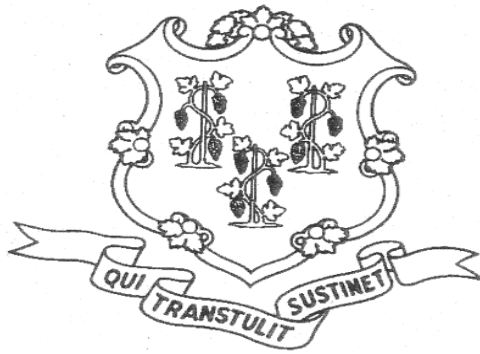


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

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 10/1/2021	Report for Year Ending 9/30/2022

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

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

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General Information

Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2022	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, 2021 and ending September 30, 2022, 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 10/1/2021	To 9/30/2022	
Address of Facility 200 Seabury Drive, Bloomfield, CT 06002				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/13/2023		
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 9/30/2022	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.:		

General Information and Questionnaire Corporate Owners

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2022	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Church Home of Hartford, Inc. (DBA Seabury)	200 Seabury Drive, Bloomfield, CT 06002		Connecticut	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

Seabury Boards 2021-2022

CHHI Board 2021-2022 (19)

Babbitt, Bradford S.

Barnes, Eleanor

Becker, Cynthia

Bernasconi, Renée J., **President**

Berry, Linda, Resident Director

Burnett, Robert "Bob"

Dixon, Jonathan A.

Douglas, The Right Rev. Ian T., **Ecclesiastical Authority, Ex Officio**

Hewey, Robert, Resident Director

Fraley, Reverend, Anne, Bishop's Representative

Madorin, A. Raymond, **Director Emeritus**

Mezzanotte, Ross

Polidoro, Monique R.

Purnell, Erl G. "Puck", **Chair**

Scott, Craig, **Treasurer**

Sherrill, Michael

Therriault, Ronald

Tonkin, Russ

Wadsworth, John R., **Secretary**

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	9/30/2022	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 9/30/2022	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	%**				
Rogin Nassau, LLC	185 Asylum St. Hartford, CT 06103	<input checked="" type="radio"/>	<input type="radio"/>		Legal - 100% disallowed prior to cost report	Page 15 9e		
OneDigital	200 Galleria Parkway Ste 1950, Atlanta GA 30339	<input checked="" type="radio"/>	<input type="radio"/>		Insurance Broker	Page 15 1A5	2,996	2,996
Renee Bernasconi	200 Seabury Drive, Bloomfield CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		CEO	Page 10 A1	101,422	101,422
		<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.
 ** 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 9/30/2022	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		9/30/2022			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						
See attached	<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"/>						
							Total ***	

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

**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.

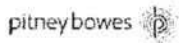
Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C	Report for Year Ended 9/30/2022			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	10/21/21	63 months	210	192	
Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Folding Machine	10/30/20	36 Months	427	427	
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Admin	06/30/21	36 Months	696	696	
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Marketing	01/25/21	36 Months	396	396	
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Clinic	01/08/19	36 Months	590	148	
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	121	
DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Meadows	12/14/21	24 Months	281	211	
DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Accounting	01/08/19	36 Months	429	107	
DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Accounting	12/14/21	24 Months	423	317	
DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Accounting	07/26/19	36 Months	120	90	
UBEO LLC 909 Middle Street Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Accounting	05/13/22	36 Months	102	34	
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Admin	07/01/20	36 Months	325	325	
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Nursing	02/27/20	36 Months	515	515	
Land Rover Hartford, 77 Weston Street, Hartford, CT 06120	<input type="radio"/>	<input checked="" type="radio"/>	Vehicle	10/02/20	36 Months	1,961	1,961	
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***							5,540	

* 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 6c.

0041207138



Lease Agreement

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Agreement Number

Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee

Tax ID # (FEIN/TIN)

CHURCH HOME OF HARTFORD INC

Sold-To: Address

200 Seabury Dr, Bloomfield, CT, 06002-2650, US

Sold-To: Contact Name

Sold-To: Contact Phone #

Sold-To: Account #

Ruslan Kuzmenko

860-243-6036

0012170088

Bill-To: Address

200 Seabury Dr, Bloomfield, CT, 06002-2650, US

Bill-To: Contact Name

Bill-To: Contact Phone #

Bill-To: Account #

Bill-To: Email

Ruslan Kuzmenko

860-243-6036

0016917954

ruslankuzmenko@seaburylife.org

Ship-To: Address

200 Seabury Dr, Bloomfield, CT, 06002-2650, US

Ship-To: Contact Name

Ship-To: Contact Phone #

Ship-To: Account #

Renald Le pape

860-243-6046

0012170088

PO #

Your Business Needs

Qty	Item	Business Solution Description
1	SENDPROCSERIES4	SendPro C Series - Version 4
1	1E47	SP100 Label Printer with Lifter Base
1	1FXA	Interface to InView Dashboard
1	7H00	C Series IMI Meter
1	8H00	C Series IMI Base
1	APAC	Connect+ Accounting Weight Break Reports
1	APAX	Cost Acctg Accounts Level (100)
1	APB2	Cost Accounting Devices (10)
1	APKN	Account List Import/Export
1	C200	SendPro C200
1	CAAB	Basic Cost Accounting
1	DM1RKL	Return Kit for DM100/125 - Large
1	F9PG2	PowerGuard LE Service Package
	F9S2	SendPro C Install Training with Shipping

1	HZ80001	SendPro C Series Drop Stacker
1	ME1A	Meter Equipment - C Series
1	MP81	C Series Integrated Scale
1	PAB1	C Series Premium App Bundle
1	PTJ1	SendPro Online
1	PTJ4	Multicarrier Sending App w/HW or Meter
1	PTJ8	SendPro Mailing Included W/ HW
1	PTJC	SendPro Individual
1	PTJN	Single User Access
1	PTK1	Web Browser Integration
1	PTK2	SendPro C Series Shipping Integration
1	SJS1	C200 SoftGuard
1	STDSLA	Standard SLA-Equipment Service Agreement (for SendPro C Series - Version 4)
1	ZH24	Manual Weight Entry
1	ZH26	HZ02 50 LPM Speed
1	ZHC2	SendPro C200 Base System Identifier
1	ZHD5	USPS Rates with Metered Letter
1	ZHD7	E Conf Services for Metered LTR. BDL
1	ZHWL	5lb/3kg Weighing Option for MP81

Your Payment Plan

Initial Term: 63 months	Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*
63	\$ 75.00	\$ 225.00

*Does not include any applicable sales, use, or property taxes which will be billed separately.

- Tax Exempt Certificate Attached
- Tax Exempt Certificate Not Required
- Purchase Power® transaction fees included
- Purchase Power® transaction fees extra

0041207138

Your Signature Below

By signing below, you agree to be bound by all the terms of this Agreement including the Pitney Bowes Terms (Version 10/21), which are available at <http://www.pb.com/termsconditions> and are incorporated by reference. You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The lease requires you either to provide proof of insurance or participate in the ValueMAX® equipment protection program (see Section 16 of the Pitney Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html>. Those additional terms are incorporated by reference.

Not Applicable

State/Entity's Contract#

Lessee Signature

Print Name

Title

Date

Email Address

Renee Bernasconi
Renee J. Bernasconi
President & CEO
10/21/21
reneebernasconi@seaburylife.org

Salvatore Polletta
Salvatore Polletta
Director, Credit & New Business Operations
Friday, October 22, 2021

Sales Information

Crystal Fry

crystal.fry@pb.com

Account Rep Name

Email Address

PBGFS Acceptance

De Lage Landen Financial Services, Inc.

Lease Agreement

Send Email Invoice To:

LESSEE	Full Legal Name Church Home of Hartford Incorporated		Tax ID No 06-0293500		Phone Number (860) 286-0243		
	Billing Address 200 Seabury Dr		City Bloomfield		State Zip CT 06002		
Equipment Location (if not same as above):			County CT		Purchase Order Requisition Number		
EQUIPMENT	Make	Model Number	Serial Number	Quantity	Description (Attach Separate Schedule A If Necessary)		
	SAVIN	MP 4055		1			
	SAVIN	MPC 2504EX		1			
PAYMENT INFORMATION	Number of Lease Payments	Lease Payment	Plus Applicable Taxes		Term of Lease		
	24	\$247.66	Plus Applicable Taxes		24 Months		
	Lease Payment <input type="checkbox"/> includes / <input checked="" type="checkbox"/> does NOT include maintenance/service/supplies [check one]			Security Deposit		Payment Frequency: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	
	Sales tax Exempt <input checked="" type="checkbox"/> Please provide valid certificate					End of Lease Option: <input checked="" type="checkbox"/> FMV <input type="checkbox"/> \$1 <input type="checkbox"/> Other	
					End of Lease Purchase Option shall be FMV unless another option is selected.		
					(PLUS) First Period Payment (PLUS) Other (EQUALS) Total Payment Enclosed Plus Applicable Taxes + + =		

1. Lease: You (the "Lessee") agree to lease from us (the "Lessor") the Equipment listed above 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. You agree to pay us a fee of \$75.00 to reimburse our expenses for preparing financing statements, other documentation costs and all ongoing administration costs during the term of this Lease. 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. Security deposits are non-interest bearing. If you are not in default, we will return the deposit to you when the Lease is terminated. If a payment is not made when due, you will pay us a late charge of 5% of the payment or \$10.00, whichever is greater. Such amount shall be payable in addition to any and all amounts or monies payable by you as a result of the exercise of any of the remedies herein provided. YOU AGREE THAT NO ONE IS AUTHORIZED TO WAIVE OR CHANGE ANY LEASE TERM OR PROVISION.

2. Term: This Lease is effective on the earlier of the date we sign it or fund the Equipment supplier, 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 or fund 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 obligations are absolute, unconditional, and are not subject to cancellation, reduction, setoff or counterclaim.

3. 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.

4. 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 Lease Payments set forth above 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, however, 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 claims related to Service will not impact your obligation to pay all Lease payments when due.

5. 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.

6. 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.

7. Taxes: You agree to pay when due, either directly or as a 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.

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; b) you breach any other obligation under the Lease or any other Lease with us; or c) you, your owner(s) or any guarantor(s) are listed on a US or foreign government sanctions list or are subject to sanctions therefrom. 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 1% 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. 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. If such vesting requires a written conveyance, you hereby convey to us any title you have or hereafter acquire in the Software and relinquish any subsequent title in the Software. If licensor's consent is required, you shall assist us in obtaining consent.

10. Miscellaneous: You agree that the Lease is a Finance Lease as defined in Article 2A of the Uniform Commercial Code ("UCC"). You acknowledge that we have given you the Equipment supplier's name. We hereby notify you that you may have rights under the supplier's contract and may contact the supplier for a description of these rights. You agree that we are authorized, without notice to you, to supply missing information or correct obvious errors in the Lease. This Lease was made in Pennsylvania ("PA"); is deemed to be performed in PA and shall be governed and construed in accordance with the laws of PA. You consent to the exclusive jurisdiction, personal or otherwise, in any state or federal court in PA, and waive 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. This Lease contains the entire agreement of the parties. No amendment is binding unless mutually agreed to by both parties. You authorize us to contact you about your accounts in any way, including at any number or email address at which we believe we can reach you, even if you are charged for such contact by a provider. For information about our privacy practices, please review our privacy statement at dllgroup.com/usprivacy.

LESSEE SIGNATURE	You agree that this is a non-cancelable lease. The Equipment is: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> USED / NOT NEW	
	Signature <i>R. Kuzmenko</i>	Date 12/14/21
	Title CFO, VP of Finance	Print Name Ruslan Kuzmenko
	Legal Name of Corporation Church Home of Hartford Incorporated	

LESSOR	De Lage Landen Financial Services, Inc.	
	Lease Processing Center, 1111 Old Eagle School Road, Wayne, PA 19087	
	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 <i>R. Kuzmenko</i>	Date 12/14/21	Title CFO, VP of Finance

GUARANTY	I unconditionally guaranty prompt payment of all the Lessee's obligations under the Lease. The Lessor is not required to proceed against the Lessee or the Equipment or enforce other remedies before proceeding against me. I waive notice of acceptance and all other notices or demands of any kind to which I may be entitled. I consent to any extensions or modification granted to the Lessee and the release and/or compromise of any obligations of the Lessee or any other guarantors without releasing me from my obligations. This is a continuing guaranty and will remain in effect in the event of my death and may be enforced by or for the benefit of any assignee or successor of the Lessor. This guaranty is governed by and constituted in accordance with the laws of the Commonwealth of PA and I consent to exclusive jurisdiction of any state or federal court in PA and waive trial by jury. GUARANTOR'S ELECTRONIC SIGNATURE WILL CONSTITUTE SUCH GUARANTOR'S ACKNOWLEDGEMENT AND AGREEMENT TO DO BUSINESS AND RECEIVE ALL RELATED RECORDS ELECTRONICALLY. If more than one Guarantor signs this Guaranty, each shall be jointly and severally liable.	
	Signature	Date

080EDOC243v15



Owner: **UBEO LLC**

CUSTOMER INFORMATION

Bill To Full Customer Legal Name CHURCH HOME OF HARTFORD INCORPORATED			Contact Person Renaud Le Pape	Installation Site Key Operator
Street Address 200 Seabury Drive			Title AVP Information Technology	Title
Bow/Suite/Routing			Telephone # (860) 286-0243	Telephone #
City Bloomfield	State CT	Zip Code 06002	Facsimile #	Facsimile #
Installation Address (if different from above)			e-mail	e-mail

EQUIPMENT INFORMATION

Quantity	Make	Item	Description (or Accessories)
1	Savin	IM350F	S/N 3379P600391
2			
3			
4			
5			
6			
7			
8			

Payment	\$36.49	Term (Months)	36
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Payment Frequency	Monthly	Image Meter Reading Frequency (QUARTERLY unless otherwise)	Monthly
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B&W Image Monthly Allowance	0	Excess Per Image Charge (B&W)	\$0.008
Color Image Monthly Allowance		Excess Per Image Charge (Color)	
Linear Feet Monthly Allowance		Excess Per Image Charge (Linear Feet)	
xMedius Page/DID Monthly Allowance		xMedius Excess Per Page/DID Charge	

Supplies (toner and developer in colors, black, cyan, magenta and yellow) and waste toner bottles are included at no additional charge, unless otherwise indicated. Throughput materials (paper stocks, staples, etc.) and toner and developer in colors clear, gold, silver, white, and fluorescent pink are NOT included.

BLACK Supplies Included NO **COLOR Supplies Included** NO

AGREEMENT NUMBER	All amounts exclusive of applicable taxes THIS AGREEMENT CANNOT BE TERMINATED EARLY.	SALES REPRESENTATIVE Kenny Barse
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Additional Terms and Conditions on Second Page. Other Agreed Upon Addendum(s) included:

A	B	C
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Meters	<input checked="" type="checkbox"/> Auto <input type="checkbox"/> Fax <input type="checkbox"/> e-Mail	Meter Contact	e-Mail	Fax#
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During the term of this Agreement, Owner may substitute and/or change the tools and equipment that it uses in providing the images and other solutions being provided to Customer. In these situations, Owner will explain the changes to Customer and Customer will sign an updated schedule incorporating the changes to the equipment and related products in the Customer's possession and/or being used to provide the solution. In addition, if customer's needs and/or the available technology changes dramatically, either party may initiate discussions to revise this Agreement; provided that any such change must be mutually agreed to in a new agreement or amendment signed by authorized individuals on behalf of both Customer and Owner.

CUSTOMER ACCEPTANCE

OWNER ACCEPTANCE

By signing below customer certifies that all conditions and terms of this agreement on the first and second page have been reviewed and acknowledged. By providing a telephone number for a cellular phone or other wireless device, you are expressly consenting to receiving communications (for NON-marketing or solicitation purposes) at that number, including, but not limited to, prerecorded or artificial message calls, text messages, and calls made by an automatic telephone dialing system from Owner and its affiliates and agents. This Express Consent applies to each such telephone number that customer provides to us now or in the future and permits such calls. These calls and messages may incur access fees from your cellular provider.

Company Name: CHURCH HOME OF HARTFORD	Federal Tax ID: 06-0293500	Owner: UBEO LLC
By (Please Print): Ruslan Kuzmenko	By:	
Signature: <i>Ruslan Kuzmenko</i>	Signature:	
Title: CFO, VP of Finance	Date: 5/13/2022	Date:

DELIVERY AND ACCEPTANCE

The Customer hereby certifies that all the Equipment: 1) has been received, installed, and inspected, and 2) is fully operational and unconditionally accepted. All conditions and terms of this agreement have been reviewed, acknowledged and are now irrevocable and unconditional.

By (Please Print): Ruslan Kuzmenko	Title: CFO, VP of Finance
Signature: <i>Ruslan Kuzmenko</i>	Date: 5/13/2022

UMANAGE RENTAL AGREEMENT TERMS and CONDITIONS

1. Ownership and Use of System: Owner is the sole owner and title holder to the "System". The "System" shall mean all hardware (and, except as limited by section 10 below, software) included on the uManage Rental Agreement. Customer agrees to keep the System and associated products free and clear of all liens and claims. Customer agrees that the System and associated products will be used solely for business purposes and not for consumer purposes or personal use and that the Customer's location is a business address.

2. Payment: Monthly payments will begin on the Commencement date. The Customer agrees to pay Owner the base payment which includes the minimum base image allowance when due. The Customer also agrees to pay a charge for each image in excess of the image allowance. The base payment and the charge for overages are as indicated on the first page of this Agreement. If any payment is more than ten days late, the Customer agrees to pay a fee of up to 15% or \$29 (whichever is greater) on the overdue amount, but not to exceed the maximum amount allowed by law. The Customer also agrees to pay \$35 for each check that the bank returns for insufficient funds or any other reason. At the end of the first year of this Agreement, and once each successive twelve month period thereafter, Owner may increase the base payment and the Excess Per Image charges by an amount not to exceed 6% of the then current payment and charges. The Customer's obligation to pay the base payments and its other obligations hereunder is absolute and unconditional and is not subject to cancellation, reduction, setoff or counterclaim. THIS AGREEMENT IS NON-CANCELABLE.

3. Excess Images: Customer will submit true and accurate System meter readings to Owner for the System by the end of the second workday of each billing period in any reasonable manner requested by Owner, including an automated collection system. If Customer fails to submit meter readings, Owner may estimate meters and generate invoicing based upon the estimated meter readings.

4. Term and Transition Billing: This Agreement is binding upon Customer on the date Customer signs the Agreement. The Agreement is effective on the date Customer signs the Delivery and Acceptance ("Effective Date"). The term of the Agreement begins on date designated by us after receipt of all required documentation and acceptance by us ("Commencement Date") and continues for the number of months designated as "Term" on the first page of this Agreement. Customer agrees to pay an interim base payment in the amount of 1/30 of the monthly base payment, for each day from and including the Effective Date until the day preceding the Commencement Date.

5. Upgrade and Downgrade Provision: Owner may review your image volume and, in its discretion, propose options for upgrading or downgrading to accommodate your needs.

6. Taxes and Fees: This is a net agreement. In addition to rent, the Customer agrees to pay all taxes, fees, and filing costs related to the use of the System, even billed after the end of the Agreement. Owner will file property tax returns and bill the Customer as soon as an invoice from the local jurisdiction is received. Owner has the option to estimate any taxes due for the year and bill the Customer monthly in advance on the basis of that estimate. The Customer agrees that if Owner pays any taxes or charges on the Customer's behalf, Customer will reimburse Owner for all such payments and will pay Owner a fee for collecting and administering any taxes, assessments or fees and remitting them to the appropriate authorities. The Customer will indemnify Owner on an after-tax basis against the loss of any tax benefits anticipated at the Commencement Date arising out of the Customer's acts or omissions. Owner may charge Customer a reasonable fee to cover documentation and investigation costs. Any fee charged under this agreement may include a profit.

7. UCC Filing: The Customer authorizes Owner or its assignee to sign any documents in connection with the Uniform Commercial Code ("UCC") on the Customer's behalf. The Customer authorizes Owner to insert the serial number(s) of the System in this Agreement (including any schedules) and in any filings. In order to protect our rights in the System, Customer grants the Owner a security interest in the System if this Agreement is deemed a secured transaction and Customer authorizes Owner to record a UCC-1 financing statement or similar instrument, and appoint Owner as its attorney-in-fact to execute and deliver such instrument, in order to show Owner's interest in the System.

8. Collateral Protection, Liability and Insurance: The Customer is responsible for any damage to or loss of the System and any losses or injury caused by the System. The Customer promises to keep the System fully insured against loss until the Agreement is paid in full and maintain insurance that protects Owner from liability for any damage or injury caused by the System or its use. The Customer promises to provide Owner with evidence of the insurance, showing Owner as the loss payee for the full replacement value of the System and additional insured for public liability and third party property insurance, upon request. If Customer fails to provide such evidence within 30 days after the commencement of this Agreement, Owner has the option, but not the obligation to do as provided in either (A) or (B) as follows, as determined in Owner's discretion: (A) Owner may secure property loss insurance on the System from a carrier of Owner's choosing in such forms and amounts as Owner deems reasonable to protect Owner's interests. If Owner secures insurance on the System, Customer will not be named as an insured party, Customer's interests may not be fully protected, and Customer will reimburse Owner the premium which may be higher than the premium Customer would pay if Customer obtained insurance, and which may result in a profit to Owner through an investment in reinsurance. If Customer is current in all of its obligations under the Agreement at the time of loss, any insurance proceeds received relating to insurance Owner obtains pursuant to this subsection (A) will be applied, at Owner's option, to repair or replace the System, or to pay Owner the remaining payments due or to become due under this Agreement, discounted at 2% per annum; or (B) Owner may charge Customer a monthly damage surcharge of up to .0035 of the System cost as a result of Owner's credit risk and administrative and other costs, as would be further described on a letter from Owner to Customer. We may make a profit on this program. NOTHING IN THIS PROVISION WILL RELIEVE CUSTOMER OF THE RESPONSIBILITY FOR LIABILITY INSURANCE ON THE SYSTEM. Owner may file claims and endorse insurance checks on the Customer's behalf.

9. Indemnity: After installation, Owner is not responsible for any losses or injuries caused by the use or possession of the System. Customer agrees to hold Owner harmless and reimburse Owner for loss and to defend Owner against any claim for losses or injury caused by the System. This indemnity obligation will continue after the termination of this Agreement if the loss or injury occurred during the term of the Agreement. The Customer agrees to reimburse Owner for and defend Owner against any claims, for losses or injuries caused by the System, unless such losses or injuries are caused by the gross negligence or willful misconduct of Owner. IN NO EVENT SHALL OWNER BE RESPONSIBLE FOR ANY CONSEQUENTIAL OR INDIRECT DAMAGES.

10. Maintenance and Care of Owner's System: The Customer agrees to install, use and maintain the System in accordance with the dealer specifications and use only those supplies supplied or approved by UBEQ LLC which meet manufacturer specifications. Customer agrees to maintain the System in good working condition, eligible for manufacturer's certification, normal wear and tear excepted. Maintenance provided by UBEQ LLC is non-cancellable for the term of the agreement for the listed System. Maintenance includes and is limited to: parts repair or replacement and associated labor, for service required as a result of normal wear and tear. Supplies (toner and developer in colors, black, cyan, magenta and yellow) and waste toner bottles are included at no additional charge. Toner usage is based on manufacturer's suggested yields. Excess usage can be billed when suggested yields are exceeded. Throughput materials (paper stocks, staples, etc.) and toner and developer in colors clear, gold, silver and white are NOT included. Work associated with Customer's

Information Technologies not listed on this Agreement, including but not limited to Software, Computers, Data Files and Network is not covered by the Owner, and is billable to Customer. Owner is not responsible for any damage to Customer's Information Technology Systems. Customer is responsible for all Software Agreements and Owner is not a party to any such licensing but will include such software as part of the Agreement. Owner does not own any software and cannot transfer any interest in it to Customer. In Accordance with this agreement, within 10 days of the expiration or earlier termination, for whatever reason, of the Agreement, Customer will deliver the System to Owner in good condition and repair, except for normal wear and tear.

11. Location of System: The Customer will keep the System at the location specified in this Agreement. The Customer must obtain Owner's written permission to move the System. The Customer will allow Owner or its agents to inspect the System at any reasonable time wherever it is located.

12. Assignment: THE CUSTOMER HAS NO RIGHT TO SELL, TRANSFER, ENCUMBER, SUBLET OR ASSIGN THE SYSTEM OR THIS AGREEMENT. Owner may sell, transfer or assign this Agreement without notice and if Owner does, the assignee will have the same rights and benefits Owner has and will not have to perform any of "Owner's" obligations. UBEQ LLC will retain those obligations and Customer agrees that the rights of the assignee will not be subject to any claims, defenses or setoffs the customer may have against the Owner.

13. Warranty Disclaimer: OWNER MAKES NO WARRANTY EXPRESS OR IMPLIED, INCLUDING THAT THE SYSTEM IS FIT FOR A PARTICULAR PURPOSE OR THAT THE SYSTEM IS MERCHANTABILITY. OWNER TRANSFERS TO CUSTOMER ANY WRITTEN WARRANTIES MADE BY THE VARIOUS MANUFACTURERS REPRESENTED IN THIS AGREEMENT. CUSTOMER AGREES CUSTOMER HAS SELECTED THE SUPPLIER AND EACH ITEM OF SYSTEM AND ASSOCIATED PRODUCTS BASED UPON ITS OWN JUDGMENT AND DISCLAIM ANY RELIANCE UPON ANY ORAL STATEMENTS OR REPRESENTATIONS MADE BY OWNERS. CUSTOMER WILL CONTINUE TO MAKE ALL PAYMENTS UNDER THIS AGREEMENT REGARDLESS OF ANY CLAIM OR COMPLAINT AGAINST ANY SUPPLIER, LICENSOR OR MANUFACTURER, AND FAILURE OF A SERVICE PROVIDER TO PROVIDE SERVICES WILL NOT EXCUSE CUSTOMER'S OBLIGATIONS TO OWNER UNDER THIS AGREEMENT.

14. Default and Remedies: The Customer will be in default if any of the following occurs: (i) Customer does not pay any amount under this Agreement or other sum due to Owner or any other entity, (ii) Customer breaches any other term of this Agreement or any other agreement with Owner or any material agreement with any other entity, (iii) Customer or any guarantor dies, dissolves or terminates existence; (iv) Customer makes or has made false statement or misrepresentation to Owner; (v) there has been a material adverse change in Customer or any guarantor's financial, business or operating condition; (vi) any guarantor defaults under any guaranty for this Agreement; (vii) Customer or any guarantor becomes insolvent or unable to pay its debts when due; Customer stops doing business as going concern; Customer merges, consolidates, or transfers all or substantially all of its assets; or (viii) Customer makes an assignment for the benefit of its creditors or voluntarily file or have filed against it an action under any bankruptcy proceedings. If the Customer defaults, Owner can take the following remedies: a) terminate this Agreement; b) require Customer to pay 1) all past due amounts hereunder and 2) all remaining payments for the unexpired term, discounted to present value at a 2% discount rate; c) require Customer to return the System to Owner at the Customer's expense; or d) exercise any other remedy available at law or equity. The Customer promises to pay Owner's reasonable attorney fees and any cost associated with enforcement of this Agreement. Customer also agrees to pay interest on all past due amounts, from the due date, at 1.5% per month. This action will not void the Customer's responsibility to maintain and care for the System, nor will Owner be liable for any action taken on any third party's behalf.

15. Business Agreement and Choice of Law: THE CUSTOMER AGREES THAT THIS AGREEMENT WILL BE GOVERNED UNDER THE APPLICABLE LAW OF THE STATE IN WHICH OWNER (OR, IF ASSIGNED BY OWNER, OWNER'S ASSIGNEE) MAINTAINS ITS PRINCIPAL OFFICES, AND ANY DISPUTE CONCERNING THIS AGREEMENT WILL BE ADJUDICATED IN A FEDERAL OR STATE COURT IN SUCH STATE. OWNER (AND ITS ASSIGNEE) AND CUSTOMER WAIVE THE RIGHT TO A TRIAL BY JURY IN THE EVENT OF A LAWSUIT AND WAIVE ANY RIGHT TO TRANSFER VENUE.

16. Renewal and Return of System: After the Minimum Term, as defined by the Agreement and any written extension thereof, this Agreement will automatically renew on a twelve (12) month basis unless 1) the Customer notifies Owner in writing not less than 90 days prior to the expiration of the Minimum Term or extension of its intention to return the System and 2) the Customer returns the System as provided below. Provided the Customer has given such timely notice, it shall return the System, freight and insurance prepaid, to Owner in good repair condition and working order, ordinary wear and tear excepted, in a manner and to a location designated by Owner. The Customer must pay any additional rents due until the System is received in good working condition by Owner or its agents. Customer is responsible for protecting and removing any confidential data/images stored on the System prior to its return for any reason. Customer may not terminate this Agreement early without Owner's consent.

17. Other Rights: The Customer agrees that Owner's delay, or failure to exercise any rights, does not prevent Owner from exercising them at a later time. If any part of this Agreement is found to be invalid, then it shall not invalidate any of the other parts and the agreement shall be modified to the minimum extent as permitted by law. The terms of this Agreement supersede any related Purchase order.

18. UCC-2A Provisions: Customer waives any and all rights and remedies granted to Customer under Sections 2A-508 through 2A-522 of the UCC and agrees that this Agreement, in the hands of Owner's assignee, is, or shall be treated as, an agreement of the type defined in Section 103(1)(g) of Article 2A of the UCC.

19. Entire Agreement: This Agreement represents the entire Agreement between Owner and the Customer regarding the financing of the System. Neither Owner nor the Customer will be bound by any amendment, waiver, or other change unless agreed to in writing and signed by both parties.

20. MISCELLANEOUS: Any change in any of the terms and conditions of this Agreement must be in writing and signed by Owner. Customer agrees, however, that Owner is authorized, without notice to Customer, to supply missing information or correct obvious errors in this Agreement. A fax or electronically transmitted version of Customer's signature on this Agreement when received by Owner shall be binding upon Customer as if originally signed. The parties agree that this Agreement and any related documents may be authenticated by electronic means. Customer agrees not to raise as a defense to the enforcement of this Agreement or any related documents that Customer executed or authenticated by electronic means. However, this Agreement shall be binding on Owner when signed by Owner. Both Customer and Owner agree that the version of this Agreement with Owner's original signature shall constitute the original authoritative version. Within 30 days after Owner's request, Customer will deliver all requested information (including tax returns) which Owner deems reasonably necessary to determine Customer's current financial condition and faithful performance of the terms hereof.

General Information and Questionnaire
Accounting Basis

Name of Facility Church Home of Hartford, Inc. (DB)	License No. 2103C	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 CliftonLarsonAllen LLP 2 CCRC Actuaries LLC 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, 4th Floor, West Hartford, CT 06107 415 Main St, Reiserstown, MD 21136
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Services Provided by This Firm (*describe fully*)

1 Medicaid and Medicare Cost Report, Annual Audit and Preparation of 990 Tax Return	\$ 26,573
2 Preparation of Actuarial Report	\$ 3,559
3	\$
4	\$
	Charge for Services Provided
	\$ 30,132

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 genral matters	\$ 1,064
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 1,064

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 9/30/2022				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	108	72		36	108	72		36				
B. On last day of THIS report period	122	72		50					122	72		50
2. Number of Residents												
A. As of midnight of PREVIOUS report period	58	37		21	58	37		21				
B. As of midnight of THIS report period	65	46		19					65	46		19
3. Total Number of Days Care Provided During Period												
A. Medicare	3,267	3,267			2,622	2,622			645	645		
B. Medicaid (Conn.)	12,682	5,542		7,140	9,382	4,013		5,369	3,300	1,529		1,771
C. Medicaid (other states)												
D. Private Pay	4,937	3,602		1,335	3,700	2,716		984	1,237	886		351
E. State SSI for RCH												
F. Other (Specify) CCRC / Insurance	8,587	8,222		365	6,339	6,066		273	2,248	2,156		92
G. Total Care Days During Period (3A thru F)	29,473	20,633		8,840	22,043	15,417		6,626	7,430	5,216		2,214
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	232			232	151			151	81			81
B. Other Bed Reserve Days	128	105		23	48	38		10	80	67		13
5. Total Resident Days (3G + 4A + 4B)	29,833	20,738		9,095	22,242	15,455		6,787	7,591	5,283		2,308

Schedule of Resident Statistics (Cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)			License No. 2103C			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input 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)				
Retro. to 10/1/2019			X						14			50	CON Approval
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		CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents	5		17		24		1	18					
Per Diem Rate													
a. One bed rm.	PPS		294.69		586.00		184.00-337.00	170.40					
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									3,440	3,440			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									16,557	16,557			
D. Total Physical Therapy Treatments									19,997	19,997			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									500	500			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									2,205	2,205			
D. Total Speech Therapy Treatments									2,705	2,705			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									5,465	5,465			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other									15,744	15,744			
D. Total Occupational Therapy Treatments									21,209	21,209			

Report of Expenditures - Salaries & Wages

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2022	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)	86,719	491			14,703	83
2. Administrator(s) (Complete also Sec. III of Schedule A1)	95,111	1,275			29,062	389
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	39,766	1,400			90,357	3,039
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	594,978	34,303			262,135	15,269
6. Housekeeping Service						
a. Head Housekeeper	20,610	547			53,298	3,195
b. Other Housekeeping Workers	221,529	13,880			56,717	3,513
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	23,318	279			7,125	85
b. Other Maintenance Workers	97,438	3,657			29,773	1,117
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	44,260	2,625			43,736	2,635
9. Barber and Beautician Services						
10. Protective Services	89,445	4,726			27,330	1,444
11. Accounting Services						
a. Head Accountant						
b. Other Accountants	114,359	2,441			19,390	414
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	132,315	2,167			52,357	1,415
b. RN						
1. Direct Care	933,212	20,429			17,763	411
2. Administrative**	315,582	6,576			15,423	321
c. LPN						
1. Direct Care	309,911	8,375			107,936	3,372
2. Administrative**						
d. Aides and Attendants	1,519,991	66,645			499,404	24,948
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	82,086	3,191			98,384	4,493
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	65,660	1,983			3,209	97
n. Marketing						
o. Other (Specify) See Attached Schedule	275,546	8,945			39,181	1,427
<i>A-13. Total Salary Expenditures</i>	5,061,836	183,935			1,467,282	67,667

* 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
Information Technology	\$ 41,447	953			\$ 7,027	162
Human Resources	\$ 63,959	1,464			\$ 10,845	248
Scheduler - Skilled	\$ 44,174	2,011				
Medical Records - Skilled	\$ 62,261	2,071				
Chaplain & Holistic Medicine	\$ 63,705	2,446			\$ 3,113	120
Medical Records & Scheduler					\$ 18,196	897
Total	\$ 275,546	8,945	\$ -	-	\$ 39,181	1,427

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	9/30/2022			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										
Renee Bernasconi	86,719		14,703	Vehicle and Deferred Compensation	Responsible for all operations of facilities	574	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	9/30/2022			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***										
Jacob Bompastore	95,111		29,062	Nondiscretionary	Administrator	1,664	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	9/30/2022	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	39,991	849			1,954	42
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	8,584	70			420	3
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	48,575	919			2,374	45

* 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 9/30/2022	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Sheri Lane	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Susan Green	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Hartford Healthcare	Medical Director	<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"/>			
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		<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	9/30/2022		15	37
Item	Total	CCNH	RHNS	Residential Care Home	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 112,412	77,876			34,536
2. Disability Insurance	\$ 4,351				4,351
3. Unemployment Insurance	\$ 32,029	22,188			9,841
4. Social Security (F.I.C.A.)	\$ 476,983	368,239			108,744
5. Health Insurance	\$ 826,675	576,448			250,227
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,088				1,088
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 188,898	170,040			18,858
8. Uniform Allowance	\$ 1,449	1,304			145
9. Other (<i>Specify</i>) See Attached Schedule	\$ 1,260	1,134			126
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$ 5,656	4,836			820
c. Bad Debts*	\$ 9,644	7,682			1,962
d. Accounting and Auditing	\$ 30,132	25,764			4,368
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 1,064	910			154
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 37,176	29,952			7,224
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 670	573			97
2. Cellular Phones	\$ 4,338	2,293			2,045
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	\$ 1,733,825	1,289,239			444,586

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Employee Physicals	\$ 1,134		\$ 126
Total	\$ 1,134	\$ -	\$ 126

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2022		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<i>Subtotals Brought Forward:</i>	1,733,825	1,289,239		444,586	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$	5,111	4,370	741	
4. Employee Travel	\$	8,506	7,273	1,233	
5. Education Expenses Related to Seminars and Conventions	\$	7,752	6,628	1,124	
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>)	\$	6,938	5,932	1,006	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	3,358	2,689	669	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	10,398	8,891	1,507	
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>)	\$	60,024	45,912	14,112	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$	147,397	123,765	23,631	
<i>C-14 Total Administrative & General Expenditures</i>	\$	1,983,309	1,494,699	488,609	

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Leading Age Connecticut	\$ 8,891		\$ 1,507
Total Dues	\$ 8,891	\$ -	\$ 1,507

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	\$ 3,858		\$ 2,877
Supplies	\$ 6,338		\$ 1,498
Communication Systems - Disallowed	\$ 46,694		\$ 7,917
Bank Fees - Disallowed	\$ 4,940		\$ 838
Fire/ Safety Alarm System	\$ 41,549		\$ 7,045
Disaster Recovery Expenses	\$ 19,447		\$ 3,297
General Expenses	\$ 939		\$ 159
Total Other Administrative and General	\$ 123,765	\$ -	\$ 23,631

Schedule C-1 - Management Services*

Name of Facility Church Home of Hartford, Inc. (DBA Seal	License No. 2103C	Report for Year Ended 9/30/2022	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

*** 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	9/30/2022		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 466,588	343,371			123,217
2.	Non-Food Supplies	\$ 53,996	42,131			11,865
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>)		\$				
c. Other (<i>Specify</i>) _____ Food Uniforms and Miscellaneous		\$ 12,976	7,884			5,092
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 533,560	393,386			140,174
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 9/30/2022		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. \$	1,523	1,420			103
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$					
c. Other (<i>Specify</i>) Laundry Supplies & Other	\$	18,740	15,521			3,219
3D. Total Laundry Expenditures (3a + b + c)	\$	20,263	16,941			3,322
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	9/30/2022		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. \$	32,339	13,434		18,905
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)	\$	32,339	13,434		18,905
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	44,435	42,365		2,070
c.	Medical and Therapeutic Supplies	\$	29,476	17,678		11,798
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	\$	38,121	19,713		18,408
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	137,773	125,314		12,459
5M.	Total Resident Care Expenditures (5a - 5j)	\$	249,805	205,070		44,735

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Worship Materials & Supplies	\$ 769		\$ 38
Contract Cleaning Services			\$ 2,833
Supplies (Non-Medical)	\$ 4,925		\$ 241
Medical Supplies - Non-billable	\$ 97,402		
Nutrition Supplies - Billable - Disallowed	\$ 22,218		\$ 1,086
Activities Expense			\$ 8,261
Total Other Resident Care	\$ 125,314	\$ -	\$ 12,459

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 9/30/2022			Page of 21 37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
Property Management Plus	Bloomfield, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	21,292		6,506	22	6f
Infinity Group	Hartford, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Constuction Services	20,715		6,330	22	6a
Schindler Elevator Corporation	PO Box 93050, Chicago, IL 60673	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Elevator Maintenance	11,091		3,389	22	6a
Custom Exterior Landscape	762 N. Mountain Road, Newington CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	38,754		11,841	22	6f
USA Hauling and Recylcing	PO Box 1000, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	20,962		6,405	22	6f
Salon PS Connecticut LLC	2075, Cleveland OH 44113	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Salon Services	9,611		2,937	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"/>							
		<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	9/30/2022			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 75,898	57,548			18,350	
b. Heat	\$ 60,651	37,111			23,540	
c. Light & Power	\$ 260,973	184,434			76,539	
d. Water	\$ 56,133	40,884			15,249	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 5,540	3,989			1,551	
f. Other (<i>itemize</i>)	\$ 134,140	92,222			41,918	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 593,335	416,188			177,147	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 1,276,851	875,221			401,630	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 600,328	431,288			169,040	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 1,877,179	1,306,509			570,670	
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)	\$ 1,877,179	1,306,509			570,670	

* 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	\$ 2,456		\$ 1,789
Trash Removal	\$ 22,006		\$ 10,319
Snow Removal	\$ 21,394		\$ 6,537
Water Treatment	\$ 2,009		\$ 614
Mechanical System - HVAC	\$ 7,847		\$ 2,398
Contracted Professional Services	\$ 33,913		\$ 10,362
Small Equipment Expense	\$ 424		\$ 3,248
Tools	\$ 2,173		\$ 664
Meadows Unit Refurbishing			\$ 2,854
Meadows Commons Refurbishing			\$ 1,726
Cable Services - Disallowed			\$ 954
Maintenance Supplies			\$ 453
Total Other Repairs and Maintenance	\$ 92,222	\$ -	\$ 41,918

Depreciation Schedule

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		License No. 2103C		Report for Year Ended 9/30/2022			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		158,069,353		158,069,353	34,849,505	SL	VAR	1,260,074					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		1,568,544		1,568,544		SL	VAR	16,777					
B-4. Subtotal									1,276,851				
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				123,800		123,800	27,668	SL	VAR	4,364	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						11,404,357		11,404,357	3,121,506	SL	VAR	575,872	
b. Disposals (attach schedule)						(462,208)		(462,208)	(314,000)	SL	VAR	19,326	
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident						29,670		29,670		SL	VAR	766	
e. Specialized Resident													
Total Acquired during this report period						29,670		29,670		SL	VAR	766	
D-3. Subtotal													600,328
E. Total Depreciation													1,877,179

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	\$ 1,568,544		\$ 16,777
Total additions for Building Improvements		\$ 1,568,544		\$ 16,777
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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
	See attached schedules (pages 23a-23c); allowable depreciation only	Standard Resident	\$ 29,670		\$ 766
Total additions for Movable Equipment			\$ 29,670		\$ 766
Deletions:					
9/30/2022	Hardware - WIFI Cottages		\$ (13,996)		
9/30/2022	MIS Office Equipment		\$ (1,376)		\$ 69
9/30/2022	Kronos Clocks (Model 4500)		\$ (11,657)		
9/30/2022	HP Wireless Devices		\$ (4,060)		
9/30/2022	Lenovo Laptops		\$ (1,607)		
9/30/2022	Lenovo Laptops		\$ (5,002)		
9/30/2022	Computers and Accessories		\$ (4,463)		
9/30/2022	Wifi Equipment Installation		\$ (1,474)		
9/30/2022	Computer Equipment		\$ (2,414)		
9/30/2022	Computer Equipment		\$ (902)		
9/30/2022	Easy Lobby System		\$ (6,766)		
9/30/2022	2 Laptop Computers		\$ (1,644)		
9/30/2022	Dell Optiplex Computers		\$ (625)		
9/30/2022	Laptop Computer		\$ (753)		
9/30/2022	Laptop Computers		\$ (2,067)		
9/30/2022	Laptop		\$ (648)		
9/30/2022	2 ThinkPad T440		\$ (1,849)		
9/30/2022	Lenovo Computer		\$ (759)		
9/30/2022	10 Lenovo Thinkcentre M53		\$ (2,708)		
9/30/2022	5 laptops		\$ (1,500)		
9/30/2022	7 HP Network Switches		\$ (3,032)		
9/30/2022	TVs and Internet - ESCO Lease		\$ (370,177)		\$ 18,509
9/30/2022	Computers/VGA Adapters		\$ (1,319)		\$ 132
9/30/2022	Laptop		\$ (990)		\$ 99
9/30/2022	Think Pad		\$ (1,319)		\$ 132
9/30/2022	5 Lenovo Laptops		\$ (2,293)		\$ 229
9/30/2022	Laptop		\$ (1,554)		\$ 156
9/30/2022	110 X windows 2016 RDS		\$ (12,884)		
9/30/2022	Refurbished Lenovo M90		\$ (2,370)		
Total deletions for Movable Equipment			\$ (462,208)		\$ 19,326

*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
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 review of fixed asset 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	70,150
RCH Allowable	28,094
Unallowable	1,436,992
	<u>1,535,236</u>

Meadows

RCH Allowable	8,040	14/58
Unallowable	25,268	44/58
	<u>33,308</u>	

Total Building and Building Improvements 1,568,544

Moveable Equipment

Seabury (see Page 23b)

SNF Allowable	-
RCH Allowable	-
Unallowable	29,670
	<u>29,670</u>

Meadows - None in 2022

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

Total Moveable Equipment 29,670

Total Property Additions Summary

Total Building Improvements Additions After Allocation:

Useful life	SNF	HFA	O	Total	
20	1,110	339	4,750	6,200	I/A/S, All, and Other Allocated
20	-	-	11,939	11,939	Direct Independent
Total 20 yr life	1,110	339	16,689	18,139	
15	12,686	3,876	54,266	70,828	I/A/S, All, and Other Allocated
15	-	-	21,700	21,700	Direct Skilled
Total 15 yr life	12,686	3,876	75,966	92,528	
10	-	-	1,026,099	1,026,099	Direct Independent
10	-	2,373	3,127	5,500	Assisted
10	40,683	12,431	174,031	227,145	I/A/S, All, and Other Allocated
Total 10 yr life	40,683	14,803	1,203,258	1,258,744	
8	29,700	9,075	127,050	165,825	I/A/S, All, and Other Allocated
Total	84,179	28,094	1,422,963	1,535,236	

Total Other Additions After Allocation:

Useful life	SNF	HFA	O	Total	
5	-	-	6,535	6,535	Independent
10	-	-	23,135	23,135	Independent
Total	-	-	29,670	29,670	
Total additions	84,179	28,094	1,452,633	1,564,906	

Disallowance calculation for 12 SNF beds not eligible for reimbursement:

Building Additions:

Total 20 year life	1,110	16.67%	185	
Total 15 year life	12,686	16.67%	2,114	
Total 10 year life	40,683	16.67%	6,780	
Total 8 year life	29,700	16.67%	4,950	
	84,179		14,029	Total Transfer Out

Total Building Improvement Additions after Disallowances:

	SNF	HFA	O	Total
Total 20 year life	925	339	16,874	18,139
Total 15 year life	10,572	3,876	78,080	92,528
Total 10 year life	33,903	14,803	1,210,038	1,258,744
Total 8 year life	24,750	9,075	132,000	165,825
	70,150	28,094	1,436,992	1,535,236

Total Other Additions after Disallowances:

	SNF	HFA	O	Total
Total 5 year life	-	-	6,535	6,535
Total 10 year life	-	-	23,135	23,135
	-	-	29,670	29,670
Total Additions	70,150	28,094	1,466,662	1,564,906

Total Meadows Building Improvement Additions:

	SNF	HFA	O	Total
Total 15 year life	-	12,470	15,438	27,908
Total 10 year life	-	2,413	2,987	5,400
	-	14,883	18,425	33,308

BUILDING IMPROVEMENT ADDITIONS

Date	Description	Cost	Level	Life
10/31/2021	Unit 334 refurbishment	5,500.00	ALF	10
12/31/2021	Parking lot paving - asphalt	15,550.00	All	8
12/31/2021	Catch basin/paving - asphalt	7,800.00	All	8
6/30/2022	Paving - parking lot #2 and sidewalk	63,875.00	All	8
11/1/2021	Sidewalk	9,257.00	All	15
4/30/2022	Sidewalk - lower meadows	16,578.00	All	15
5/31/2022	Paving - loop road	78,600.00	All	8
5/31/2022	Paving - upper and lower meadows	8,450.00	All	15
9/30/2022	Paving - area A	6,000.00	All	10
9/30/2022	Drainage stabilization project	62,320.00	All	10
11/30/2021	Vinyl siding - main entrance	95,979.00	All	10
6/30/2022	Front deck	23,650.00	All	10
6/30/2022	MDR railing	7,700.00	All	10
7/31/2022	EIF main entry canopy	36,543.00	All	15
7/31/2022	Seating area	6,860.00	All	10
8/31/2022	Boiler	6,200.00	All	20
8/31/2022	Courtyard gutters	8,136.00	All	10
9/30/2022	Game room renovation	16,500.00	All	10
11/1/2021	Patio and walkway - cottage 322	21,700.00	ILU	15
10/31/2021	Unit 4219 refurbishment	5,857.00	ILU	10
10/31/2021	Unit 5176 refurbishment	15,978.00	ILU	10
10/31/2021	Unit 3142 refurbishment	9,596.00	ILU	10
10/31/2021	Siding - cottages 324/326	27,930.00	ILU	10
10/31/2021	Cottage 112 refurbishment	5,014.00	ILU	10
12/31/2021	Chimney cap - west wing	6,400.00	ILU	10
12/31/2021	Shingles - west wing	40,000.00	ILU	10
12/31/2021	Unit 1106 refurbishment	35,000.00	ILU	10
12/31/2021	Unit 4206 refurbishment	31,101.00	ILU	10
1/31/2022	Corian tops (4) - west wing	5,900.00	ILU	10
2/28/2022	Unit 4211 refurbishment	32,274.00	ILU	10
3/31/2022	Unit 5206 refurbishment	31,067.00	ILU	10
3/31/2022	Unit 3152 refurbishment	9,152.00	ILU	10
3/31/2022	Cottage 307 refurbishment	13,000.00	ILU	10
4/30/2022	Unit 4146 refurbishment	30,109.00	ILU	10
4/30/2022	Cottage 333 refurbishment	9,430.00	ILU	10
4/30/2022	Unit 3165 refurbishment	75,898.00	ILU	10
5/31/2022	Roofing - west wing phase III	58,000.00	ILU	10
5/31/2022	Roofing - west wing low roofs	23,000.00	ILU	10
5/31/2022	Siding - east wing north elevation	46,955.00	ILU	10
5/31/2022	Unit 3191 refurbishment	36,432.00	ILU	10
6/30/2022	Garage door (#45)	34,821.00	ILU	10
6/30/2022	South wing outdoor air controller	8,349.00	ILU	10
6/30/2022	South wing hot water tank	11,939.00	ILU	20
7/31/2022	Cottage 322 refurbishment	104,086.00	ILU	10
7/31/2022	Unit 5217 refurbishment	19,805.00	ILU	10
7/31/2022	Cottage 323 refurbishment	16,698.00	ILU	10
8/31/2022	Unit 2124 refurbishment	31,314.00	ILU	10
8/31/2022	Unit 6224 refurbishment	16,861.00	ILU	10
8/31/2022	Unit 5222 refurbishment	5,969.00	ILU	10
8/31/2022	Cottage 307 refurbishment	16,090.00	ILU	10
8/31/2022	Unit 3134 refurbishment	43,776.00	ILU	10
9/30/2022	Cottage 325/327/329/331 windows	82,264.00	ILU	10
9/30/2022	West wing seating area	6,860.00	ILU	10
9/30/2022	Cottage 335 refurbishment	50,266.00	ILU	10
9/30/2022	Cottage 102 refurbishment	15,817.00	ILU	10
9/30/2022	Unit 6215 refurbishment	25,030.00	ILU	10
TOTAL ADDITIONS		1,535,236		

Totals:			
All	469,998	1	
Other	-	1	
Other Direct	-		Direct
Skilled	-		Direct
Assisted	5,500		Assisted
Independent	1,059,738		Direct
	<u>1,535,236</u>		

/A/S, All and Other Allocation Breakout (Sum of 1)						
Useful life	SNF	HFA	O	Total		
5	-	-	-	0		
8	29,700	9,075	127,050	165,825		
10	40,683	12,431	174,031	227,145		
15	12,686	3,876	54,266	70,828		
20	1,110	339	4,750	6,200		
					SNF HFA Other	
Allocation By Living units (method 3):				17.91%	5.47%	76.62%

Assisted Allocation Breakout						
Useful life	SNF	HFA	O	Total		
10	-	2,373	3,127	5,500		
					SNF HFA Other	
Allocation By Assisted Living Units (22/51):				0.00%	43%	57%

HFA CON Limit	2,000,000
Less FY18 CON Additions	(801,485)
Remaining CON as of 10/1/18	1,198,515
FY19 CON Additions	(426,920) Fully Allowable as part of the CON
Remaining CON as of 10/1/19	771,595
FY20 CON Additions	(272,861) Fully Allowable as part of the CON
Remaining CON as of 10/1/20	498,734
FY21 CON Additions	(8,645) Fully Allowable as part of the CON
Remaining CON as of 10/1/21	490,089
FY22 CON Additions	(25,721) Fully Allowable as part of the CON
Remaining CON as of 10/1/22	464,368

FURNITURE/EQUIPMENT COMPUTER ADDITIONS

Date	Description	Cost	Level	Life
	None in 2022			

FURNITURE/EQUIPMENT OTHER ADDITIONS

Date	Description	Cost	Level	Life
7/31/2022	CATIE TV system	6,535.00	ILU	5
8/31/2022	Sara system	10,964.00	ILU	10
2/28/2022	Heated holding cabinets - 2	6,307.00	ILU	10
3/31/2022	Six burner stove	<u>5,864.00</u>	ILU	10
		29,670.00		

Totals:	
All	- 1
Skilled/ Assisted	- 1
Independent	<u>29,670</u> Direct
	29,670

I/A/S, All and Other Allocation Breakout (Includes all 1's)				
Useful life	SNF	HFA	O	Total
5	-	-	-	-
10	-	-	-	-
				<u>SNF</u> <u>HFA</u> <u>Other</u>
Allocation By Living units:				17.91% 5.47% 76.62%

Direct by Level Allocation Breakout				
Useful life	SNF	HFA	O	Total
5	-	-	6,535	6,535 Independent
10	-	-	23,135	23,135 Independent

Total Other Additions After Allocation				
Useful life	SNF	HFA	O	
5	-	-	6,535	Independent
10	-	-	-	I/A/S, All, and Other Allocated
10	-	-	23,135	Independent
20	-	-	-	I/A/S, All, and Other Allocated
Total 10 yr life	-	-	<u>23,135</u>	
Total Additions	-	-	29,670	

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

Building Improvements

DATE	DESCRIPTION	LIFE	AMOUNT
12/31/2021	HVAC rooftop units	15	21,118
2/28/2022	Heaters	10	5,400
5/31/2022	HVAC rooftop units	15	6,790
			33,308

Meadows Allocation Breakout - Building Improvements				
Useful life	SNF	HFA	O	Total
5	-	-	-	-
10	-	2,413	2,987	5,400
15	-	12,470	15,438	27,908
25	-	-	-	-
	-	14,883	18,425	33,308
Allocation By Census Days:				
	SNF	HFA	Other	
	0.00%	44.68%	55.32%	

Furniture/Equipment

DATE	DESCRIPTION	LIFE	AMOUNT
	None in 2022		

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	1,276,851
Total Phase A Depreciation - Unallowable	494,232

Seabury - Depreciation on Assets Acquired in CY:	55,355
Allocation using Method 14	<u>30%</u>
Total Allowable Related to Assets Acquired in CY	16,566

Meadows - Depreciation on Assets Acquired in CY:	471
Includable Cost Allocation Basis	<u>45%</u>
Total Allowable Related to Assets Acquired in CY	210

Total Depreciation Related to Assets Acquired in CY	16,777
Total Phase A Depreciation Related to Assets Acquired in PY	<u>494,232</u>

Depreciation Related to Assets Acquired in Prior Years	<u><u>1,260,074</u></u>
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Moveable Equipment

Total Depreciation Allowable	600,328
Total Phase A Depreciation - Unallowable	182,531

Seabury - Depreciation on Assets Acquired in CY:	983
Allocation using Method 14	<u>30%</u>
Total Allowable Related to Assets Acquired in CY	294

Meadows - Depreciation on Assets Acquired in CY:	1,057
Includable Cost Allocation Basis	<u>45%</u>
Total Allowable Related to Assets Acquired in CY	472

Total Depreciation Related to Assets Acquired in CY	766
Total Phase A Depreciation Related to Assets Acquired in PY	<u>182,531</u>

Depreciation Related to Assets Acquired in Prior Years	<u><u>599,562</u></u>
--	-----------------------

	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	60 22%	22 8%	192 70%	
2012										
Building										
10 Year	192,771	14,371	510,132	717,274	19,277	1,437	51,013	15,707	5,759	50,262
Equipment										
10 Year	13,146	26,686	90,313	130,145	1,315	2,669	9,031	2,850	1,045	9,120
15 Year	1,086	398	9,182	10,666	72	27	612	156	57	498
Total Assets	385,727	43,719	651,261	1,080,707	32,535	4,273	63,159	21,891	8,027	70,050
Building					19,277	1,437	51,013	15,707	5,759	50,262
Movable					13,257	2,836	12,146	6,184	2,267	19,788
Disallowance										
Building					(3,570)	4,322				
Movable					(7,074)	(569)				
2012 -Vehicle disallowance										
					Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
Total Vehicles in fleet as of 9/30/12	7				SNF	HFA	Other	SNF	HFA	Other
Vehicle with highest depreciation (Ford Bus)-2012	13,751		Per allocation template		3,011	1,104	9,636	5,119	1,877	16,382
Total 2012 Vehicle Depreciation	23,378		Disallowance		2,108	773				
Total Unallowed Amount	-9,627									

	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	60 22%	22 8%	192 70%	
2013										
Building										
10 Year	21,226	71,084	1,532,656	1,624,966	2,123	7,108	153,266	35,583	13,047	113,866
Equipment										
10 Year	15,560	975	12,061	28,596	1,556	97.50	1,206.10	626	230	2,004
15 Year	14,558	2,039	27,832	44,429	970.53	135.93	1,855.47	649	238	2,076
Total Assets	437,071	117,817	2,223,810	2,778,698	37,184	11,615	219,486	58,748	21,541	187,995
Building					21,400	8,546	204,279	51,290	18,806	164,128
Movable					15,784	3,070	15,207	7,459	2,735	23,867
Disallowance										
Building					29,890	10,261				
Movable					(8,325)	(335)				
2013 -Vehicle disallowance										
					Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
Total Vehicles in fleet as of 9/30/13	9				SNF	HFA	Other	SNF	HFA	Other
Vehicle with highest depreciation (Ford Lift Van)-2013	7,884		Per allocation template		-	-	-			
Total 2013 Vehicle Depreciation	31,327		Disallowance		-	-				
Total Unallowed Amount	-23,443									

	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	60 22%	22 8%	192 70%	
2014										
Building										
10 Year	258,184	106,325	1,575,981	1,940,490	25,818	10,633	157,598	42,492	15,581	135,976
Equipment										
8 Year	3,348	1,228	13,449	18,025	419	154	1,681	493	181	1,579
10 Year	42,419	6,278	77,025	125,722	4,242	628	7,703	2,753	1,009	8,810
15 Year	28,722	430	4,713	33,865	1,915	29	314	494	181	1,582
20 Year	16,388	6,009	65,827	88,224	819	300	3,291	966	354	3,091
Total Assets	786,132	238,087	3,960,805	4,985,024	70,397	23,358	390,073	105,948	38,847	339,033
Building					47,218	19,178	361,877	93,782	34,387	300,104
Movable					23,179	4,180	28,196	12,165	4,461	38,929
Disallowance										
Building					46,564	15,209				
Movable					(11,013)	281				

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

		Asset Value			Depreciation Allowed			Depreciation Taken		
		SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other
								60	22	192
								22%	8%	70%
2018		SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other
Building										
5 Year		-	2,338	7,463	-	468	1,493	429	157	1,374
10 Year		46,079	12,164	840,618	4,608	1,216	84,062	19,683	7,217	62,986
20 Year		2,573,771	631,958	12,211,221	128,689	31,598	610,561	168,799	61,893	540,156
25 Year		308,328	218,012	55,167,892	12,333	8,720	2,206,716	487,833	178,872	1,561,065
Equipment										
5 Year		14,168	45,556	255,438	2,834	9,111	51,088	13,803	5,061	44,169
10 Year		12,955	15,589	360,121	1,296	1,559	36,012	8,511	3,121	27,235
12 Year		-	2,354	7,400	-	196	617	178	65	570
15 Year		-	159,885	998,044	-	10,659	66,536	16,904	6,198	54,093
20 Year		-	2,148	6,752	-	107	338	97	36	312
25 Year		53	213	107,586	2	9	4,303	945	346	3,023
Total Assets		4,790,466	1,753,285	80,773,876	307,165	122,762	4,064,211	984,118	360,843	3,149,177
FY18 Additions		2,955,354	1,090,217	69,962,535						
Building					234,274	80,461	3,703,463	879,897	322,629	2,815,671
Movable					72,892	42,302	360,748	104,221	38,214	333,506
Disallowance										
Building					645,623	242,168				
Movable					31,329	(4,087)				

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

A CLA 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	192
								22%	8%	70%
2019		SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other
Building										
10 Year		61,890	426,599	1,576,915	6,189	42,660	157,692	45,228	16,584	144,729
20 Year		877	322	4,677	44	16	234	64	24	206
Equipment										
3 Year		775	284	4,132	258	95	1,377	379	139	1,212
4 Year		8,705	3,192	46,428	2,176	798	11,607	3,193	1,171	10,218
8 Year		1,994	731	10,636	249,25	91	1,330	366	134	1,170
10 Year		10,695	3,922	12,828	1,070	392	1,283	601	220	1,923
Total Assets		4,875,402	2,188,335	82,429,492	317,152	166,815	4,237,733	1,033,949	379,115	3,308,636
FY19 Additions		84,936	435,050	1,655,616						
Building					240,507	123,137	3,861,388	925,189	339,236	2,960,606
Movable					76,645	43,678	376,345	108,759	39,878	348,030
Disallowance										
Building					684,683	216,099				
Movable					32,114	(3,799)				

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

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

	Asset Value			Depreciation Allowed			Depreciation Taken		
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other
							60 22%	22 8%	192 70%
2020									
Building									
10 Year	9,881	271,480	1,187,710	988	27,148	118,771	32,169	11,795	102,942
8 Year	4,522	1,382	19,346	565	173	2,418	691	253	2,212
Equipment									
3 Year	15,002	4,584	64,174	5,001	1,528	21,391	6,114	2,242	19,564
5 Year	-	-	7,585	-	-	1,517	332	122	1,063
10 Year	12,667	3,870	56,542	1,267	387	5,654	1,600	587	5,121
Total Assets	4,917,474	2,469,651	83,764,849	324,972	196,050	4,387,485	1,074,856	394,114	3,439,538
FY20 Additions	42,072	281,316	1,335,357						
Building				242,060	150,458	3,982,577	958,050	351,285	3,065,760
Movable				82,912	45,593	404,907	116,806	42,829	373,778
Disallowance									
Building				715,990	200,827	Page 29/29a - Line 48			
Movable				33,893	(2,764)	Page 29/29a - Line 35			
				2020 -Vehicle disallowance					
Total Vehicles in fleet as of 9/30/20	9			Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
Vehicle with highest depreciation	14,581 A		Per allocation template	SNF	HFA	Other	SNF	HFA	Other
Total 2020 Vehicle Depreciation	18,192		Disallowance	3,194	1,171	10,218	3,985	1,461	12,748
Total Unallowed Amount	-3,611			791	290	Page 29/29a - Line 35			
				34,684	(2,474)	Total Page 29/29a - Line 35			

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

	Asset Value			Depreciation Allowed			Depreciation Taken		
	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other
							60 22%	22 8%	192 70%
2021									
Building									
8 Year	6,623	2,428	35,324	828	304	4,416	1,215	445	3,887
10 Year	44,269	5,328	905,539	4,427	533	90,554	20,915	7,669	66,929
15 year	2,422	888	12,921	161	59	861	237	87	758
10 Year - Meadows	-	11,703	36,780	-	1,170	3,678	1,062	389	3,397
15 Year - Meadows	-	28,188	88,592	-	1,879	5,906	1,705	625	5,455
Equipment									
5 Year			15,030	-	-	3,006	658	241	2,106
10 Year	879	322	4,687	88	32	469	129	47	413
20 Year	3,172	1,163	16,915	159	58	846	233	85	745
Total Assets	4,974,839	2,519,671	84,880,637	330,635	200,086	4,497,220	1,101,009	403,703	3,523,229
FY21 Additions	57,365	50,020	1,115,788						
Building				247,476	154,403	4,087,992	983,183	360,501	3,146,187
Movable				83,159	45,683	409,228	117,825	43,203	377,042
Disallowance									
Building				735,707	206,098	Page 29/29a - Line 48			
Movable				34,667	(2,480)	Page 29/29a - Line 35			
				2021 -Vehicle disallowance					
Total Vehicles in fleet as of 9/30/21	8			Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
Vehicle with highest depreciation	14,581 A		Per allocation template	SNF	HFA	Other	SNF	HFA	Other
Total 2021 Vehicle Depreciation	16,387		Disallowance	3,546	1,300	11,343	3,985	1,461	12,748
Total Unallowed Amount	-1,806			439	161	Page 29/29a - Line 35			
				35,106	(2,319)	Total Page 29/29a - Line 35			

A

	Asset Value			Depreciation Allowed			Depreciation Taken			
	SNF	HFA	Other	SNF	HFA	Other	60 22%	22 8%	192 70%	
2022										
Building										
8 Year	24,750	9,075	132,000	165,825	1,547	567	8,250	2,270	832	7,262
10 Year	33,903	14,803	1,210,038	1,258,744	1,695	740	60,502	13,782	5,053	44,102
15 year	10,572	3,876	78,080	92,528	352	129	2,603	675	248	2,161
20 year	925	339	16,874	18,138	23	8	422	99	36	318
10 Year - Meadows	-	2,413	2,987	5,400	-	121	149	59	22	189
15 Year - Meadows	-	12,470	15,438	27,908	-	416	515	204	75	652
Equipment										
5 Year	-	-	6,535	6,535	-	-	654	143	52	458
10 Year	-	-	23,135	23,135	-	-	1,157	253	93	811
Total Assets	5,044,989	2,562,647	86,365,724	93,973,360	334,253	202,067	4,571,471	1,118,494	410,115	3,579,182
FY22 Additions	70,150	42,976	1,485,087	1,598,213						
Building					251,094	156,384	4,160,433	1,000,272	366,767	3,200,872
Movable					83,159	45,683	411,038	118,222	43,348	378,310
Disallowance										
Building					749,179	210,383	Page 29/29a - Line 48			
Movable					35,063	(2,335)	Page 29/29a - Line 35			
					2022 -Vehicle disallowance					
					Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
Total Vehicles in fleet as of 9/30/22	6				SNF	HFA	Other	SNF	HFA	Other
Vehicle with highest depreciation	14,581 A		Per allocation template		3,193	1,171	10,218	3,193	1,171	10,218
Total 2022 Vehicle Depreciation	14,581		Disallowance		-	-	Page 29/29a - Line 35			
Total Unallowed Amount	0				35,063	(2,335)	Total Page 29/29a - Line 35			

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

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)			2103C		9/30/2022			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 9/30/2022	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	4th 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	72,265,000		
f. Principal balance outstanding as of 9/30/2022		27,345,000	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	9/30/2022			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 404,126	309,543			94,583	
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)		\$ 404,126	309,543			94,583	

(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		9/30/2022		27	37
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:				404,126	309,543		94,583
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)				\$ 404,126	309,543		94,583
14. Insurance							
a. Insurance on Property (buildings only)				\$ 45,386	27,988		17,398
b. Insurance on Automobiles				\$ 4,930	3,776		1,154
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$ 22,307	9,903		12,404
2. Fire and Extended Coverage				\$ 32,148	14,330		17,818
3. Other (Specify) Directors & Crime				\$ 10,291	6,767		3,524
14d. Total Insurance Expenditures (14a + b + c)				\$ 115,062	62,764		52,298
15. Total All Expenditures (A-13 thru C-14)				\$ 12,389,045	9,328,945		3,060,099

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	9/30/2022	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	\$ 189,377	86,136		103,240
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 1,323	903		420
Pages 15 & 16 - Administrative and General							
8.	15	1B	Discriminatory Benefits	\$ 5,656	4,836		820
9.	15	1C	Bad Debts	\$ 9,644	7,682		1,962
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
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)	\$ 4,930	3,776		1,154
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 111,626	81,932		29,694
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 661			661
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)				\$ 323,217	185,266		137,951

* 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			\$ 42,574
10	12c	LPN - Direct Care - Disallow to reduce LPN down to Aide Cost			\$ 40,432
10	A1	CEO Salary over Cap	\$ 44,743		\$ 7,586
10	A2	Administrator Salary over Cap	\$ 41,393		\$ 12,648
Total Other Salaries Adjustment			\$ 86,136	\$ -	\$ 103,240

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
13	8a	Medical Director	\$ 903		\$ 420
Total Other Fees Adjustments			\$ 903	\$ -	\$ 420

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15	1a	Employee Benefits - RN and LPN			\$ 16,571
15	1a	Employee Benefits - CEO and Administrator Salaries	\$ 20,713		\$ 5,901
16	M13	Licenses and Fees	\$ 3,858		\$ 2,877
16	M13	Bank Fees	\$ 4,940		\$ 838
30	8	ANC - Other Revenue	\$ 92		\$ 28
30	8	ANC - Laundry	\$ 652		\$ 47
15	h1	ANC Revenue - Telephone	\$ 573		\$ 97
16	M13	ANC Revenue - Internet (Communications Systems)	\$ 33,769		\$ (16)
30	IV8	Miscellaneous Other Revenue	\$ 17,335		\$ 3,351
Total Other A&G Adjustments			\$ 81,932	\$ -	\$ 29,694

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	9/30/2022	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 323,217	185,266		137,951
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.	20	5c	Medical Supplies	\$ 29,476	17,678		11,798
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 23,304	22,218		1,086
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 32,728	35,063		(2,335)
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	\$ 40,622	29,900		10,722
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	\$ 11,063	8,335		2,728
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 959,562	749,179		210,383
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,419,972	1,047,638		372,334

*** 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.

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			\$ -	\$ -	\$ -

Schedule of Other - Direct Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
18	2a1	Liquor Purchases	\$ 33		\$ 5
		Home Health - A&G	\$ 4,288		\$ 1,406
		Home Health - Indirect	\$ 3,300		\$ 1,083
		Home Health - Capital	\$ 714		\$ 234
Total Other Adjustments			\$ 8,335	\$ -	\$ 2,728

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
		Excess Building Depreciation Actual vs Estimate-Seabury	\$ 749,179		\$ 210,383
		Building Dep in excess of CON Allowable of pre 2007 amount of 200K			
Total Unallowable Building Interest			\$ 749,179	\$ -	\$ 210,383

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seal2103C)		9/30/2022			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,195,058	3,774,292		1,420,766		
b. Medicaid Room and Board Contractual Allowance **	\$ (2,090,607)	(1,885,236)		(205,371)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,454,500	1,454,500				
b. Medicare Room and Board Contractual Allowance **	\$ 106,553	106,553				
4. a. Private-Pay Residents and Other	\$ 3,559,336	3,157,125		402,211		
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.)	\$ 8,224,840	6,607,234		1,617,606		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 661			661		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 21,795	16,694		5,101		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 5,260			5,260		
8. Other (<i>Specify</i>)	\$ 59,142	50,343		8,799		
V. Total Other Revenue (1 thru 8)	\$ 86,858	67,037		19,821		
VI. Total All Revenue (III +V)	\$ 8,311,698	6,674,271		1,637,427		

* 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		\$ 16,694		\$ 5,101
Total Interest Income			\$ 16,694	\$ -	\$ 5,101

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
Page 30, IV	ANC Laundry - Disallow	\$ 652		\$ 47
Page 30, IV8		\$ 999		\$ 72
Page 30, IV	ANC Other Revenue - Disallow	\$ 92		\$ 28
Page 30, IV	Miscellaneous Other Revenue - Disallow	\$ 17,335		\$ 3,351
Page 30, IV	CARES Act Income	\$ 31,265		\$ 5,301
Total Other Revenue		\$ 50,343	\$ -	\$ 8,799

**Interest Income
Seabury Retirement
FYE 09/2022**

	<u>Interest Amount</u>	<u>G/L Account #</u>	<u>Balance 09/30/22</u>
CCNH			
<u>Eq/Entrance Fund</u>	28,931	1-000-1070	1,503,565
Bond Fund Adj	54,222		
Grand Total	83,153		

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Se	2103C	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	5,774,538
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,107,428
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	393,087
4. Inventories			\$	45,193
5. Prepaid Expenses			\$	908,621
a. Prepaid Expenses	162,246			
b. Prepaid Taxes	491,626			
c. Prepaid FF&E	254,749			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,810,308
Escrow Account	94,519			
Accounts Receivable - Related Party	165,677			
Cash and Cash Equivalents Held by Trustee	1,550,112			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	10,039,175
B. Fixed Assets				
1. Land			\$	4,385,745
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>159,057,213</u>		\$	82,040,746
	Accum. Depreciation <u>77,016,467</u>	Net		
4. Leasehold Improvements	*Historical Cost <u>1,235,078</u>		\$	633,561
	Accum. Depreciation <u>601,517</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>9,487,849</u>		\$	3,880,662
	Accum. Depreciation <u>5,607,187</u>	Net		
7. Motor Vehicles	*Historical Cost <u>123,800</u>		\$	14,421
	Accum. Depreciation <u>109,379</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	393,080
Construction in Process	393,080			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	91,348,215

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

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	Investment in Limited Partnership	534,963
32	D7	Beneficial Interest in Perpetual Trust	\$ 4,810,962
32	D7	Deferred Compensation Investments	\$ 96,782
32	D7	Loans Receivable	\$ 128,604
Total Other Assets			\$ 5,571,311

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)			\$ -

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G. Balance Sheet (cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA S	License No. 2103C	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 101,387,390	
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>)			\$ 28,277,767	
Investments		18,769,444		
Investments Held by Trustee		3,937,012		
See Schedule		5,571,311		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 28,277,767	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 129,665,157	

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	698,336
2. Notes Payable (<i>itemize</i>)				\$	
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	40,135
Name of Lender		Purpose	Amount	Date Due	
Various		TV, Phone & Internet	40,135	Various	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	981,332
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	183,865
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	1,155,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	332,279
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	803,576
Accrued Auditing Fees		86,680	Deferred Revenue	274,163	
Entrance Fee Deposits		94,519			
Resident Care Service		58,630			
Other Accrued Payables		289,584	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,194,523

* 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 9/30/2022	Page 34	of 37
Account			Amount	
Total Brought Forward:			4,194,523	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$ 78,357,245
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>)				\$ 59,693,192
Deferred Revenue from Entrance Fees		59,596,410		
Deferred Compensation Plan		96,782		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 138,050,437
C. Total All Liabilities (Lines A-13 + B-5)				\$ 142,244,960

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	9/30/2022	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			\$	(5,320,189)
6. Gain or Loss for Period			\$	(7,259,614)
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	(12,579,803)
C. Total Reserves and Net Worth			\$	(12,579,803)
D. Total Liabilities, Reserves, and Net Worth			\$	129,665,157

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	9/30/2022	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	3,520,948
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	33,614,012
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	40,873,626
D. Net Income or Deficit			\$	(7,259,614)
E. Balance			\$	(3,738,666)
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			\$	(3,738,666)

I. Preparer's/Reviewer's Certification

Name of Facility Church Home of Hartford, Inc. (DBA)	License No. 2103C	Report for Year Ended 9/30/2022	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>CliftonLarsonAllen LLP</i>		Title		Date Signed 2/13/2023
Printed Name of Preparer CliftonLarsonAllen LLP				
Address Address 29 South Main Street, 4th Floor, West Hartford, CT 06107			Phone Number 860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink			Phone Number 860-561-4000	
Contact Email Address Jonathan.Fink@CLACConnect.com				