	1,075,646
Building					100,915	42,287	1,041,451	259,413	95,118	830,122
Movable					85,800	25,840	238,743	76,726	28,133	245,524
Disallowance										
Building					158,498	52,831				
Movable					(9,074)	2,293				

2016 -Vehicle disallowance

Total Vehicles in fleet as of 9/30/16	10									
Vehicle with highest depreciation (Ford Lift Van-2014)	8,601	Per allocation template								
					1,883	691	6,027	6,368	2,335	20,379
Total 2016 Vehicle Depreciation	29,082	Disallowance			4,485	1,644				
Total Unallowed Amount	-20,481									

	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
2017										
Building										
8 Year	18,328	6,720	73,616	98,664	2,291	840	9,202	2,701	990	8,642
10 Year	176,943	67,750	1,301,823	1,546,516	17,694	6,775	130,182	33,865	12,417	108,369
15 Year	4,880	11,835	56,877	73,592	325	789	3,792	1,074	394	3,438
20 Year	-	-	160	160	-	-	8	2	1	6
25 Year	-	2,414	7,586	10,000	-	97	303	88	32	280
Equipment										
3 Year	14,025	5,142	56,328	75,495	4,675	1,714	18,776	5,511	2,021	17,634
4 Year	2,683	984	10,777	14,444	671	246	2,694	791	290	2,530
5 Year	16,695	8,948	75,943	101,586	3,339	1,790	15,189	4,449	1,631	14,237
8 Year	1,765	647	7,088	9,500	221	81	886	260	95	832
10 Year	19,838	12,626	95,683	128,147	1,984	1,263	9,568	2,806	1,029	8,980
15 Year	357	131	1,435	1,923	24	9	96	28	10	90
20 Year	-	-	2,833	2,833	-	-	142	31	11	99
Total Assets	2,299,504	834,182	15,054,527	18,188,213	217,939	81,730	1,471,032	387,745	142,173	1,240,783
Building					121,226	50,788	1,184,939	297,143	108,952	950,857
Movable					96,713	30,942	286,093	90,602	33,221	289,926
Disallowance										
Building					175,917	58,164				
Movable					(6,112)	2,279				

2017 -Vehicle disallowance

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

		Asset Value			Depreciation Allowed			Depreciation Taken			
		SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
								60 22%	22 8%	192 70%	
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		5,254,858	1,924,399	85,017,062	92,196,319	367,700	145,374	4,532,756	1,104,926	405,140	3,535,764
FY18 Additions		2,955,354	1,090,217	69,962,535	74,008,106						
Building						266,855	92,790	4,087,770	973,887	357,092	3,116,437
Movable						100,845	52,583	444,987	131,040	48,048	419,327
Disallowance											
Building						707,031	264,301				
Movable						30,195	(4,535)				

2018 -Vehicle disallowance

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

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

		Asset Value			Depreciation Allowed			Depreciation Taken			
		SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
								60 22%	22 8%	192 70%	
2019											
Building											
10 Year		61,890	426,599	1,576,915	2,065,404	3,095	21,330	78,846	22,614	8,292	72,365
20 Year		877	322	4,677	5,876	22	8	117	32	12	103
Equipment											
3 Year		775	284	4,132	5,191	129	47	689	189	69	606
4 Year		8,705	3,192	46,428	58,325	1,088	399	5,804	1,596	585	5,109
8 Year		1,994	731	10,636	13,361	124,63	46	665	183	67	585
10 Year		10,695	3,922	12,828	27,445	535	196	641	300	110	962
Total Assets		5,339,794	2,359,449	86,672,678	94,371,921	372,693	167,400	4,619,517	1,129,842	414,275	3,615,493
FY19 Additions		84,936	435,050	1,655,616	2,175,602						
Building						269,972	114,128	4,166,732	996,533	365,395	3,188,905
Movable						102,721	53,271	452,785	133,309	48,880	426,589
Disallowance											
Building						726,561	251,267	Page 29/29a - Line 48			
Movable						30,588	(4,391)	Page 29/29a - Line 35			

2019 -Vehicle disallowance

Total Vehicles in fleet as of 9/30/19	9		Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
Vehicle with highest depreciation	3,796 A	Per allocation template	SNF	HFA	Other	SNF	HFA	Other
Total 2019 Vehicle Depreciation	<u>10,191</u>	Disallowance	831	305	2,660	2,231	818	7,140
Total Unallowed Amount	<u>-6,395</u>		1,400	513	Page 29/29a - Line 35			
			31,988	(3,878)	Total Page 29/29a - Line 35			

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.

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)			2103C		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Church Home of Hartford, Inc. (DBA S	License No. 2103C	Report for Year Ended 9/30/2019	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		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
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Multiple Bonds - Fixed	Multiple Bonds -	
b. Date Mortgage Obtained		04/01/15	04/01/16	
c. Interest Rate for the Cost Year		4%-5%	2.875%-5%	
d. Term of Mortgage (number of years)		5-23 years	4-37 years	
e. Amount of Principal Borrowed		34,510,000	75,265,000	
f. Principal balance outstanding as of 9/30/2019		30,505,000	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			Page	of
Church Home of Hartford, Inc. (DBA)	2103C	9/30/2019			26	37
Item	Total	CCNH	RHNS	Residential Care Home		
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage	\$ 461048	353,143			107,905	
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)	\$ 461,048	353,143			107,905	

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DB)		2103C		9/30/2019			27	37
Item				Total	CCNH	RHNS	Residential Care Home	
Subtotals Brought Forward:				461,048	353,143		107,905	
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)				\$ 461,048	353,143		107,905	
14. Insurance								
a. Insurance on Property (buildings only)				\$ 49,295	31,040		18,255	
b. Insurance on Automobiles				\$ 5,128	3,928		1,200	
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$ 14,114	10,044		4,070	
2. Fire and Extended Coverage				\$ 14,841	10,571		4,270	
3. Other (Specify) Directors & Crime				\$ 7,422	5,214		2,208	
14d. Total Insurance Expenditures (14a + b + c)				\$ 90,800	60,797		30,003	
15. Total All Expenditures (A-13 thru C-14)				\$ 11,799,383	9,164,942		2,634,441	

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	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 231,694	104,122		127,572
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 9,058	5,631		3,427
Pages 15 & 16 - Administrative and General							
8.	15	1B	Discriminatory Benefits	\$ 10,509	8,745		1,764
9.	15	1C	Bad Debts	\$ 132,202	105,155		27,047
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	H2	Cellular Telephone	\$ 5,120	4,261		859
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	27	14b	Automobile Expense (e.g. personal use)	\$ 3,846	2,946		900
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.	16	M6	Barber and Beauty	\$ 5,578			5,578
23.			Other - See attached Schedule	\$ 175,197	116,752		58,445
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 696			696
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 573,900	347,612		226,288

* 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			\$ 75,509
10	12c	LPN - Direct Care - Disallow to reduce LPN down to Aide Cost			\$ 22,130
10	A2	Administrator Overlap	\$ 965		\$ 295
10	A1	CEO Salary over Cap	\$ 45,895		\$ 9,256
10	A2	Administrator Salary over Cap	\$ 47,970		\$ 20,846
10	5c	Dietary Workers	\$ 9,292		\$ (464)
Total Other Salaries Adjustment			\$ 104,122	\$ -	\$ 127,572

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	B8e	Psychiatrist	\$ 4,404		\$ 1,555
13	8a	Medical Director	\$ 1,227		\$ 1,872
Total Other Fees Adjustments			\$ 5,631	\$ -	\$ 3,427

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits - RN and LPN			\$ 27,942
15	1a	Employee Benefits - CEO and Administrator Salaries	\$ 24,720		\$ 8,667
15	1a	Employee Benefits - Dietary Salaries	\$ 2,422		\$ (132)
16	M11	CEO administrative consulting fees capped by CEO limit	\$ 6,769		\$ 1,365
16	M13	Licenses and Fees	\$ 3,721		\$ 2,949
16	M13	Bank Fees	\$ 6,358		\$ 1,282
22	6F	Cable Services			\$ 383
30	8	ANC - Other Revenue	\$ 15,593		\$ 3,176
30	8	ANC - Laundry	\$ 623		\$ 98
15	h1	ANC Revenue - Telephone	\$ 21,143		\$ 4,264
16	M13	ANC Revenue - Internet (Communications Systems)	\$ 35,280		\$ 7,115
30	8	C.N.A. Escort Revenue			\$ 74
30	8	Miscellaneous Other Revenue			\$ 1,237
16	M13	General Expenses	\$ 123		\$ 25
Total Other A&G Adjustments			\$ 116,752	\$ -	\$ 58,445

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

Name of Facility				License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)				2103C	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 573,900	347,612		226,288
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.	20	5c	Medical Supplies	\$ 9,946	4,678		5,268
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 13,738	12,603		1,135
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 28,758	31,988		(3,230)
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	\$ 18,702	14,517		4,185
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	\$ 7,985	6,207		1,778
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 1,003,193	726,561		276,632
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,656,222	1,144,166		512,056

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	51	Nutrition Supplies - Billable	\$ 12,603		\$ 1,135
Total Other Ancillary Costs			\$ 12,603	\$ -	\$ 1,135

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Excess Movable Depreciation based on actual vs estimate-Seabury	\$ 31,988		\$ (3,878)
		Movable in excess of CON -Meadows			\$ 648
Total Excess Movable Equipment Depreciation			\$ 31,988	\$ -	\$ (3,230)

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Outpatient - A&G	\$ 2,391		\$ 687
		Outpatient - Indirect	\$ 1,641		\$ 472
		Outpatient - Fixed Asset Depreciation and Interest	\$ 5,765		\$ 1,657
		Outpatient - Capital	\$ 164		\$ 47
		Outpatient - Fair Rent	\$ 3,880		\$ 1,115
22	6e	Marketing Copier	\$ 676		\$ 207
Total Other Property Adjustments			\$ 14,517	\$ -	\$ 4,185

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home

Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
18	2a1	Liquor Purchases	\$ 190		\$ 48
		Home Health - A&G	\$ 3,428		\$ 986
		Home Health - Indirect	\$ 2,353		\$ 677
		Home Health - Capital	\$ 235		\$ 68
Total Other Adjustments			\$ 6,207	\$ -	\$ 1,778

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Excess Building Depreciation Actual vs Estimate-Seabury	\$ 726,561		\$ 251,267
		Building Dep in excess of CON Allowable of pre 2007 amount of 200K			\$ 25,365
Total Unallowable Building Interest			\$ 726,561	\$ -	\$ 276,632

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seal2103C)		9/30/2019			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,437,144	3,317,475		2,119,669		
b. Medicaid Room and Board Contractual Allowance **	\$ (2,708,421)	(1,824,097)		(884,324)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,793,374	1,793,374				
b. Medicare Room and Board Contractual Allowance **	\$ 78,816	78,816				
4. a. Private-Pay Residents and Other	\$ 3,839,062	3,113,523		725,539		
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.)	\$ 8,439,975	6,479,091		1,960,884		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 696			696		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 51,188	38,454		12,734		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 6,539			6,539		
8. Other (<i>Specify</i>)	\$ 139,508	118,830		20,678		
V. Total Other Revenue (1 thru 8)	\$ 197,931	157,284		40,647		
VI. Total All Revenue (III +V)	\$ 8,637,906	6,636,375		2,001,531		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		\$ -	\$ -	\$ -

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		\$ 38,454		\$ 12,734
Total Interest Income			\$ 38,454	\$ -	\$ 12,734

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
Page 30, IV8	ANC Laundry	\$ 623		\$ 98
Page 30, IV8	ANC Telephone & Internet - Disallow	\$ 102,614		\$ 16,093
Page 30, IV8	ANC Other Revenue - Disallow	\$ 15,593		\$ 3,176
Page 30, IV8	Miscellaneous Other Revenue - Disallow			\$ 1,237
Page 30, IV8	CNA Escort Revenue - Disallow			\$ 74
Total Other Revenue		\$ 118,830	\$ -	\$ 20,678

**Interest Income
Seabury Retirement
FYE 09/2019**

	<u>Interest Amount</u>	<u>G/L Account #</u>	<u>Balance 9/30/2019</u>
CCNH			
<u>Eq/Entrance Fund</u>	49,041	1-000-1070	3,635,547
Asset Replacement	<u>1,148</u>	1-000-1060	0
	50,189		
RCH			
<u>Asset Replacement</u>	<u>4,075</u>	1-000-1192	164,352
	4,075		
Bond Fund Adj	(164,024)		
Grand Total	(109,760)		

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Se	2103C	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	5,604,432
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,020,250
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	125,902
4. Inventories			\$	24,456
5. Prepaid Expenses			\$	918,776
a. Prepaid Expenses	153,950			
b. Prepaid Taxes	478,760			
c. Prepaid FF&E	286,066			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,711,063
Escrow Account	184,953			
Accounts Receivable - Related Party	385,246			
Cash and Cash Equivalents Held by Trustee	1,140,864			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	10,404,879
B. Fixed Assets				
1. Land			\$	4,429,495
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>155,031,594</u>		\$	98,517,830
	Accum. Depreciation <u>56,513,764</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>1,057,625</u>		\$	624,308
	Accum. Depreciation <u>433,317</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>19,625</u>		\$	
	Accum. Depreciation <u>19,625</u>	Net		
6. Movable Equipment	*Historical Cost <u>10,104,340</u>		\$	6,078,943
	Accum. Depreciation <u>4,025,397</u>	Net		
7. Motor Vehicles	*Historical Cost <u>230,163</u>		\$	63,582
	Accum. Depreciation <u>166,581</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	51,554
Construction in Process	51,554			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	109,765,712

* 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	\$ 164,352
32	D7	Investment in Limited Partnership	\$ 345,607
32	D7	Beneficial Interest in Perpetual Trust	\$ 5,067,182
32	D7	Deferred Compensation Investments	\$ 224,434
Total Other Assets			\$ 5,801,575

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 Church Home of Hartford, Inc. (DBA S	License No. 2103C	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	120,170,591
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>)			\$	24,987,917
	Investments	14,266,352		
	Investments Held by Trustee	4,919,990		
	See Schedule	5,801,575		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	24,987,917
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	145,158,508

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

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,089,147
2. Notes Payable (<i>itemize</i>)				\$	
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	107,186
Name of Lender		Purpose	Amount	Date Due	
Various		TV, Phone, & Internet	107,186	Various	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	680,496
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	149,616
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	1,010,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	327,896
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	615,091
Accrued Auditing Fees		79,975	Custom Improvement De:	8,036	
Entrance Fee Deposits		185,453	Due to Third Party	24,811	
Residential Care Service		78,869			
Other Accrued Payables		237,947	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,979,432

* 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 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,979,432	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	276,631
Name of Lender	Purpose	Amount	Date Due		
Various	TV, Phone & Internet	276,631	Various		
2. Mortgages Payable				\$	81,616,102
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>)				\$	65,477,541
Deferred Revenue from Entrance Fees		65,253,107			
Deferred Compensation Plan		224,434			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	147,370,274
C. Total All Liabilities (Lines A-13 + B-5)				\$	151,349,706

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

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA S	2103C	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(805,113)
6. Gain or Loss for Period			\$	(5,386,085)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(6,191,198)
C. Total Reserves and Net Worth			\$	(6,191,198)
D. Total Liabilities, Reserves, and Net Worth			\$	145,158,508

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Sea	2103C	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	8,036,028
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	35,784,101
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	41,170,186
D. Net Income or Deficit			\$	(5,386,085)
E. Balance			\$	2,649,943
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	2,649,943

I. Preparer's/Reviewer's Certification

Name of Facility Church Home of Hartford, Inc. (DBA)		License No. 2103C	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home			
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer <i>Blum, Shapiro & Company, P.C.</i>		Title <i>P.C.</i>		Date Signed 2/14/2020	
Printed Name of Preparer Blum, Shapiro & Company, P.C.					
Address Address 29 South Main Street, 4th Floor, West Hartford, CT 06127				Phone Number 860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink				Phone Number 860-561-4000	
Contact Email Address jfink@blumshapiro.com					