

February 9, 2024

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

Dear Ms. Godburn:

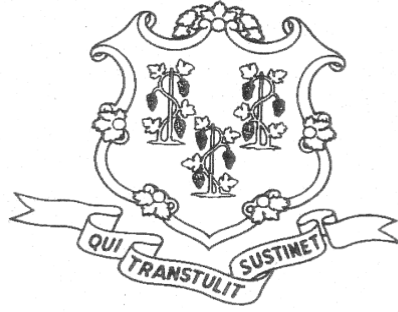
Enclosed please find the 2023 Medicaid Cost Report for Church Home of Hartford, Inc. d/b/a Seabury.

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

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

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

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

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 Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> (Specify) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2103C	(Specify)	Residential Care Home 1830HA	Medicare Provider 07-5383
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Medicaid Provider Numbers:	CCNH / RHNS	(Specify)	Residential Care Home
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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 9/30/2023	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, 2022 and ending September 30, 2023, 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 10/1/2022	To 9/30/2023	
Address of Facility 200 Seabury Drive, Bloomfield, CT 06002				
Report Prepared By CliftonLarsonAllen LLP	Phone Number 860-561-4000	Date 2/9/2024		
Item	Total	CCNH / RHNS	(Specify)	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 9/30/2023	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 / RHNS 2103C	(Specify) Residential Care Home 1830HA	Medicare Provider No. 07-5383	
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input checked="" type="checkbox"/> (Specify) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box) <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="checkbox"/> Government <input type="checkbox"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="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 9/30/2023	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Church Home of Hartford, Inc. (DBA Seabury)	Business Address 200 Seabury Drive, Bloomfield, CT 06002	State(s) in Which Incorporated 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				

CHHI Board 2022-2023	
1	Babbitt, Bradford S.
2	Barnes, Eleanor
3	Becker, Cynthia
4	Bernasconi, Renée J., President
6	Burnett, Robert "Bob"
7	Dixon, Jonathan A.
8	Hewey, Robert, Resident Director
9	Fraley, Reverend, Anne, Bishop's Representative
10	Madorin , A. Raymond, Director Emeritus
11	Moore, Marion, Resident Director
12	Mello, The Right Rev. Jeffrey
13	Mello, The Right Rev. Jeffrey - Assistant Alison Hollo
14	Mezzanotte, Ross
15	Polidoro, Monique R.
16	Purnell, Erl G. "Puck", Chair
17	Scott, Craig, Treasurer
18	Sherrill, Michael
19	Therriault, Ronald
20	Tonkin, Russ
21	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	9/30/2023	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 9/30/2023	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	5 Battenson Park Road, Suite 1, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>		Insurance Broker	Page 15 1A5	31,665	31,665
Renee Bernasconi	200 Seabury Drive, Bloomfield CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		CEO	Page 10 A1	120,092	120,092
		<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 9/30/2023	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 (See listing page 13)		
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
Other Lines of Business

Name of Facility Church Home of Hartford, Inc. (DBA)	License No. 2103C	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		443,120		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		Yes		
<i>If yes, please complete the following:</i>				
3,456		Square footage of therapy space.		
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
		Square footage of kitchen		
		Number of meals served per week		
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
		Amount Reported		
		Annual Report page and line		
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		Yes		
<i>If yes, please complete the following:</i>				
24,719		Square footage of apartments		
282,860		Square footage of independent living		
0		Square footage of assisted living		
Please identify the services provided:				

**General Information and Questionnaire
 Other Lines of Business (Continued)**

Name of Facility Church Home of Hart	License No. 2103C	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of			
Church Home of Hartford, Inc. (DBA Seabury)			2103C		9/30/2023				8	37			
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH / RHNS	(Specify)	Residential Care Home	Total	CCNH / RHNS	(Specify)	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	122	72		50	122	72		50					
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	65	46		19	65	46		19					
B. As of midnight of THIS report period	80	54		26					80	54			26
3. Total Number of Days Care Provided During Period													
A. Medicare	3,362	3,362			2,514	2,514			848	848			
B. Medicaid (Conn.)	12,943	5,470		7,473	9,521	4,233		5,288	3,422	1,237			2,185
C. Medicaid (other states)													
D. Private Pay	6,422	4,559		1,863	4,750	3,378		1,372	1,672	1,181			491
E. State SSI for RCH													
F. Other (Specify) CCRC / Insurance	9,390	9,272		118	6,601	6,483		118	2,789	2,789			
G. Total Care Days During Period (3A thru F)	32,117	22,663		9,454	23,386	16,608		6,778	8,731	6,055			2,676
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	310			310	206			206	104				104
B. Other Bed Reserve Days	116	40		76	56	30		26	60	10			50
5. Total Resident Days (3G + 4A + 4B)	32,543	22,703		9,840	23,648	16,638		7,010	8,895	6,065			2,830

Schedule of Resident Statistics (Cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH / RHNS	CCNH / RHNS	(Specify)	CCNH / RHNS	(Specify)	Residential Care Home	R.C.H.	ICF-MR
No. of Residents	12	17		25			26	
Per Diem Rate								
a. One bed rm.	PPS	308.19		609.00		184.00-337.00	171.64	
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Residential Care Home
A. Medicare - Part B	10,051	3,915		6,136	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	14,872	10,036		4,836	
D. Total Physical Therapy Treatments	24,923	13,951		10,972	

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Residential Care Home
A. Medicare - Part B	1,129	657		472	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	1,401	1,197		204	
D. Total Speech Therapy Treatments	2,530	1,854		676	

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH / RHNS	(Specify)	Outpatient	Residential Care Home
A. Medicare - Part B	9,556	4,605		4,951	
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments					
2. Restorative Treatments					
C. Other	15,264	11,257		4,007	
D. Total Occupational Therapy Treatments	15,862	15,862			

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of					
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2023	10	37					
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No									
	Total Cost and Hours								
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Residential Care Home	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)	102,774	(41,008)	531				17,318	(6,910)	89
2. Administrator(s) (Complete also Sec. III of Schedule A1)	96,894	(17,920)	1,275				29,606	(5,475)	389
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	50,924		1,707				92,321		2,913
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor									
c. Dietary Workers	684,744		36,062				312,583		16,790
6. Housekeeping Service									
a. Head Housekeeper	24,104	(553)	607				42,749	(981)	2,365
b. Other Housekeeping Workers	274,735	(6,304)	15,469				52,759	(1,211)	3,025
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	23,341		279				7,132		85
b. Other Maintenance Workers	101,144		3,442				30,905		1,052
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	41,055		2,409				28,201		1,653
9. Barber and Beautician Services									
10. Protective Services	93,904		4,573				28,693		1,397
11. Accounting Services									
a. Head Accountant									
b. Other Accountants	133,004		2,662				22,412		449
12. Professional Care of Residents									
a. Directors and Assistant Director of Nurses	219,729		3,904				52,845	(28,314)	1,340
b. RN									
1. Direct Care	1,261,996		24,335				28,505	(13,529)	640
2. Administrative**	294,691		5,595				19,316	(7,753)	367
c. LPN									
1. Direct Care	380,786		9,556				122,123	(40,141)	3,769
2. Administrative**									
d. Aides and Attendants	1,734,119		73,343				525,826		24,173
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	102,915		4,316				134,067		5,647
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	80,486		2,390				5,276		157
n. Marketing									
o. Other (Specify)									
See Attached Schedule	326,200		8,866				44,756		1,447
<i>A-13. Total Salary Expenditures</i>	6,027,545	(65,785)	201,321				1,597,392	(104,314)	67,747

* 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 in the Adjustment column.

Outpatient Allocation Percentage

Total square footage of facility (not including cottages / apartments)	160,260	
Outpatient therapy square footage	3,456	
Outpatient therapy space as a % of total space	2.16%	
		Therapy
		Disallowance
<i>Indirect</i>	Head Housekeeping - SNF	24,104
	Other Housekeeping -SNF	274,735
	Head Housekeeping - RCH	42,749
	Other Housekeeping - RCH	52,759
		<u>520</u>
		5,925
		922
		1,138

Medical Director Allocation Percentage

Total square footage of facility (not including cottages / apartments)	160,260	
Medical Director Office Square Footage	221	
MD Office Space as a % of total space	0.14%	
		Medical Director
		Disallowance
<i>Indirect</i>	Head Housekeeping - SNF	24,104
	Other Housekeeping -SNF	274,735
	Head Housekeeping - RCH	42,749
	Other Housekeeping - RCH	52,759
		<u>33</u>
		379
		59
		73

Total Disallowances

	Total Disallowance
	<u>553</u>
	6,304
	981
	1,211

**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	9/30/2023			11	37	
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify) Residential Care Home							
Section I - Operators/Owners									
Renee Bernasconi	102,774	17,318	Vehicle and Deferred Compensation	Responsible for all operations of facilities	620	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	9/30/2023				12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH / RHNS	(Specify)	Residential Care Home							
Section III - Administrators***										
Jacob Bompastore	96,894		29,606	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.

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	9/30/2023					13	37	
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	Residential Care Home	Adjustment	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	37,421		827				3,094		54
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)	33,335		180				2,185		12
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	70,756		1,007				5,279		66

* 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 in the Adjustment column.
 *** 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.

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	9/30/2023					15	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 102,240	73,479	(862)			31,628	(2,005)	
2. Disability Insurance	\$ 5,119					5,484	(365)	
3. Unemployment Insurance	\$ 33,499	24,077	(282)			10,361	(657)	
4. Social Security (F.I.C.A.)	\$ 561,559	453,954	(4,709)			120,323	(8,009)	
5. Health Insurance	\$ 842,496	610,029	(7,099)			255,821	(16,255)	
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 1,280					1,371	(91)	
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 233,373	212,191	(1,945)			25,050	(1,923)	
8. Uniform Allowance	\$ 2,632	2,393	(22)			283	(22)	
9. Other (Specify) See Attached Schedule	\$ 763	693	(6)			82	(6)	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$	5,740	(5,740)			967	(967)	
c. Bad Debts*	\$	49,941	(49,941)			8,526	(8,526)	
d. Accounting and Auditing	\$ 28,529	24,415				4,114		
e. Legal (Services should be fully described on Page 15b)	\$ 630	539				91		
f. Insurance on Lives of Owners and Operators (Specify)*	\$							
g. Office Supplies	\$ 45,372	37,109				8,263		
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 1,185	1,014				171		
2. Cellular Phones	\$ 3,996	2,496				2,035	(535)	
i. Appraisal (Specify purpose and attach copy)*	\$							
j. Corporation Business Taxes (franchise tax)	\$							
k. Other Taxes (Not related to property - See Page 22)								
1. Income*	\$							
2. Other (Specify) See Attached Schedule	\$							
3. Resident Day User Fee	\$							
Subtotal	\$ 1,862,672	1,498,070	(70,606)			474,569	(39,361)	

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Employee Physicals	\$ 693	\$ (6)			\$ 82	\$ (6)
Total	\$ 693	\$ (6)	\$ -	\$ -	\$ 82	\$ (6)

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire
Accounting Basis

Name of Facility Church Home of Hartford, Inc. (DB)	License No. 2103C	Report for Year Ended 9/30/2023	Page 15b	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
---	---

Services Provided by This Firm (*describe fully*)

1 Medicaid and Medicare Cost Report, Annual Audit and Preparation of 990 Tax Return	\$ 24,743
2 Preparation of Actuarial Report	\$ 3,786
3	\$
4	\$
	Charge for Services Provided
	\$ 28,529

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

Legal Services Information

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

Address (*No. & Street, City, State, Zip Code*)
 1 6 Way Road, Suite 314, Middlefield, CT 06455
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 Employment Issues	\$ 630
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 630

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

Employee Benefits Disallowance

Salary Allocation	SNF	RCH
7,684,203	6,027,545	1,597,392
	78.40%	20.80%

Unallowable Salaries (SNF)

Head Housekeeping - SNF	553
Other Housekeeping - SNF	6,304
CEO	41,008
Administrator	17,920
Total Unallowable SNF Salaries	65,785

Unallowable Salaries (RCH - Excluding Nursing)

Head Housekeeping - RCH	981
Other Housekeeping - RCH	1,211
CEO	6,910
Administrator	5,475
Total Unallowable RCH Salaries	14,576

Total Unallowable Salaries 80,361

Benefits	Total Amount	% of Total Salary	Total Unallowable	Unallowable SNF Benefits	Unallowable RCH Benefits
Workmen's Compensation	105,107	1.37%	1,099	862	229
Disability Insurance	5,484	0.07%	57	-	57
Unemployment Insurance	34,438	0.45%	360	282	75
Social Security (FICA)	574,277	7.47%	6,006	4,709	1,249
Health Insurance	865,850	11.27%	9,055	7,099	1,883
Life Insurance (employees only)	1,371	0.02%	14	-	14
Pensions	237,241	3.09%	2,481	1,945	516
Uniform Allowance	2,676	0.03%	28	22	6
Employee Physicals	775	0.01%	8	6	2
Total Benefits	1,827,219				

Nursing Benefits Disallowance (FICA & FUTA only)

DON RCH Salary Disallowance	28,314
RN RCH Salary Disallowance	13,529
RN ADMIN RCH Salary Disallowance	7,753
LPN RCH Salary Disallowance	40,141
Total RCH Salary Disallowances	89,737
Total RCH Salaries Page 10	1,597,392 Page 10 A13
% Disallowed	5.62%

Benefits	Total RCH Amount	% of Total Salary	Total RCH Unallowable
Workmen's Compensation	31,628	1.98%	1,777
Disability Insurance	5,484	0.34%	308
Unemployment Insurance	10,361	0.65%	582
Social Security (FICA)	120,323	7.53%	6,759
Health Insurance	255,821	16.01%	14,371
Life Insurance (employees only)	1,371	0.09%	77
Pensions	25,050	1.57%	1,407
Uniform Allowance	283	0.02%	16
Employee Physicals	82	0.01%	5
Total Benefits	450,403		

Total Benefits Disallowance

	SNF	RCH	
Workmen's Compensation	862	2,005	Page 15, line 1a1
Disability Insurance	-	365	Page 15, line 1a2
Unemployment Insurance	282	657	Page 15, line 1a3
Social Security (FICA)	4,709	8,009	Page 15, line 1a4
Health Insurance	7,099	16,255	Page 15, line 1a5
Life Insurance (employees only)	-	91	Page 15, line 1a6
Pensions	1,945	1,923	Page 15, line 1a7
Uniform Allowance	22	22	Page 15, line 1a8
Employee Physicals	6	6	Page 15, line 1a9

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	9/30/2023					16	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment	
Subtotals Brought Forward:		1,862,672	1,498,070	(70,606)		474,569	(39,361)	
l. Travel and Entertainment								
1. Resident Travel and Entertainment	\$							
2. Holiday Parties for Staff	\$							
3. Gifts to Staff and Residents	\$ 8,667	7,114				1,553		
4. Employee Travel	\$ 16,041	13,728				2,313		
5. Education Expenses Related to Seminars and Conventions	\$ 4,104	3,512				592		
6. Automobile Expense (not purchase or depreciation)	\$							
7. Other (Specify) See Attached Schedule	\$							
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (all such expenses)	\$ 1,280	1,095				185		
2. Advertising Telephone Directory (all such expenses)***	\$							
3. Advertising Other (Specify)*** 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	\$ 4,205	3,317				888		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 11,273	9,647				1,626		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$							
9. Subscriptions	\$							
10. Contributions*** See Attached Schedule	\$							
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 94,175	77,853				16,322		
12. Administrative Management Services**	\$							
13. Other (Specify) See Attached Schedule	\$ 99,036	158,283	(76,019)			28,846	(12,074)	
C-14 Total Administrative & General Expenditures	\$ 2,101,453	1,772,619	(146,625)			526,894	(51,435)	

* 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 in the Adjustment column.

Schedule of Other Travel and Entertainment

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Total Other Travel and Entertainment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Total Other Advertising	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Leading Age Connecticut	\$ 9,647				\$ 1,626	
Total Dues	\$ 9,647	\$ -	\$ -	\$ -	\$ 1,626	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Total Contributions	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Licenses & Fees	\$ 8,466	\$ (8,466)			\$ 1,755	\$ (1,755)
Supplies	\$ 3,775				\$ 2,482	
Communication Systems	\$ 50,947	\$ (43,747)			\$ 8,585	\$ (6,308)
Bank Fees	\$ 23,806	\$ (23,806)			\$ 4,011	\$ (4,011)
Fire/ Safety Alarm System	\$ 58,875				\$ 9,921	
Disaster Recovery Expenses	\$ 12,414				\$ 2,092	
Total Other Administrative and General	\$ 158,283	\$ (76,019)	\$ -	\$ -	\$ 28,846	\$ (12,074)

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seal	2103C	9/30/2023	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	9/30/2023				18	37
Item	Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
2. Dietary							
a. In-House Preparation & Service							
1. Raw Food	\$ 528,051	391,363	(5,602)			144,024	(1,734)
2. Non-Food Supplies	\$ 79,187	61,222				17,965	
3. Other (Specify) _____	\$ _____						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,200	1,006				194	
c. Other (Specify) _____ Food Uniforms and Miscellaneous	\$ 7,619	3,757				3,862	
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 616,058	457,348	(5,602)			166,045	(1,734)
2E. Dietary Questionnaire	Total	CCNH / RHNS	(Specify)			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 9/30/2023				Page 19	of 37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
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. \$	1,572	1,473			99	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) Laundry Supplies & Other		\$	1,595	1,495			100	
3D. Total Laundry Expenditures (3a + b + c)		\$	3,167	2,968			199	
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	9/30/2023				20	37	
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
4.	Housekeeping	Sq. Ft. Serviced by Personnel							
a.	In-House Care								
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	25,955	10,150	(233)			16,414	(376)
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)	\$	25,955	10,150	(233)			16,414	(376)
5.	Resident Care (Supplies)**								
a.	Prescription Drugs***								
	1. Own Pharmacy	\$							
	2. Purchased from	\$							
b.	Medicine Cabinet Drugs	\$	42,340	39,735				2,605	
c.	Medical and Therapeutic Supplies	\$		737	(737)			6,408	(6,408)
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	\$	49,822	25,838				23,984	
j.	Direct Management Services*	\$							
k.	Indirect Management Services*	\$							
l.	Cable TV	\$							
m.	Other (Specify)**** See Attached Schedule	\$	135,864	149,984	(23,104)			10,498	(1,514)
n.	Physical Therapy Expense	\$							
o.	Speech Therapy Expense	\$							
5P.	Total Resident Care Expenditures (5a - 5o)	\$	228,026	216,294	(23,841)			43,495	(7,922)

* 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 in the Adjustment column.

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

Outpatient Allocation Percentage

Total square footage of facility (not including cottages / apartments)	160,260
Outpatient therapy square footage	3,456
Outpatient therapy space as a % of total space	2.16%

Indirect

		Therapy Disallowance
Housekeeping Supplies	26,564	573

Medical Director

Total square footage of facility (not including cottages / apartments)	160,260
Medical Director Office Square Footage	221
MD Office Space as a % of total space	0.14%

Indirect

		Medical Director Disallowance
Housekeeping Supplies	26,564	37

Total Disallowance

		Total Disallowance
Housekeeping Supplies		609

NOTE: To allocate the disallowance amounts between CCH and RCH, CLA utilized the ratio of CCH & RCH expenditures by line.

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 9/30/2023				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH / RHNS	(Specify)	Residential Care Home	Pg	Line
Property Management Plus	Bloomfield, CT	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Snow Removal	13,537		4,136	22	6f
Duct & Vent Cleaning of America	Springfield, MA	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Duct & Vent Cleaning	11,173		3,414	22	6a / 6
Custom Exterior Landscape	762 N. Mountain Road, Newington CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Landscaping	31,537		9,636	16 / 22	M11 /
USA Hauling and Recycling	PO Box 1000, East Windsor, CT 06088	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	18,386		5,618	22	6f
Salon PS Connecticut LLC	2075, Cleveland OH 44113	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Salon Services	9,330		2,851	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"/>							
		<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	9/30/2023					22	37
Item	Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 123,718	88,409	(2,028)			38,214	(877)	
b. Heat	\$ 63,238	43,286	(993)			21,437	(492)	
c. Light & Power	\$ 323,171	246,258	(5,650)			84,502	(1,939)	
d. Water	\$ 57,225	28,167	(646)			30,402	(698)	
e. Equipment Lease (Provide detail on page 22b)	\$ 5,380	3,845	(88)			1,661	(38)	
f. Other (itemize) See Attached Schedule	\$ 162,279	106,338	(2,185)			60,087	(1,961)	
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 735,011	516,303	(11,590)			236,304	(6,005)	
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 184,770	812,096	(781,089)			373,792	(220,029)	
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 483,716	372,309	(31,955)			145,502	(2,140)	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 668,486	1,184,405	(813,044)			519,294	(222,169)	
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$							
d. Other (Specify)	\$							
*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)	\$ 668,486	1,184,405	(813,044)			519,294	(222,169)	

* 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		(Specify)	Adjustment	Residential	
	CCNH / RHNS	Adjustment			Care Home	Adjustment
Exterminations	\$ 2,284	\$ (63)			\$ 2,033	\$ (36)
Trash Removal	\$ 20,710	\$ (481)			\$ 12,130	\$ (272)
Snow Removal	\$ 13,900	\$ (266)			\$ 4,247	\$ (150)
Water Treatment	\$ 2,952	\$ (56)			\$ 902	\$ (32)
Mechanical System - HVAC	\$ 9,993	\$ (191)			\$ 3,053	\$ (108)
Contracted Professional Services	\$ 55,038	\$ (1,054)			\$ 16,817	\$ (595)
Small Equipment Expense	\$ 199	\$ (50)			\$ 3,218	\$ (28)
Tools	\$ 1,262	\$ (24)			\$ 385	\$ (14)
Meadows Unit Refurbishing					\$ 6,124	\$ (141)
Meadows Commons Refurbishing					\$ 9,971	\$ (229)
Cable Services - Disallowed					\$ 462	\$ (339)
Contract Professional Services					\$ 407	\$ (9)
Meadows- Equip Storage					\$ 42	\$ (1)
Equipment Storage Rent					\$ 156	\$ (4)
Small Tools Equip					\$ 140	\$ (3)
Total Other Repairs and Maintenance	\$ 106,338	\$ (2,185)	\$ -	\$ -	\$ 60,087	\$ (1,961)

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 9/30/2023		Page 22b	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						
See attached.	<input type="radio"/>	<input checked="" type="radio"/>						
	<input checked="" type="radio"/>	<input 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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
Total ***								

* 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 9/30/2023			Page 22b	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		210	
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 - Admin	02/02/23	36 Months	294		294	
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Marketing - Disallowed	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 - Resident	01/31/22	36 Months	52		52	
DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Meadows	12/14/21	24 Months	486		486	
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		423	
UBEO LLC 909 Middle Street Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Accounting	05/13/22	36 Months	102		102	
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		244	
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		214	
Land Rover Hartford, 77 Weston Street, Hartford, CT 06120	<input type="radio"/>	<input checked="" type="radio"/>	Vehicle - Disallowed	10/02/20	36 Months	1,962		1,962	
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input checked="" type="radio"/> Yes <input type="radio"/> No	Total ***	5,506

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

** Attach copies of newly acquired leases.

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



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

Number: _____

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

CUSTOMER INFORMATION

CHURCH HOME OF HARTFORD INCORPORATED				Renaud Le Pape			
Full Legal Name				Billing Contact Name			
200 SEABURY DR				200 SEABURY DR			
Equipment Location Address				Billing Address (if different from location address)			
BLOOMFIELD	HARTFOR	CT	06002-2659	BLOOMFIELD	HARTFORD	CT	06002-2659
City	County	State	Zip	City	County	State	Zip
Federal Tax ID No. 06-0293500 <small>(Do Not Insert Social Security No.)</small>		Billing Contact Telephone Number (860)286-0243		Billing Contact Facsimile No.		Billing Contact E-Mail Address renaudlepape@seaburylife.org	

EQUIPMENT DESCRIPTION

Qty	Equipment Description: Make& Model	Street Address/City/State/Zip
1	RICOH IMC2500G CONFIGURABLE PTO MODEL	200 SEABURY DR, BLOOMFIELD, CT, 06002-2659, US

PAYMENT SCHEDULE

Minimum Term (months)
36

Minimum Payment (Without Tax)
\$179.79

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

Guaranteed Minimum Images*°	
Black/White	Color
0	0

Cost of Additional Images°	
Black/White	Color
0.0089	0.046

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

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

ADDITIONAL PROVISIONS (list here, if any):

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

AUTHORIZED SIGNER

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

<p>CUSTOMER</p> <p>DocuSigned by: </p> <p>By: X _____ Authorized Signer Signature Printed Name: Ruslan Kuzmenko Title: CFO, VP of Finance Date: 2/8/2023</p>	<p>Accepted by: RICOH USA, INC.</p> <p>By: _____ Authorized Signer Signature Printed Name: _____ Title: _____ Date: _____</p>
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TERMS AND CONDITIONS

1. Use of Equipment; Term. You agree to use the equipment listed above ("Equipment") and pay the sums described above. **THIS AGREEMENT IS UNCONDITIONAL AND NON-CANCELABLE.** You agree to use this Equipment for the Minimum Term indicated above. You agree that the Equipment will be used solely for lawful business purposes and not for personal, family, or household purposes and the "Equipment Location" is a business address. To the extent the Equipment includes intangible property or associated services such as periodic software licenses and prepaid data base subscription rights, such intangible property shall be referred to as the "Software." The manufacturer of the tangible Equipment shall be referred to as the "Manufacturer." Our signature below will indicate our acceptance of this Agreement.
2. Location of Equipment. You will keep the Equipment at the Equipment Location. You must obtain our written permission, which will not be unreasonably withheld, to move the Equipment. With reasonable notice, you will allow us or our designee to inspect the Equipment.
3. Ownership of Equipment; Assignment. We are the sole owner and titleholder to the Equipment (except for any Software). You will keep the Equipment free of all liens and encumbrances. YOU HAVE NO RIGHT TO SELL, TRANSFER, ENCUMBER, SUBLET OR ASSIGN THE EQUIPMENT OR THIS AGREEMENT WITHOUT OUR PRIOR WRITTEN CONSENT (which consent shall not be unreasonably withheld). You agree that we may sell or assign all or a portion of our interests in the Equipment and/or this Agreement without notice to you even if less than all the Payments have been assigned. In that event, the assignee (the "Assignee") will have such rights as we assign to them but none of our obligations (we will keep those obligations) and the rights of the Assignee will not be subject to any claims, defenses or set-offs that you may have against us. No assignment to an Assignee will release Ricoh from any obligations Ricoh may have to you hereunder. The Maintenance Agreement (as defined below) you have entered into with a Servicer (as defined below) will remain in full force and effect with Servicer and will not be affected by any such assignment. You acknowledge that the Assignee did not manufacture or design the Equipment and that you have selected the Manufacturer, the Servicer and the Equipment based on your own judgment.
4. Software or Intangibles. To the extent that the Equipment includes Software, you understand and agree that we have no right, title or interest in the Software and you will comply throughout the term of this Agreement with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Effective Date (as defined below).
5. Taxes and Origination Fee. In addition to the payments under this Agreement, you agree to pay all taxes, assessments, fees and charges governmentally imposed upon our purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment. If we are required to file and pay property tax, you agree at our discretion, to either: (a) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (b) remit to us each billing period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the billing period sum includes a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the term of this Agreement. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Property Tax Administrative Fee" in an amount not to exceed the greater of 10% of the invoiced property tax amount or \$10 each time such tax is invoiced during the term of this Agreement, not to exceed the maximum amount permitted by applicable law. The Property Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year during the term of this Agreement to reflect our increased cost of administration and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. If we are required to pay upfront sales or use tax and you opt to pay such tax over the term of this Agreement and not as a lump sum at inception of this Agreement, then you agree to pay us a "Sales Tax Administrative Fee" equal to 3.5% of the total tax due per year. Sales and use tax, if applicable, will be charged until a valid sales and use tax exemption certificate is provided to us. In connection with this Agreement, you agree to pay us an origination fee of \$75.00 on the first payment date.
6. Uniform Commercial Code ("UCC") Filing. To protect our rights in the Equipment in the event this Agreement is determined to be a security agreement, you hereby grant to us a security interest in the Equipment, and all proceeds, products, rents or profits from the sale, casualty loss or other disposition thereof. You authorize us to file a copy of this Agreement as a financing statement, and you agree to promptly execute and deliver to us any financing statements covering the Equipment that we may reasonably require; provided, however, that you hereby authorize us to file any such financing statement without your authentication to the extent permitted by applicable law.
7. Warranties. We transfer to you, without recourse, for the term of this Agreement, any written warranties made by the Manufacturer or the Software Supplier with respect to the Equipment. YOU ACKNOWLEDGE THAT YOU HAVE SELECTED THE EQUIPMENT BASED ON YOUR OWN JUDGMENT AND YOU HEREBY AFFIRMATIVELY DISCLAIM RELIANCE ON ANY ORAL REPRESENTATION CONCERNING THE EQUIPMENT MADE TO YOU. WE MAKE NO WARRANTY, EXPRESS, OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AS TO US AND OUR ASSIGNEE, YOU RENT THE EQUIPMENT "AS-IS."
8. Maintenance of Our Equipment. You agree to install (if required), use and maintain the Equipment in accordance with Manufacturers' specifications and to use only those supplies which meet such specifications. You shall engage Ricoh, its subsidiaries or affiliates, or an independent third party (the "Servicer") to provide maintenance services pursuant to a separate agreement for such purpose ("Maintenance Agreement"). You will keep the Equipment in good condition, except for ordinary wear and tear.
9. Indemnity, Liability and Insurance. To the extent not prohibited by applicable law, you agree to indemnify us, defend us and hold us harmless from all claims arising out of the death or bodily injury of any person or the damage, loss or destruction of any tangible property caused by or to the Equipment, except to the extent caused by our gross negligence or willful misconduct. Notwithstanding anything to the contrary, in no event shall we be liable to you for any indirect, special or consequential damages. You are responsible for any theft of, destruction of, or damage to the Equipment from any cause at all, whether or not insured, from the time of Equipment delivery to you until it is delivered to us at the end of the term of this Agreement. You agree to maintain insurance to cover the Equipment for all types of loss, including, without limitation, theft, in an amount not less than the full replacement value, and you will name us as an additional insured and loss payee on your insurance policy. In addition, you agree to maintain comprehensive public liability insurance, which, upon our request, shall be in an amount acceptable to us and shall name us as an additional insured. Such insurance will provide that we will be given thirty (30) days advance notice of any cancellation. Upon our request, you agree to provide us with evidence of such coverage in a form reasonably satisfactory to us. If you fail to maintain such insurance or to provide us with evidence of such insurance, we may (but are not obligated to) obtain insurance in such amounts and against such risks as we deem necessary to protect our interest in the Equipment. Such insurance obtained by us will not insure you against any claim, liability or loss related to your interest in the Equipment and may be cancelled by us at any time. You agree to pay us an additional amount each month to reimburse us for the insurance premium and an administrative fee, on which we or our affiliates may earn a profit. In the event of loss or damage to the Equipment, you agree to remain responsible for the payment obligations under this Agreement until the payment obligations are fully satisfied.
10. Renewal and Return of Equipment. AFTER THE MINIMUM TERM OR ANY EXTENSION, THIS AGREEMENT WILL AUTOMATICALLY RENEW ON A MONTH-TO-MONTH BASIS UNLESS EITHER PARTY NOTIFIES THE OTHER IN WRITING AT LEAST THIRTY (30) DAYS, BUT NOT MORE THAN ONE HUNDRED TWENTY (120) DAYS, PRIOR TO THE EXPIRATION OF THE MINIMUM TERM OR EXTENSION; PROVIDED, HOWEVER, THAT AT ANY TIME DURING ANY MONTH-TO-MONTH RENEWAL, WE HAVE THE RIGHT, UPON THIRTY (30) DAYS NOTICE, TO DEMAND THAT YOU RETURN THE EQUIPMENT TO US IN ACCORDANCE WITH THE TERMS OF THIS SECTION 10. Notwithstanding the foregoing, nothing herein is intended to provide, nor shall be interpreted as providing, (x) you with a legally enforceable option to extend or renew the terms of this Agreement, or (y) us with a legally enforceable option to compel any such extension or renewal. At the end of or upon termination of this Agreement, you will immediately return the Equipment to the location designated by us, in as good condition as when you received it, except for ordinary wear and tear. You will bear all shipping, de-installing, and crating expenses and will insure the Equipment for its full replacement value during shipping. You must pay additional monthly Payments at the same rate as then



in effect under this Agreement, until the Equipment is returned by you and is received in good condition and working order by us or our designees. Notwithstanding anything to the contrary set forth in this Agreement, the parties acknowledge and agree that we shall have no obligation to remove, delete, preserve, maintain or otherwise safeguard any information, images or content retained by or resident in any Equipment rented by you hereunder, whether through a digital storage device, hard drive or other electronic medium ("Data Management Services"). If desired, you may engage Ricoh to perform Data Management Services at then-prevailing rates. You acknowledge that you are responsible for ensuring your own compliance with legal requirements in connection with data retention and protection and that we do not provide legal advice or represent that the Equipment will guarantee compliance with such requirements. The selection, use and design of any Data Management Services, and any decisions arising with respect to the deletion or storage of data, as well as the loss of any data resulting therefrom, shall be your sole and exclusive responsibility.

11. Payments. Payments will begin on the Equipment delivery and acceptance date ("Effective Date") and the first payment will be due in arrears thirty (30) days after the Effective Date or such later date as we may designate. The remaining payments are due on the same day of each subsequent month (unless otherwise specified on page 1 hereof). You agree to pay us each payment when it is due, and if any payment is not received within ten (10) days of its due date, you agree to pay a one-time late charge of 5% or \$5 (whichever is greater, but not to exceed the maximum amount allowed by applicable law) on the overdue amount. You also agree to pay all shipping and delivery costs associated with the ownership or use of the Equipment, which amounts may be included in your payment or billed separately. You also agree to pay \$25 for each check returned for insufficient funds or any other reason. You agree that you will remit Payments to us in the form of company checks, (or personal checks in the case of sole proprietorships), direct debit or wires only. You also agree that cash and cash equivalents are not acceptable forms of Payment for this Agreement and that you will not remit such forms of payment to us. Payment in any other form may delay processing or be returned to you. Furthermore, only you or your authorized agent as approved by us will remit Payments to us. The Minimum Payment and the Cost of Additional Images will not increase during the Minimum Term. Upon the expiration of the Minimum Term, the Minimum Payment and the Cost of Additional Images, at Ricoh's option, will be increased annually by an amount equal to 7.5% of the Minimum Payment or Cost of Additional Images then in effect (but not to exceed the maximum amount allowed by applicable law).
12. Default and Remedies. Each of the following is a "Default" under this Agreement: (a) you fail to pay any amount within thirty (30) days of its due date, (b) any representation or warranty made by you in this Agreement is false or incorrect and/or you do not perform any of your other obligations under this Agreement and/or under any other agreement with us or with any of our affiliates and this failure continues for thirty (30) days after we have notified you of it, (c) a petition is filed by or against you or any guarantor under any bankruptcy or insolvency law or a trustee, receiver or liquidator is appointed for you, any guarantor or any substantial part of your assets, (d) you or any guarantor makes an assignment for the benefit of creditors, (e) any guarantor dies, stops doing business as a going concern or transfers all or substantially all of such guarantor's assets, or (f) you stop doing business as a going concern or transfer all or substantially all of your assets. If a Default occurs, we have the right to exercise any and all legal remedies available to us by applicable laws, including those set forth in Article 2A of the UCC. YOU WAIVE ANY AND ALL RIGHTS AND REMEDIES AS A CUSTOMER OR LESSEE THAT YOU HAVE UNDER ARTICLE 2A OF THE UCC AGAINST US (BUT NOT AGAINST THE MANUFACTURER). Additionally, we are entitled to all past due payments, and we may accelerate and require you to immediately pay us the future payments due under the Agreement present valued at the discount rate of 3% per year to the date of default plus the present value (at the same discount rate) of our anticipated value of the Equipment at the end of the term of this Agreement, and we may charge you interest on all amounts due us from the date of default until paid at the rate of 1.5% per month, but in no event more than the maximum rate permitted by applicable law. We may repossess the Equipment (and, with respect to any Software, (i) immediately terminate your right to use the Software including the disabling (on-site or by remote communication) of any Software; (ii) demand the immediate return and obtain possession of the Software and re-license the Software at a public or private sale; and/or (iii) cause the Software Supplier to terminate the Software License, support and other services under the Software License), and pursue you for any deficiency balance after disposing the Equipment, all to the extent permitted by law. You waive the rights you may have to notice before we seize any of the Equipment. You agree that all rights and remedies are cumulative and not exclusive. You promise to pay reasonable attorneys' fees and any cost associated with any action to enforce this Agreement. This action will not void your responsibility to maintain and

care for the Equipment If we take possession of the Equipment (or any Software, if applicable), we agree to sell or otherwise dispose of it under such terms as may be acceptable to us in our discretion with or without notice, at a public or private disposition, and to apply the net proceeds (after we have deducted all costs, including reasonable attorneys' fees) to the amounts that you owe us. You will remain responsible for any deficiency that is due after we have applied any such net proceeds.

13. Business Agreement and Choice of Law. YOU AGREE THAT THIS AGREEMENT WILL BE GOVERNED UNDER THE LAW FOR THE COMMONWEALTH OF PENNSYLVANIA. YOU ALSO CONSENT TO THE VENUE AND NON-EXCLUSIVE JURISDICTION OF ANY COURT LOCATED IN EACH OF THE COMMONWEALTH OF PENNSYLVANIA AND THE STATE WHERE YOUR PRINCIPAL PLACE OF BUSINESS OR RESIDENCE IS LOCATED TO RESOLVE ANY CONFLICT UNDER THIS AGREEMENT. WE BOTH WAIVE THE RIGHT TO TRIAL BY JURY IN THE EVENT OF A LAWSUIT. TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ASK TO SEE IDENTIFYING DOCUMENTS.
14. No Waiver or Set Off; Entire Agreement; Delivery & Acceptance Certificate. You agree that our delay, or failure to exercise any rights, does not prevent us from exercising them at a later time. If any part of this Agreement is found to be invalid, then it shall not invalidate any of the other parts and the Agreement shall be modified to the minimum extent as permitted by law. ALL PAYMENTS TO US ARE "NET" AND UNCONDITIONAL AND ARE NOT SUBJECT TO SET OFF, DEFENSE, COUNTERCLAIM OR REDUCTION FOR ANY REASON. ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE. YOU AGREE THAT THE TERMS AND CONDITIONS CONTAINED IN THIS AGREEMENT REPRESENT THE ENTIRE AGREEMENT BETWEEN YOU AND US AND SUPERSEDE ALL PRIOR WRITTEN OR ORAL COMMUNICATIONS, UNDERSTANDINGS OR AGREEMENTS. Neither of us will be bound by any amendment, waiver, or other change unless agreed to in writing and signed by both. Any purchase order, or other ordering documents will not modify or affect this Agreement, nor have any other legal effect and shall serve only the purpose of identifying the Equipment ordered. You agree to sign and return to us a delivery and acceptance certificate (which, at our request, may be done electronically) within three (3) business days after any Equipment is installed.
15. Image Charges/Meters. In return for the Minimum Payment, you are entitled to use the number of Guaranteed Minimum Images as specified in the Payment Schedule of this Agreement. The Meter Reading/Billing Frequency is the period of time (monthly, quarterly, etc.) for which the number of images used will be reconciled. If you use more than the Guaranteed Minimum Images during the selected Meter Reading/Billing Frequency period, you will pay additional charges at the applicable Cost of Additional Images as specified in the Payment Schedule of this Agreement for images, black and white and/or color, which exceed the Guaranteed Minimum Images ("Additional Images"). The charge for Additional Images is calculated by multiplying the number of Additional Images times the applicable Cost of Additional Images. The Meter Reading/Billing Frequency may be different than the Minimum Payment Billing Frequency as specified in the Payment Schedule of this Agreement. You will provide us or our designee with the actual meter reading(s) by submitting meter reads electronically via an automated meter read program, or in any other reasonable manner requested by us or our designee from time to time. If such meter reading is not received within seven (7) days of either the end of the Meter Reading/Billing Frequency period or at our request, we may estimate the number of images used. Adjustments for estimated charges for Additional Images will be made upon receipt of actual meter reading(s). Notwithstanding any adjustment, you will never pay less than the Minimum Payment.
16. Ricoh Service Commitments; Counterparts; Facsimiles. You acknowledge and agree that the Ricoh service commitments included on the "Image Management Commitments" page attached to this Agreement (collectively, the "Commitments") are separate and independent obligations of Ricoh governed solely by the terms set forth on such page. They do not represent obligations of any Assignee of this Agreement and are not incorporated herein by reference. You agree that Ricoh alone is the party to provide all such services and is directly responsible to you for all of the Commitments. We are or, if applicable, our



Assignee will be the party responsible for financing and billing this Agreement, including, but not limited to, the portion of your payments under this Agreement that reflects consideration owing to Ricoh in respect of its performance of the Commitments. Accordingly, you and we expressly agree that Ricoh is an intended third party beneficiary of your payment obligations hereunder. This Agreement may be executed in counterparts. The counterpart that has our original signature and/or is in our possession or control shall constitute chattel paper as that term is defined in the UCC and shall constitute the single true original agreement for all purposes. If you sign and transmit this Agreement to us by facsimile or by other electronic transmission, the facsimile or other electronic transmission of this Agreement, upon execution by us (manually or electronically, as applicable), shall be binding upon the parties. You authorize us to supply any missing "configure to order" number ("CTO"), other equipment identification numbers (including, without limitation, serial numbers), agreement identification numbers and/or dates in this Agreement. You agree that the facsimile or other electronic transmission of this Agreement containing your facsimile or other electronically transmitted signature, which is manually or electronically signed by us shall constitute the original agreement for all purposes, including, without limitation, those outlined above in this Section. You agree to deliver to us upon our request the counterpart of the Agreement containing your original manual signature.

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

- 17. Miscellaneous. It is the intent of the parties that this Agreement shall be deemed and constitutes a "finance lease" as defined under and governed by Article 2A of the UCC. You acknowledge that you have not been induced to enter into this Agreement by any representation or warranty not expressly set forth in this

RK

Customer Initials



Outpatient Allocation Percentage

Total square footage of facility (not including cottages / apartments)	160,260
Outpatient therapy square footage	3,456
Outpatient therapy space as a % of total space	2.16%

Expense Item

<i>A&G</i>		Therapy Disallowance	
Repairs and Maintenance	126,623		2,731
Heat	64,724		1,396
Light and Power	330,760		7,133
Water	58,569		1,263
Lease	5,506		119
Exterminations	4,317		93
Trash Removal	32,840		708
Snow Removal	18,147		391
Water Treatment	3,854		83
Mechanical System - HVAC	13,046		281
Contracted Professional Services	71,855		1,550
Small Equipment Expense	3,417		74
Tools	1,647		36
Meadows Unit Refurbishing	6,124		132
Meadows Commons Refurbishing	9,971		215
Cable Services	462	Directly Disallowed	
Contract Professional Services	407		9
Meadows- Equip Storage	42		1
Equipment Storage Rent	156		3
Small Tools Equip	140		3

Fixed Asset Depreciation

Fixed Asset Depreciation	1,703,699	
Less: Facility Self-Disallowance	(978,230)	
Total	725,469	15,645

Medical Director

Total square footage of facility (not including cottages / apartments)	160,260
Medical Director Office Square Footage	221
MD Office Space as a % of total space	0.14%

Expense Item

		<u>Medical Director Disallowance</u>	
A&G	Repairs and Maintenance	126,623	175
	Heat	64,724	89
	Light and Power	330,760	456
	Water	58,569	81
	Lease	5,506	8
	Exterminations	4,317	6
	Trash Removal	32,840	45
	Snow Removal	18,147	25
	Water Treatment	3,854	5
	Mechanical System - HVAC	13,046	18
	Contracted Professional Services	71,855	99
	Small Equipment Expense	3,417	5
	Tools	1,647	2
	Meadows Unit Refurbishing	6,124	8
	Meadows Commons Refurbishing	9,971	14
	Cable Services	462	Directly Disallowed
	Contract Professional Services	407	1
	Meadows- Equip Storage	42	0
	Equipment Storage Rent	156	0
	Small Tools Equip	140	0

Home Health Allocation Percentage

Total square footage of facility (not including cottages / apartments)	160,260
Home health square footage	1,600
Home health space as a % of total space	0.998%

Fixed Asset Depreciation

		<u>Home Health Disallowance</u>	
	Fixed Asset Depreciation	1,703,699	
	Less: Facility Self-Disallowance	(978,230)	
	Total	725,469	7,243

Total Disallowance

Expense Item

A&G

Total Disallowance

Repairs and Maintenance	2,905
Heat	1,485
Light and Power	7,589
Water	1,344
Lease	126
Exterminations	99
Trash Removal	753
Snow Removal	416
Water Treatment	88
Mechanical System - HVAC	299
Contracted Professional Services	1,649
Small Equipment Expense	78
Tools	38
Meadows Unit Refurbishing	141
Meadows Commons Refurbishing	229
Cable Services	-
Contract Professional Services	9
Meadows- Equip Storage	1
Equipment Storage Rent	4
Small Tools Equip	3

Fixed Asset Depreciation

Buildings & Building Improvements Depreciation	22,888
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NOTE: To allocate the disallowance amounts between CCH and RCH, CLA utilized the ratio of CCH & RCH expenditures by line.

Depreciation Schedule

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)		License No. 2103C		Report for Year Ended 9/30/2023				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		159,637,897		159,637,897	36,126,356	SL	VAR	1,165,316					
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)		1,855,918		1,855,918		SL	VAR	20,572					
B-4. Subtotal									1,185,888				
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	32,032	SL	VAR	4,316	
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						10,971,819		10,971,819	3,403,470	SL	VAR	510,890	
b. Disposals (attach schedule)						(280,385)		(280,385)	(274,621)	SL	VAR		
Acquired during this report period (attach schedule):													
c. Administrative													
d. Standard Resident						100,042		100,042		SL	VAR	2,605	
e. Specialized Resident													
Total Acquired during this report period						100,042		100,042				2,605	
D-3. Subtotal													517,811
E. Total Depreciation													1,703,699

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	\$ 1,855,918		\$ 20,572
Total additions for Building Improvements		\$ 1,855,918		\$ 20,572 *
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

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	85,106
RCH Allowable	31,206
Unallowable	1,699,851
	<u>1,816,163</u>

Meadows

RCH Allowable	16,593
Unallowable	23,162
	<u>39,755</u>

Total Building and Building Improvements 1,855,918

Moveable Equipment

Seabury (see Page 23b)

SNF Allowable	22,382
RCH Allowable	4,005
Unallowable	60,545
	<u>86,932</u>

Meadows

RCH Allowable	5,472
Unallowable	7,638
	<u>13,110</u>

Total Moveable Equipment 100,042

Total Property Additions Summary

Total Building Improvements Additions After Allocation:

Useful life	SNF	HFA	O	Total	
10	-	-	1,245,953	1,245,953	Direct Independent
10	-	-	-	-	Assisted
10	97,347	29,745	416,430	543,522	I/A/S, All, and Other Allocated
Total 10 yr life	97,347	29,745	1,662,382	1,789,474	
8	931	285	3,984	5,200	I/A/S, All, and Other Allocated
5	3,849	1,176	16,464	21,489	I/A/S, All, and Other Allocated
Total	102,127	31,206	1,682,830	1,816,163	

Total Movable Equipment Additions After Allocation:

Useful life	SNF	HFA	O	Total	
3	6,168	1,885	26,387	34,440	I/A/S, All, and Other Allocated
5	4,604	1,407	19,695	25,706	I/A/S, All, and Other Allocated
10	13,750	-	-	13,750	Direct Skilled
10	2,335	713	9,987	13,035	I/A/S, All, and Other Allocated
Total 10 yr life	16,085	713	9,987	26,785	
Total	26,857	4,005	56,069	86,932	
Total additions	128,985	35,211	1,738,900	1,903,095	

Disallowance calculation for 12 SNF beds not eligible for reimbursement:

Building Additions:				
Total 10 year life	97,347	16.67%	16,225	
Total 8 year life	931	16.67%	155	
Total 5 year life	3,849	16.67%	641	
	102,127		17,021	Total Transfer Out
Movable Equipment Additions:				
Total 3 year life	6,168	16.67%	1,028	
Total 5 year life	4,604	16.67%	767	
Total 10 year life	16,085	16.67%	2,681	
	26,857		4,476	
	-		21,497	

Total Building Improvement Additions after Disallowances:

	SNF	HFA	O	Total
Total 10 year life	81,122	29,745	1,678,607	1,789,474
Total 8 year life	776	285	4,139	5,200
Total 5 year life	3,208	1,176	17,105	21,489
	85,106	31,206	1,699,851	1,816,163

Total Movable Equipment Additions after Disallowances:

	SNF	HFA	O	Total
Total 3 year life	5,141	1,885	27,415	34,441
Total 5 year life	3,837	1,407	20,462	25,706
Total 10 year life	13,404	713	12,668	26,785
	22,382	4,005	60,545	86,932
Total Additions	107,488	35,211	1,760,397	1,903,095

Total Meadows Building Improvement Additions:

	SNF	HFA	O	Total
Total 8 year life	-	5,353	7,472	12,825
Total 10 year life	-	6,649	9,281	15,930
Total 15 year life	-	4,591	6,409	11,000
	-	16,593	23,162	39,755

Total Meadows Movable Equipment Additions after Disallowances:

	SNF	HFA	O	Total
Total 10 year life	-	5,472	7,638	13,110
	-	5,472	7,638	13,110

BUILDING IMPROVEMENT ADDITIONS

Date	Description	Cost	Level	Life
9/1/2023	Dog park fence	9,750	All	10
6/30/2023	Catch basin/paving (asphalt)	5,200	All	8
12/1/2022	Pool renovation	54,782	All	10
1/31/2023	Water furnace	11,505	All	10
2/28/2023	Railings	9,825	All	10
12/31/2022	Roof - west wing phase 4	20,000	ALL	10
2/28/2023	Lighting - fitness center	16,000	ALL	10
3/31/2023	Premisys access control system	21,489	ALL	5
3/31/2023	East Wing hallway renovations	300,874	ALL	10
4/30/2023	Siging - East Wing and courtyard	120,786	ALL	10
2/28/2023	Raised garden beds - 8	15,800	ILU	10
5/31/2023	Raised garden beds - 2	3,950	ILU	10
11/30/2022	Unit 3113 refurbishment	23,851	ILU	10
12/31/2022	Unit 4163 refurbishment	10,000	ILU	10
12/31/2022	Unit 1110 refurbishment	28,706	ILU	10
12/31/2022	Cottage 112 refurbishment	5,500	ILU	10
12/31/2022	Unit 5211 refurbishment	5,200	ILU	10
3/31/2023	Cottage 333 refurbishment	108,520	ILU	10
3/31/2023	Unit 2101 refurbishment	57,357	ILU	10
3/31/2023	Unit 2114 refurbishment	59,903	ILU	10
3/31/2023	Unit 5193 refurbishment	71,851	ILU	10
3/31/2023	Unit 4191 refurbishment	34,500	ILU	10
3/31/2023	Unit 2141 refurbishment	29,230	ILU	10
4/30/2023	Unit 2121 refurbishment	52,209	ILU	10
6/30/2023	Unit 3106 refurbishment	95,721	ILU	10
6/30/2023	Unit 3187 refurbishment	37,369	ILU	10
6/30/2023	Unit 4163 refurbishment	26,725	ILU	10
6/30/2023	Unit 4144 refurbishment	20,845	ILU	10
6/30/2023	Unit 6211 refurbishment	42,388	ILU	10
8/31/2023	Unit 4202 refurbishment	43,192	ILU	10
8/31/2023	Unit 2133 refurbishment	53,895	ILU	10
8/31/2023	Unit 3126 refurbishment	57,005	ILU	10
8/31/2023	Unit 4173 refurbishment	58,402	ILU	10
8/31/2023	Unit 4137 flooring	13,409	ILU	10
9/1/2023	Unit 2126 refurbishment	48,884	ILU	10
9/1/2023	Unit 3157 refurbishment	50,804	ILU	10
9/30/2023	Unit 4174 refurbishment	36,607	ILU	10
9/30/2023	Unit 3146 refurbishment	154,130	ILU	10
	TOTAL ADDITIONS	1,816,163		

Totals:	
All	570,211
Other	-
Other Direct	-
Skilled	-
Assisted	-
Independent	1,245,953
	<u>1,816,163</u>

I/A/S, All and Other Allocation Breakout (Sum of 1)						
Useful life	SNF	HFA	O	Total		
3	-	-	-	-		
5	3,849	1,176	16,464	21,489		
8	931	285	3,984	5,200		
10	97,347	29,745	416,430	543,522		
15	-	-	-	-		
20	-	-	-	-		
					SNF HFA Other	
Allocation By Living units (method 3):				17.91%	5.47%	76.62%

Direct by Level Allocation Breakout					
Useful life	SNF	HFA	O	Total	
5	-	-	-	-	Independent
10	-	-	1,245,953	1,245,953	Independent

Assisted Allocation Breakout						
Useful life	SNF	HFA	O	Total		
10	-	-	-	-		
					SNF HFA Other	
Allocation By Assisted Living Units (29/51):				0.00%	43%	57%

HFA CON Limit	2,000,000
Less FY18 CON Additions	<u>(801,485)</u>
Remaining CON as of 10/1/18	1,198,515
FY19 CON Additions	<u>(426,920)</u> Fully Allowable as part of the CON
Remaining CON as of 10/1/19	771,595
FY20 CON Additions	<u>(272,861)</u> Fully Allowable as part of the CON
Remaining CON as of 10/1/20	498,734
FY21 CON Additions	<u>(8,645)</u> Fully Allowable as part of the CON
Remaining CON as of 10/1/21	490,089
FY22 CON Additions	<u>(25,721)</u> Fully Allowable as part of the CON
Remaining CON as of 10/1/22	464,368
FY23 CON Additions	<u>(31,206)</u> Fully Allowable as part of the CON
Remaining CON as of 10/1/23	433,162

Church Home of Hartford, Inc. (DBA Seabury)
09/30/23

Attachment Page 23c(2)

FURNITURE/EQUIPMENT COMPUTER ADDITIONS

Date	Description	Cost	Level	Life
	None in 2023			

FURNITURE/EQUIPMENT OTHER ADDITIONS

Date	Description	Cost	Level	Life
2/28/2023	Servers & switches	20,333	All	5
6/1/2023	Sage Intacct Implementation	34,440	All	3
3/31/2023	T6 Max recumbent cross trainer	7,171	All	10
3/31/2023	Security camera system	5,373	All	5
12/31/2022	Ice machine	5,864	All	10
10/31/2022	Exam table and scale	8,246	SNF	10
1/31/2023	Exam table	5,504	SNF	10
TOTAL ADDITIONS		86,932		

Totals:	
All	73,181
Skilled/ Assisted	-
Skilled	13,750
	<u>86,932</u>

I/A/S, All and Other Allocation Breakout (Includes all 1's)				
Useful life	SNF	HFA	O	Total
3	6,168	1,885	26,387	34,440
5	4,604	1,407	19,695	25,706
10	2,335	713	9,987	13,035
				SNF
Allocation By Living units:				17.91%
				HFA
				5.47%
				Other
				76.62%

Direct by Level Allocation Breakout				
Useful life	SNF	HFA	O	Total
10	13,750	-	-	13,750
SNF				

Total Other Additions After Allocation				
Useful life	SNF	HFA	O	
3	6,168	1,885	26,387	I/A/S, All, and Other Allocated
5	4,604	1,407	19,695	I/A/S, All, and Other Allocated
10	2,335	713	9,987	I/A/S, All, and Other Allocated
10	13,750	-	-	Skilled
Total 10 yr life	16,085	713	9,987	
Total Additions	26,857	4,005	56,069	

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

Building Improvements

DATE	DESCRIPTION	LIFE	AMOUNT
7/31/2023	Nurse call swing consoles	10	15,930
3/31/2023	Paving	8	12,825
12/31/2022	Dumpster Pad	15	5,200
12/31/2022	Concrete walkways	15	5,800
			<u>39,755</u>

Meadows Allocation Breakout - Building Improvements				
Useful life	SNF	HFA	O	Total
5	-	-	-	-
8	-	5,353	7,472	12,825
10	-	6,649	9,281	15,930
15	-	4,591	6,409	11,000
	-	<u>16,593</u>	<u>23,162</u>	<u>39,755</u>
Allocation By Census Days:				
	0.00%	41.74%	58.26%	

Moveable Equipment

DATE	DESCRIPTION	LIFE	AMOUNT
9/30/2023	Convection Steamer	10	13,110

Meadows Allocation Breakout - Moveable Equipment				
Useful life	SNF	HFA	O	Total
10	-	5,472	7,638	13,110
	-	<u>5,472</u>	<u>7,638</u>	<u>13,110</u>
Allocation By Census Days:				
	0.00%	41.74%	58.26%	

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.

Buildings and Building Improvements

Total Depreciation Allowable		1,185,888
Total Phase A Depreciation - Unallowable		494,232
Seabury - Depreciation on Assets Acquired in CY:	67,235	
Allocation using Method 14	<u>30%</u>	
Total Allowable Related to Assets Acquired in CY	20,121	
Meadows - Depreciation on Assets Acquired in CY:	1,079	
Includable Cost Allocation Basis	<u>42%</u>	
Total Allowable Related to Assets Acquired in CY	450	
Total Depreciation Related to Assets Acquired in CY		20,572
Total Phase A Depreciation Related to Assets Acquired in PY		<u>494,232</u>
Depreciation Related to Assets Acquired in Prior Years		<u><u>1,165,316</u></u>

Moveable Equipment

Total Depreciation Allowable		517,811
Total Phase A Depreciation - Unallowable		182,531
Seabury - Depreciation on Assets Acquired in CY:	8,700	
Allocation using Method 14	<u>30%</u>	
Total Allowable Related to Assets Acquired in CY	2,604	
Meadows - Depreciation on Assets Acquired in CY:	3	
Includable Cost Allocation Basis	<u>42%</u>	
Total Allowable Related to Assets Acquired in CY	1	
Total Depreciation Related to Assets Acquired in CY		2,605
Total Phase A Depreciation Related to Assets Acquired in PY		<u>182,531</u>
Depreciation Related to Assets Acquired in Prior Years		<u><u>515,206</u></u>
Split on Page 23:		
Vehicles		4,316
Movable Equipment		510,890

Depreciation Schedule & Depreciation Disallowance

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

	Asset Value				Depreciation Allowed			Depreciation Taken		
	SNF	HFA	Other		SNF	HFA	Other	60	22	192
								22%	8%	70%
2023										
Building:										
5 Year	3,208	1,176	17,105	21,489	321	118	1,711	471	173	1,506
8 Year	776	285	4,139	5,200	49	18	259	71	26	228
10 Year	81,122	29,745	1,678,607	1,789,474	4,056	1,487	83,930	19,593	7,184	62,697
8 Year - Meadows	-	5,353	7,472	12,825	-	149	208	176	64	562
10 Year - Meadows	-	6,649	9,281	15,930	-	332	464	174	64	558
15 Year - Meadows	-	4,591	6,409	11,000	-	153	214	80	29	257
Equipment:										
3 Year	5,141	1,885	27,415	34,441	857	314	4,569	1,257	461	4,022
5 Year	3,837	1,407	20,462	25,706	384	141	2,046	563	206	1,801
10 Year	13,404	713	12,668	26,785	670	36	633	293	108	938
10 Year - Meadows	-	5,472	7,638	13,110	-	274	382	144	53	459
Total Assets	4,923,578	2,568,406	87,455,651	94,947,635	310,667	191,326	4,540,859	1,104,878	405,122	3,536,241
FY23 Additions	107,488	57,276	1,791,196	1,955,960						
Building					238,798	155,397	4,191,266	1,004,213	368,211	3,213,482
Movable					71,869	35,929	349,594	100,665	36,911	322,759
Disallowance										
Building					765,415	212,815	Page 22/7b- Disallowance			
Movable					28,797	982	Page 22/7d- Disallowance			

2023 - Vehicle disallowance

	SNF	HFA	Other	Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)			
				SNF	HFA	Other	SNF	HFA	Other	
Total Vehicles in fleet as of 9/30/23	4									
Vehicle with highest depreciation	14,421		Per allocation template	-	-	-	3,158	1,158	10,105	
Total 2023 Vehicle Depreciation	14,421 A		Disallowance	3,158	1,158	Page 22/7d- Disallowance				
				31,955	2,140	Total Page 22/7d- Disallowance				

A CLA notes PDW David Greenblat, all vehicle expenses are to be disallowed in CY as vehicles are not used often for Medicaid and RCH patients.

Annual Report of Long-Term Care Facility

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Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seabury)			2103C		9/30/2023			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 9/30/2023	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		122		
6. Square Footage		443,260		
7. Acquisition Cost				
a. Land		4,429,495		
b. Building		107,766,869		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Multiple Bonds - Fixed	Multiple Bonds -	
b. Date Mortgage Obtained		04/01/15	04/01/16	
c. Interest Rate for the Cost Year		4%-5%	2.875%-5%	
d. Term of Mortgage (number of years)		5-23 years	4-37 years	
e. Amount of Principal Borrowed		34,510,000	72,265,000	
f. Principal balance outstanding as of 9/30/2023		26,190,000	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	9/30/2023				26	37
Item		Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
12. Interest								
A. Building, Land Improvement & Non-Movable Equipment								
1. First Mortgage		\$ 371,227	293,607	(9,263)			89,713	(2,830)
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)		\$ 383,320	293,607	(9,263)			89,713	(2,830)

(Carry Subtotals forward to next page)

Outpatient Allocation Percentage

Total square footage of facility (not including cottages / apartments)	160,260
Outpatient therapy square footage	3,456
Outpatient therapy space as a % of total space	2.16%

Interest

		Therapy Disallowance
Interest	383,320	<u>8,266</u>

Home Health Allocation Percentage

Total square footage of facility (not including cottages / apartments)	160,260
Home health square footage	1,600
Home health space as a % of total space	1.00%

Interest

		Medical Director Disallowance
Interest	383,320	<u>3,827</u>

Total Disallowance

		Total Disallowance
Interest		<u>12,093</u>

NOTE: To allocate the disallowance amounts between CCH and RCH, CLA utilized the ratio of CCH & RCH expenditures by line.

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. (DE		2103C	9/30/2023				27	37	
Item			Total Including Adjustments	CCNH / RHNS	Adjustment	(Specify)	Adjustment	Residential Care Home	Adjustment
Subtotals Brought Forward:			383,320	293,607	(9,263)			89,713	(2,830)
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)			\$ 371,227	293,607	(9,263)			89,713	(2,830)
14. Insurance									
a. Insurance on Property (buildings only)			\$ 42,651	27,099	(764)			16,941	(625)
b. Insurance on Automobiles			\$ 4,091	3,134				957	
c. Insurance other than Property (as specified above)									
1. Umbrella (Blanket Coverage)									
2. Fire and Extended Coverage			\$ 58,318	27,688	(1,045)			32,530	(855)
3. Other (Specify)			\$ 12,466	8,769	(223)			4,103	(183)
Directors, Crime, Cyber & Pollution									
14d. Total Insurance Expenditures (14a + b + c)			\$ 117,526	66,690	(2,032)			54,531	(1,663)
15. Total All Expenditures (A-13 thru C-14)			\$ 12,397,782	10,618,685	(1,078,015)			3,255,560	(398,448)

Outpatient Allocation Percentage

Total square footage of facility (not including cottages / apartments)	160,260
Outpatient therapy square footage	3,456
Outpatient therapy space as a % of total space	2.16%

Therapy Disallowance

<i>Capital</i>	Property Insurance	44,040	950
	Insurance other than property:		
	Fire	60,218	1,299
	Other	12,872	278
	Real Estate & Personal Property Taxes	-	Directly Disallowed

Home Health Allocation Percentage

Total square footage of facility (not including cottages / apartments)	160,260
Home health square footage	1,600
Home health space as a % of total space	0.998%

Home Health Disallowance

<i>Capital</i>	Property Insurance	44,040	440
	Insurance other than property:		
	Fire	60,218	601
	Other	12,872	129
	Real Estate & Personal Property Taxes	-	Directly Disallowed

Total Disallowance

Total Disallowance

<i>Capital</i>	Property Insurance		1,389
	Fire		1,900
	Other		406
	Real Estate & Personal Property Taxes		Directly Disallowed

NOTE: To allocate the disallowance amounts between CCH and RCH, CLA utilized the ratio of CCH & RCH expenditures by line.

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seal2103C)		9/30/2023			30	37
Item	Total	CCNH / RHNS	(Specify)	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 5,132,010	4,052,793		1,079,217		
b. Medicaid Room and Board Contractual Allowance **	\$ (1,804,791)	(2,084,252)		279,461		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,507,999	1,507,999				
b. Medicare Room and Board Contractual Allowance **	\$ 85,711	85,711				
4. a. Private-Pay Residents and Other	\$ 4,399,797	3,869,123		530,674		
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.)	\$ 9,320,726	7,431,374		1,889,352		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 651			651		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 147,806	113,213		34,593		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 3,916			3,916		
8. Other (<i>Specify</i>)	\$ 17,156	14,669		2,487		
V. Total Other Revenue (1 thru 8)	\$ 169,529	127,882		41,647		
VI. Total All Revenue (III+V)	\$ 9,490,256	7,559,256		1,931,000		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	Residential Care Home
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	Residential Care Home
	Interest Income - See attached schedule. Amount does not tie directly as schedule is for the entire facility		\$ 113,213		\$ 34,593
Total Interest Income			\$ 113,213	\$ -	\$ 34,593

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	Residential Care Home
Page 30, IV	ANC Laundry	\$ 669		\$ 45
Page 30, IV	ANC Telephone	\$ 503		\$ 34
Page 30, IV	Miscellaneous Other Revenue	\$ 13,497		\$ 2,409
Total Other Revenue		\$ 14,669	\$ -	\$ 2,487

	<u>Interest Amount</u>	<u>G/L Account #</u>	<u>Balance 09/30/23</u>
CCNH			
<u>Eq/Entrance Fund</u>	255,710	1070	6,770,861
Bond Fund Adj	175,876		
Grand Total	431,586		

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Se	2103C	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	7,763,391
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,304,886
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	668,236
4. Inventories			\$	36,618
5. Prepaid Expenses			\$	953,378
a. Prepaid Expenses	271,354			
b. Prepaid Taxes	523,500			
c. Prepaid FF&E	85,467			
d. See Schedule	73,057			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	2,171,805
Escrow Account	299,108			
Accounts Receivable - Related Party	187,746			
Cash and Cash Equivalents Held by Trustee	1,684,951			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	12,898,314
B. Fixed Assets				
1. Land			\$	4,385,745
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	160,884,377	\$	77,511,647
	Accum. Depreciation	83,372,730	Net	
4. Leasehold Improvements	*Historical Cost	1,263,833	\$	598,102
	Accum. Depreciation	665,731	Net	
5. Non-Movable Equipment	*Historical Cost	19,625	\$	
	Accum. Depreciation	19,625	Net	
6. Movable Equipment	*Historical Cost	9,307,504	\$	3,404,268
	Accum. Depreciation	5,903,236	Net	
7. Motor Vehicles	*Historical Cost	123,800	\$	
	Accum. Depreciation	123,800	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)			\$	86,292,842

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	73,057
Total Prepaid Expenses			\$ 73,057

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 Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
32	D7	Investment in Limited Partnership	543,224
32	D7	Beneficial Interest in Perpetual Trust	\$ 4,339,310
32	D7	Deferred Compensation Investments	\$ 135,196
32	D7	Loans Receivable	\$ 125,000
Total Other Assets			\$ 5,142,730

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 Long-Term Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA S	License No. 2103C	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 99,191,156	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
<div style="display: flex; justify-content: space-between;"> *Historical Cost _____ Accum. Depreciation _____ Net </div>			\$	
3. Buildings			\$	
<div style="display: flex; justify-content: space-between;"> *Historical Cost _____ Accum. Depreciation _____ Net </div>			\$	
4. Non-Movable Equipment			\$	
<div style="display: flex; justify-content: space-between;"> *Historical Cost _____ Accum. Depreciation _____ Net </div>			\$	
5. Movable Equipment			\$	
<div style="display: flex; justify-content: space-between;"> *Historical Cost _____ Accum. Depreciation _____ Net </div>			\$	
6. Motor Vehicles			\$	
<div style="display: flex; justify-content: space-between;"> *Historical Cost _____ Accum. Depreciation _____ Net </div>			\$	
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			\$	
<div style="display: flex; justify-content: space-between;"> *Historical Cost _____ Accum. Depreciation _____ Net </div>			\$	
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>)			\$ 31,700,754	
Investments			22,563,630	
Investments Held by Trustee			3,994,394	
See Schedule			5,142,730	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 31,700,754	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 130,891,910	

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

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	761,608
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	1,147,519
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	215,133
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	1,215,000
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	324,149
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	1,002,531
Accrued Auditing Fees		92,755	Deferred Revenue	274,163	
Entrance Fee Deposits		299,108			
Resident Care Service		57,250			
Other Accrued Payables		279,255	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,665,940

* 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 9/30/2023	Page 34	of 37
Account			Amount	
Total Brought Forward:			4,665,940	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$ 77,157,626
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>)				\$ 60,153,148
Deferred Revenue from Entrance Fees		60,017,952		
Deferred Compensation Plan		135,196		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 137,310,774
C. Total All Liabilities (Lines A-13 + B-5)				\$ 141,976,714

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	9/30/2023	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			\$	(12,579,807)
6. Gain or Loss for Period			\$	1,495,003
	10/1/2022	thru 9/30/2023		
7. Total Net Worth			\$	(11,084,804)
C. Total Reserves and Net Worth			\$	(11,084,804)
D. Total Liabilities, Reserves, and Net Worth			\$	130,891,910

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	9/30/2023	36	37	
Account			Amount		
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(3,738,666)	
B. Total Revenue (From Statement of Revenue Page 30)			\$	44,514,562	
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	43,019,559	
D. Net Income or Deficit			\$	1,495,003	
E. Balance			\$	(2,243,663)	
F. Additions					
1. Additional Capital Contributed (itemize)					
2. Other (itemize)					
F-3. Total Additions			\$		
G. Deductions					
1. Drawings of Owners/Operators/Partners (Specify)					
Name and Address (No., City, State, Zip)		Title	Amount		
2. Other Withdrawings (Specify)			\$		
Purpose		Amount			
3. Total Deductions			\$		
H. Balance at End of Period			\$		
				09/30/23	

I. Preparer's/Reviewer's Certification

Name of Facility Church Home of Hartford, Inc. (DBA	License No. 2103C	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home (CCNH) & RHNS Combined	<input checked="" type="checkbox"/> (Specify)	<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 2/9/2024
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				