

February 15, 2022

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

Dear Ms. Godburn:

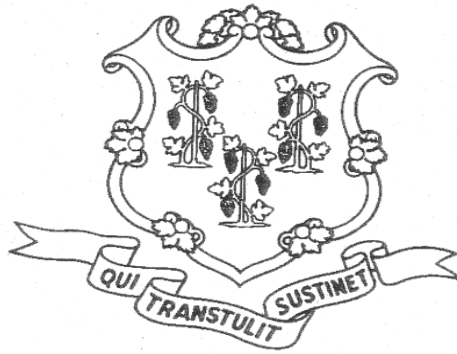
Enclosed please find the 2021 Medicaid Cost Report for Church Home of Hartford, Inc. d/b/a Seabury.

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 2021

| | |
|--|---|
| Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury) | |
| Address (No. & Street, City, State, Zip Code) 200 Seabury Drive, Bloomfield, CT 06002 | |
| Type of Facility | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) |
| <input checked="" type="checkbox"/> Residential Care Home | |
| Report for Year Beginning 10/1/2020 | Report for Year Ending 9/30/2021 |

| | | | | |
|------------------|---------------|------|---------------------------------|------------------------------|
| License Numbers: | CCNH 2103C | RHNS | Residential Care Home 1830HA | Medicare Provider 07-5383 |
|------------------|---------------|------|---------------------------------|------------------------------|

| | | | |
|----------------------------|------|------|---------|
| Medicaid Provider Numbers: | CCNH | RHNS | ICF-IID |
|----------------------------|------|------|---------|

For Department Use Only

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

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General Information

| | | | | |
|---|----------------------|------------------------------------|-----------|----------|
| Name of Facility (as licensed) Church Home of Hartford, Inc. (DBA Seabury) | License No. 2103C | Report for Year Ended 9/30/2021 | Page 1 | of 37 |
|---|----------------------|------------------------------------|-----------|----------|

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, 2020 and ending September 30, 2021, 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 10/1/2020 | To 9/30/2021 |
| Address of Facility 200 Seabury Drive, Bloomfield, CT 06002 | | | | |
| Report Prepared By CliftonLarsonAllen LLP | | Phone Number 860-561-4000 | Date 2/15/2022 | |
| Item | Total | CCNH | RHNS | Residential Care Home |
| 1. Dietary wages paid | \$ | | | |
| 2. Laundry wages paid | \$ | | | |
| 3. Housekeeping wages paid | \$ | | | |
| 4. Nursing wages paid | \$ | | | |
| 5. All other wages paid | \$ | | | |
| 6. Total Wages Paid | \$ | | | |
| 7. Total salaries paid | \$ | | | |
| 8. Total Wages and Salaries Paid (As per page 10 of Report) | \$ | | | |

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

| | | | | |
|--|---------------|---|---------------------------------|----------------------------------|
| Phone No. of Facility 860-286-0243 | | Report for Year Ended 9/30/2021 | Page 2 | of 37 |
| Name of Facility (as shown on license) Church Home of Hartford, Inc. (DBA Seabury) | | Address (No. & Street, City, State, Zip) 200 Seabury Drive, Bloomfield, CT 06002 | | |
| License Numbers: | CCNH 2103C | RHNS | Residential Care Home 1830HA | Medicare Provider No. 07-5383 |
| Type of Facility (Check appropriate box(es)) | | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home | | | | |
| Type of Ownership (Check appropriate box) | | | | |
| <input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust | | | | |
| If this facility opened or closed during report year provide: | | Date Opened | Date Closed | |
| Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully. | | | | |
| | | | | |
| Administrator | | | | |
| Name of Administrator Jacob Bompastore | | Nursing Home Administrator's License No.: | 1979 | |
| Other Operators/Owners who are assistant administrators (full or part time) of this facility. | | | | |
| Name N/A | | License No.: | | |
| | | | | |
| | | | | |
| | | | | |

Seabury Boards 2020-2021

| CHHI Board 2020-2021 (21 Members) |
|---|
| Babbitt, Bradford S. |
| Barnes, Eleanor |
| Becker, Cynthia |
| Bernasconi, Renée J., PRESIDENT |
| Berry, Linda, Resident Director |
| Burnett, Bob |
| Dixon, Jonathan A., CHAIR |
| Douglas, The Right Rev. Ian T., ECCLESIASTICAL AUTHORITY, Ex Officio |
| Fraley, Rev. Anne, Bishop's Representative |
| Hewey, Robert, Resident Director |
| Madorin , A. Raymond, DIRECTOR EMERITUS |
| Mattison, Gale, DIRECTOR EMERITUS |
| Mezzanotte, Ross |
| Mueller, Marnie W. |
| Polidoro, Monique R. |
| Purnell, Erl G. "Puck", VICE CHAIR |
| Scott, Craig, TREASURER |
| Sherrill, Michael |
| Theriault, Ronald |
| Tonkin, Russ |
| Wadsworth, John R., SECRETARY |

General Information and Questionnaire Individual Proprietorship

| | | | | |
|---|-------------|-----------------------|------|----|
| Name of Facility | License No. | Report for Year Ended | Page | of |
| Church Home of Hartford, Inc. (DBA Seabury) | 2103C | 9/30/2021 | 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 9/30/2021 | Page 4 | of 37 |
|---|----------------------|------------------------------------|-----------|----------|

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 | %** | | | | |
| KBE Buiding Corp | 76 Batterson Park Road, Farmington, CT 06032 | <input checked="" type="radio"/> | <input type="radio"/> | | Construction Services | Page 30 B9 | 1,600 | 1,600 |
| Rogin Nassau, LLC | 185 Asylum St. Hartford, CT 06103 | <input checked="" type="radio"/> | <input type="radio"/> | | Legal - 100% diallowed prior to cost report | Page 15 9e | | |
| One Digital | 200 Galleria Parkway Ste 1950, Atlanta, GA 30339 | <input checked="" type="radio"/> | <input type="radio"/> | | Insurance Broker | Page 15 1A5 | 39,352 | 39,352 |
| Renee Bernasconi | 200 Seabury Drive, Bloomfield CT 06002 | <input type="radio"/> | <input checked="" type="radio"/> | | CEO | Page 10 A1 | 106,254 | 106,254 |
| | | <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 9/30/2021 | Page 5 | of 37 |
| If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows: | | | | |
| Item | | Method of Allocation | | |
| Dietary | | Number of meals served to residents | | |
| Laundry | | Number of pounds processed | | |
| Housekeeping | | Number of square feet serviced | | |
| Nursing | | Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants | | |
| Direct Resident Care Consultants | | Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>) | | |
| Maintenance and operation of plant | | Square feet | | |
| Property costs (depreciation) | | Square feet | | |
| Employee health and welfare | | Gross salaries | | |
| Management services | | Appropriate cost center involved | | |
| All other General Administrative expenses | | Total of Direct and Allocated Costs | | |
| The preparer of this report must answer the following questions applicable to the cost information provided. | | | | |
| 1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made. | | | | |
| See cover letter. | | | | |
| 2. Explain the allocation of related company expenses and attach copy of appropriate supporting data. | | | | |
| N/A | | | | |
| 3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.) | | | | |
| <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made. | | | | |

General Information and Questionnaire Leases (Excluding Real Property)

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

| Name of Facility | | License No. | | Report for Year Ended | | | Page | of |
|---|---|----------------------------------|-----------------------------|-----------------------|------------------|------------------------------|------------------|-------------------|
| Church Home of Hartford, Inc. (DBA Seabury) | | 2103C | | 9/30/2021 | | | 6 | 37 |
| Name and Address of Lessor | Related * to Owners, Operators, Officers | | Description of Items Leased | Date of Lease** | Term of Lease | Annual Amount of Lease | | Amount Claimed |
| | Yes | No | | | | | | |
| See attached | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | <input type="radio"/> | <input checked="" type="radio"/> | | | | | | |
| | | | | | | | Total *** | |

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes No

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

**General Information and Questionnaire
 Leases (Excluding Real Property)**

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

| Name of Facility Church Home of Hartford, Inc. (DBA Seabury) | | | License No. 2103C | Report for Year Ended 9/30/2021 | | | Page 6 | of 37 |
|---|---|----------------------------------|-----------------------------|------------------------------------|------------------|------------------------------|-------------------|----------|
| Name and Address of Lessor | Related * to Owners, Operators, Officers | | Description of Items Leased | Date of Lease** | Term of Lease | Annual Amount of Lease | Amount Claimed | |
| | Yes | No | | | | | | |
| Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005 | <input type="radio"/> | <input checked="" type="radio"/> | Postage Machine | 04/04/15 | 39 Months | 210 | 210 | |
| Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005 | <input type="radio"/> | <input checked="" type="radio"/> | Folding Machine | 10/30/20 | 36 Months | 427 | 391 | |
| 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 | 174 | |
| G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355 | <input type="radio"/> | <input checked="" type="radio"/> | Copier - Marketing | 05/24/18 | 36 Months | 676 | 395 | |
| G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355 | <input type="radio"/> | <input checked="" type="radio"/> | Copier - Marketing | 01/25/21 | 36 Months | 396 | 264 | |
| G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355 | <input type="radio"/> | <input checked="" type="radio"/> | Copier - Clinic | 01/08/19 | 36 Months | 590 | 590 | |
| DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608 | <input type="radio"/> | <input checked="" type="radio"/> | Copier - Meadows | 01/08/19 | 36 Months | 484 | 484 | |
| DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608 | <input type="radio"/> | <input checked="" type="radio"/> | Copier - Accounting | 01/08/19 | 36 Months | 429 | 429 | |
| DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608 | <input type="radio"/> | <input checked="" type="radio"/> | Copier - Accounting | 07/26/19 | 36 Months | 120 | 120 | |
| G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355 | <input type="radio"/> | <input checked="" type="radio"/> | Copier - Admin | 07/01/20 | 36 Months | 325 | 325 | |
| G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355 | <input type="radio"/> | <input checked="" type="radio"/> | Copier - Nursing | 02/27/20 | 36 Months | 515 | 515 | |
| Land Rover Hartford, 77 Weston Street, Hartford, CT 06120 | <input type="radio"/> | <input checked="" type="radio"/> | Vehicle | 10/02/20 | 36 Months | 1,961 | 1,961 | |
| Is a Mileage Log Book Maintained for All Leased Vehicles ? <input checked="" type="radio"/> Yes <input type="radio"/> No Total *** | | | | | | | 5,858 | |

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

CLOSED-END MOTOR VEHICLE LEASE AGREEMENT

Monthly Payment Lease

Single Payment Lease

1. PARTIES:

Lease Date: 10/02/2020

| | |
|---|---|
| Lessor - Dealer Name LAND ROVER HARTFORD | Address 77 WESTON STREET HARTFORD CT 06120 |
| Lessee - Name CHURCH HOME OF HARTFORD, INC. | Address 200 SEABURY DR. BLOOMFIELD CT 06002 |
| Lessee - Name RENEE J BERNASCONI | Address 30 DEVONSHIRE CT AVON CT 06001 |

Each Lessee signing this Lease ("you" or "your") agrees to lease from the Lessor named above the vehicle described in Section 2 (the "Vehicle") on the terms and conditions in this Lease Agreement ("Lease"). Lessor intends to assign its rights and interest under this Lease to JPMorgan Chase Bank, N.A. ("Chase"). As used in this Lease, the terms "us," "our" and "we" refer to the Lessor and, after assignment, to Chase or its successors and assigns.

2. DESCRIPTION OF LEASED VEHICLE:

| MODEL YEAR | MAKE | MODEL | BODY STYLE | COLOR | VEHICLE ID NO. | ODOMETER |
|------------|------------|---------------|--------------|----------|-------------------|----------|
| 2020 | LAND ROVER | RR VELAR P250 | 4DR SUV P250 | FUJI WHT | SALYB2EX5LA286367 | 10 |

If checked, the primary use of the Vehicle is business or commercial; otherwise, it is personal, family or household use.

3. LEASE TERM. The Lease Term is 36 months, beginning on the Lease Date (above) and ending on 10/02/2023 (the "Maturity Date").

4. DESCRIPTION OF TRADE-IN (if applicable)

| MODEL YEAR | MAKE | MODEL | GROSS ALLOWANCE | AMOUNT OWED | NET TRADE-IN |
|------------|------|-------|-----------------|-------------|--------------|
| N/A | N/A | N/A | \$ N/A | \$ N/A | \$ N/A |

An "e" in this Lease indicates an estimate.

Federal Consumer Leasing Act Disclosures

| | | | |
|---|---|---|---|
| <p>5. Amount Due at Lease Signing or Delivery:</p> <p>(Itemized below)*</p> <p>\$ <u>5000.00</u></p> | <p>6. Lease Payments:</p> <p>(a) Monthly Payment Lease: Your first Monthly Payment of \$ <u>699.00</u> is due on <u>10/02/2020</u>, followed by <u>35</u> payments of \$ <u>699.00</u> due each following month. The total of your Monthly Payments is \$ <u>25164.00</u>.</p> <p>(b) Single Payment Lease: Your Advance Single Payment of \$ <u>N/A</u> is due on <u>N/A</u>.</p> | <p>7. Other Charges (not part of your Monthly Payment):</p> <p>Disposition Fee (if you do not purchase the Vehicle from us): \$ <u>495.00</u></p> <p>Total: \$ <u>495.00</u></p> | <p>8. Total of Payments (The amount you will have paid by the end of the Lease):</p> <p>\$ <u>29960.00</u></p> |
|---|---|---|---|

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

| | |
|--|---|
| <p>9. Amount Due at Lease Signing or Delivery:</p> <p>(a) Capitalized Cost Reduction \$ <u>4301.00</u></p> <p>(b) First Monthly Payment + \$ <u>699.00</u></p> <p>(c) Advance Single Payment + \$ <u>N/A</u></p> <p>(d) Refundable security deposit + \$ <u>N/A</u></p> <p>(e) Initial title fees + \$ <u>N/A</u></p> <p>(f) Initial registration fees + \$ <u>N/A</u></p> <p>(g) Sales or use tax + \$ <u>N/A</u></p> <p>(h) Acquisition Fee + \$ <u>N/A</u></p> <p>(i) Dealer document processing fee + \$ <u>N/A</u></p> <p>(j) Prior credit or lease balance + \$ <u>N/A</u></p> <p>(k) <u>N/A</u> + \$ <u>N/A</u></p> <p>(l) <u>N/A</u> + \$ <u>N/A</u></p> <p>(m) <u>N/A</u> + \$ <u>N/A</u></p> <p>(n) <u>N/A</u> + \$ <u>N/A</u></p> <p>(o) <u>N/A</u> + \$ <u>N/A</u></p> <p>(p) <u>N/A</u> + \$ <u>N/A</u></p> <p>(q) <u>N/A</u> + \$ <u>N/A</u></p> <p>(r) <u>N/A</u> + \$ <u>N/A</u></p> <p>(s) <u>N/A</u> + \$ <u>N/A</u></p> <p>(t) <u>N/A</u> + \$ <u>N/A</u></p> <p>(u) <u>N/A</u> + \$ <u>N/A</u></p> <p>(v) Total = \$ <u>5000.00</u></p> | <p>10. How the Amount Due at Lease Signing or Delivery will be paid:</p> <p>(a) Net trade-in allowance \$ <u>N/A</u></p> <p>(b) Amount to be paid in cash + \$ <u>5000.00</u></p> <p>(c) Rebates and noncash credits:</p> <p>(1) Manufacturer Rebate(s) + \$ <u>N/A</u></p> <p>(2) <u>N/A</u> + \$ <u>N/A</u></p> <p>(3) <u>N/A</u> + \$ <u>N/A</u></p> <p>(4) <u>N/A</u> + \$ <u>N/A</u></p> <p>(d) Total = \$ <u>5000.00</u></p> |
|--|---|

Lessee Initials Here [Signature]

Co-Lessee Initials Here [Signature]

20. OPTIONAL INSURANCE AND OTHER PRODUCTS.

You are not required to buy any of the optional insurance products or other products listed below. You should carefully review the contracts that describe the details of any optional insurance products or other products you choose to buy. By signing this Lease, you have elected to purchase from the Lessor the following optional insurance products and other products:

| Type | Provider Name | Coverage Term/Coverage Amount | Premium/Charge* |
|---|---------------|-------------------------------|-----------------|
| <input type="checkbox"/> Service Contract | N/A | N/A miles/ N/A months | \$ N/A |
| <input type="checkbox"/> Prepaid Maintenance Plan | N/A | N/A miles/ N/A months | \$ N/A |
| <input type="checkbox"/> Tire & Wheel Protection | N/A | N/A miles/ N/A months | \$ N/A |
| ALLSTATE VIN ETCH | ALLSTATE | N/A MI / N/A MO | \$ 249.00 |
| N/A | N/A | N/A MI / N/A MO | \$ N/A |
| N/A | N/A | N/A | \$ N/A |

You have purchased the optional products listed above for a total charge of: \$ 249.00

* The Dealer may retain a portion of the premiums or other charges for the optional insurance products and other products listed above.

By signing below, you acknowledge that any optional insurance products listed above are not required in connection with this Lease and affirm that you want any optional insurance products listed above.

Lessee's Signature: [Signature] President
 Lessee's Signature: [Signature]

21. HOW THIS LEASE MAY BE CHANGED. This Lease contains the entire agreement for the Lease of the Vehicle. We may, in our sole discretion, agree orally to requests for extensions, deferrals, or due date changes, and confirm them electronically or in writing. We may, at our option, change any provision in this Lease by giving you at least 10 days' advance written or electronic notice of the proposed change, provided that the change is at least as favorable to you as the existing provision. No other changes to this Lease are effective unless they are in a written or electronic agreement signed by you and us.

Lessee's Signature: [Signature] President
 Lessee's Signature: [Signature]

LESSEE(S) NOTICES AND SIGNATURES

BY SIGNING THIS LEASE, YOU ACKNOWLEDGE THAT THIS LEASE CONTAINS AN "ARBITRATION PROVISION" HEREIN, THAT YOU HAVE READ THE AGREEMENT TO ARBITRATE DISPUTES AND AGREE TO ITS TERMS.

Total Loss Early Termination Payoff Balance Notice: If there is a total loss, destruction or theft of the Vehicle, the early termination payoff balance (Adjusted Lease Balance) of the Vehicle as determined under Section 30 of this Lease may be different than the actual cash value of the Vehicle as determined by your insurer of the Vehicle. Section 31 provides that you will not be obligated to pay us this amount, unless, as of the date of such total loss, you do not have in effect a physical damage insurance policy as required by Section 28. By signing this Lease, you acknowledge that you have read this notice and understand its content.

NOTICE TO LESSEE(S): BY SIGNING THIS LEASE BELOW YOU ACKNOWLEDGE THAT: (1) EACH LESSEE ACCEPTS AND IS SEPARATELY LIABLE UNDER THE TERMS AND CONDITIONS OF THIS LEASE; AND (2) YOU HAVE READ ALL PAGES OF THIS LEASE (INCLUDING TERMS APPEARING AFTER YOUR SIGNATURE, ON ADDITIONAL PAGES OF THIS LEASE), UNDERSTAND ALL OF ITS TERMS, AND WERE PRESENTED A COMPLETELY FILLED IN COPY BEFORE SIGNING BELOW. BEFORE SIGNING, YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THE LEASE YOU MAY KEEP. YOU ARE ALSO ENTITLED TO A COPY OF YOUR SIGNED LEASE.

Lessee(s) agree to all terms and conditions in this Lease.

NOTICE TO THE LESSEE: This is a lease. You are not buying the Vehicle described in item 2 above. Do not sign this Lease before you read it. You are entitled to a completed copy of this Lease when you sign it.

X [Signature] PRESIDENT
 Lessee Signs Title (if a business)
 X [Signature]
 Lessee Signs Title (if a business)

LESSOR'S SIGNATURE AND ASSIGNMENT

By signing below, Lessor: (1) accepts all terms and conditions of this Lease; and then (2) assigns all of its rights under this Lease, as well as all title and interest in and to the Vehicle, to JPMorgan Chase Bank, N.A. ("Chase"), subject to the applicable dealer agreement between the Lessor and Chase; and (3) warrants to Chase that it has verified that the insurance set forth in Section 19 is in place and complies with the requirements of this Lease.

X [Signature] Title: BUS MGR Date: 10/02/2020
 Lessor-Dealer Signs

(b) Calculation of the Adjusted Lease Balance.

(1) Calculation of the Monthly Rent Charge: We earn a portion of the total rent charge (see Section 11(f)) during each month of the Lease Term. To calculate the rent charge earned each month, we divide the Lease Term into monthly periods (each "Monthly Period"). For a Monthly Payment Lease, the first Monthly Period begins on due date of the first Monthly Payment (see Section 6(a)) and subsequent Monthly Periods begin on the due date of each subsequent Monthly Payment. For a Single Payment Lease the first Monthly Period begins on due date of the Single Payment (see Section 6(b)) and subsequent Monthly Periods begin on the same day of each subsequent month. We figure the monthly rent charge earned using the "Constant Yield Method." When figuring the monthly rent charge, monthly rent charges are earned in advance on the first day of each Monthly Period. The rent charge for a Monthly Period equals (i) the constant rate implicit in the Lease multiplied by (ii) the Balance Subject to Rent Charge. In the case of a Monthly Payment Lease, the Balance Subject to Rent Charge in a Monthly Period equals the difference between the Adjusted Capitalized Cost and the sum of (i) all Depreciation for each prior Monthly Period plus (ii) the first Monthly Payment. In the case of a Single Payment Lease, the Balance Subject to Rent Charge is determined by subtracting from Residual Value (see Section 11(d)) the total rent charge scheduled to be earned over the Lease Term (see Section 11(f)) and adding to the difference all rent charges accrued during the preceding Monthly Periods.

(2) Depreciation: At the beginning of each Monthly Period, we allocate a portion of the Monthly Funds to the rent charge earned based on the calculation above, and the rest to monthly depreciation and other amortized amounts ("Depreciation"). For a Monthly Payment Lease, the "Monthly Funds" for a Monthly Period is equal to the base Monthly Payment due. For a Single Payment Lease, the "Monthly Funds" for a Monthly Period is equal to the base Single Payment divided by the number of monthly periods during the Lease Term. (Your base Monthly or Single Payment is the payment before taxes and other non-amortized amounts (see Section 11(l)).

(3) Adjusted Lease Balance: The Adjusted Lease Balance equals the Adjusted Capitalized Cost minus the sum of all accrued monthly Depreciation for each Monthly Period before termination of this Lease and the Monthly Period in which this Lease terminates.

(c) Fair Market Value. The Vehicle's Fair Market Value is equal to the net sale price we receive for the Vehicle at a wholesale sale, after deducting from the gross sale price the reasonable expenses we incur to transport, recondition, prepare for sale and sell the Vehicle. Alternatively, if you obtain an appraisal of the Vehicle's wholesale value, at your expense, within 30 days prior to or 10 days after the termination date from a professional independent appraiser agreed to by us, then we will use the appraised value as the Vehicle's Fair Market Value. You and we also may agree in writing to a specific amount for the Vehicle's Fair Market Value. If the Vehicle's Fair Market Value is negative, then we treat the Vehicle's Fair Market Value as zero. Additionally, the Vehicle's Fair Market Value is zero if the Vehicle is not returned to us.

31. DAMAGE, LOSS OR DANGER TO THE VEHICLE. You will keep the Vehicle free from any liens, encumbrances or claims, whether voluntary or involuntary. You will not allow the Vehicle (and will not allow others to take actions causing the Vehicle) to become damaged, destroyed, stolen, lost, confiscated, seized, abandoned, or subjected to undue peril. You will notify us and your insurance company within 24 hours if any of these events occurs.

(a) Liability for Total Loss. You are responsible for the risk of loss to the Vehicle. If the Vehicle is lost, stolen or damaged beyond repair (a "Total Loss"), we will terminate this Lease and, except for amounts waived under Subsection (b) below, you will pay us promptly upon our demand the Adjusted Lease Balance (see Section 30(b)) less credits for (i) any remaining Refundable Security Deposit (Sections 9(d) and 38), (ii) any refunds we receive from the cancellation of any Optional Insurance or Other Products (Section 20), and (iii) any other amounts we receive in payment for the loss, plus any other amounts due under this Lease at termination. For a Single Payment Lease, we also will provide a credit for any portion of the Single Payment that is allocated to the earned monthly rent charge or monthly Depreciation when calculating the Adjusted Lease Balance.

(b) Conditional Gap Waiver. If the Vehicle is a Total Loss and you had in place the insurance required by this Lease on the date of loss, we will waive any portion of the Adjusted Lease Balance remaining after we subtract the payment we receive from your insurer for the loss (the "Gap Amount"). However, you will still owe us any other amounts due under this Lease plus any amounts your insurer deducts from the Vehicle's actual cash value (for example, for any pre-existing damage) and an amount equal to your insurance deductible when paying the claim. You will be in default and our waiver of the Gap Amount in this Subsection (b) will not apply if you did not have the required insurance in place, you do not otherwise comply with Section 28, or your insurer denies any part of the claim.

32. PURCHASE OPTION. You may purchase the Vehicle from us if you are not in default, on an AS-IS, WHERE-IS basis, at any time before or at the end of the Lease Term. To purchase the Vehicle, you must pay the sum of (a) the amount in Section 14 if you purchase the Vehicle at the end of the Lease Term, or the Adjusted Lease Balance plus the purchase option fee in Section 14 if you purchase it before the end of the Lease Term, plus (b) any related official fees, such as sales tax, other taxes, title, tags, license and registration we are required to collect, plus (c) any past due Monthly Payments and any other amounts you owe under this Lease. If you purchase the Vehicle, you will transfer title, re-register the Vehicle and remove and return the license plates (if required by law) within 30 days after purchase or any shorter time required by law. You will sign any additional documents necessary to effect the purchase. We may, at our option, apply any credits or security deposit under this Lease towards the purchase price.

33. END-OF-TERM LIABILITY. Your right to use the Vehicle ends on the Maturity Date. If this Lease ends after the last Monthly Payment is due, then we will treat this Lease as if it terminated at the end of the Lease Term and not as if it ended early. However, if the Vehicle is a Total Loss, Section 31 applies. If you do not purchase the Vehicle, at the end of the Lease Term you must return the Vehicle to a place we specify, call us within one business day of returning the Vehicle, and pay us the following end-of-term liability upon our demand: (a) the Disposition Fee disclosed in Section 7; plus (b) any excess mileage charges under Section 13; plus (c) any excess wear and use under Section 34; plus (d) all other amounts due and unpaid under this Lease. You will not keep the Vehicle past the end of the Lease Term unless we agree in writing to extend the Lease Term. For each full or partial Monthly Period after the end of the Lease Term that you have not returned or purchased the Vehicle, you will pay us an additional amount equal to one Monthly Payment (if this is a Single Payment Lease, this monthly amount equals the Advance Single Payment disclosed under Section 6(b) divided by the number of months in the Lease Term) due at the beginning of each Monthly Period, plus a late fee under Section 23 if paid late. Our demand for or acceptance of these payments does not give you the right to keep the Vehicle and does not constitute our agreement to extend the Lease Term. Additionally, if you have not returned or purchased the Vehicle by the Maturity Date as required, then we may declare you in default and charge you the amount that you would have owed if you had exercised your purchase option at the end of the Lease Term (see Section 32) as damages for failure to return the Vehicle. You agree to pay this amount in full, and if you do pay, then we will sell the Vehicle to you under Section 32. We may charge you this amount even if you have made one or more payments to us after the end of the Lease.

34. EXCESS WEAR AND USE. You will not subject the Vehicle to more than normal wear and use. If you do not purchase the Vehicle, at the end of the Lease Term you will owe us for excess mileage under Section 13, plus our actual or estimated cost to repair or replace any excess wear and use to the Vehicle, whether or not we make repairs. We will total the costs of items (a) through (f), as follows, and you will owe us any portion of the total in excess of costs expected based on normal wear and use, plus the other amounts set forth at the end of this Section: (a) holes, tears, burns, stains, strong odors or excessively worn areas in the carpet, other interior surfaces or convertible top; (b) scratches, chips, dents, pits, rust, holes or cracks in the wheels or exterior surfaces, windshield or other glass surfaces or metal work; (c) cracked, broken or missing windows, doors, lights, trim, mirrors or antennae; (d) missing, damaged or nonworking mechanical equipment, safety or emissions control equipment, electrical or other parts or accessories; (e) damage to the Vehicle's frame or alignment; (f) damage due to improper, poor quality or incomplete repairs or paint work. You also will remain liable to us for the full cost of any such items resulting from intentional or willful abuse or misuse. In addition, you will owe us the full cost of any missing, damaged or mismatched tires (including spare), any tire that has less than 1/8th inch tread at its lowest point or that is not comparable in quality to the original equipment, and any missing manual or missing or nonworking keys or remote entry devices.

ADDITIONAL TERMS AND CONDITIONS

35. INDEMNITY AND NO INTENDED THIRD PARTY BENEFICIARY RIGHTS. Except as expressly provided in this Lease, you will hold us harmless and indemnify us from any and all claims, liability, loss and expense (including court costs and attorneys' fees) arising from or related to the use, maintenance, condition or possession of the Vehicle, or your failure to perform any obligation in this Lease. This Lease shall not be deemed to confer any rights or remedies upon any person, including but not limited to any rights to enforce these terms, other than by Chase, and its respective successors and assigns.

36. ODOMETER STATEMENTS. Whether or not you purchase the Vehicle, when this Lease terminates you must give us a written statement regarding the odometer reading as required by federal and/or state law. Failure to complete this statement upon our request or giving false information may result in fines and/or imprisonment.

37. ASSIGNMENT. This is a true lease and you will not own any equity in the Vehicle unless you exercise the purchase option in Section 32. You will not assign, sublease or transfer any interest in the Vehicle or your rights or obligations under this Lease without getting our written permission first. After any such assignment, you will remain fully responsible for the performance of this Lease even if we gave you our permission. We may assign or transfer any interest in the Vehicle or our rights and obligations under this Lease without your permission and without notifying you first.

38. SECURITY DEPOSIT. You will not earn any interest, benefit, increase or profits on any security deposit. You further agree that we may retain any interest, benefit, increase or profits we earn on your security deposit or other property in which we have a security interest. We may commingle your security deposit with our other funds. We may use your security deposit to pay or satisfy any amount or obligation you fail to pay or satisfy under this Lease. After this Lease terminates, we will refund to you any unused portion of your security deposit.

39. NOTICES AND ADDRESS CHANGES. You will mail or deliver any written notices to us in connection with this Lease to the address we provide for the type of notice or, if none, our address for general correspondence. Notices sent to an address we designate for payments only are not effective. If your phone number, or any address we have for you or the Vehicle, changes or is incorrect, you will give us an updated phone number or address within 15 days. We may send you any notices, bills, correspondence and any refunds owed to you to your address in Section 1, or to any other address you provide us or that we may obtain directly or indirectly from the U. S. Postal Service. We may also send you notices, bills and correspondence electronically (i) at any email address you have provided to us, or (ii) by posting the notice, bill or correspondence on a website and sending you a notice to your email address telling you that the communication has been posted, describing the general purpose of the communication and its location, and providing instructions on how to view it. Delivery of any notice, bill or correspondence in this manner will be effective when we send the email.

Lessee Initials Here  Co-Lessee Initials Here 
FORM NO. CAFL-CONNECTICUT-LZR/E (REV. 6/19)

Lease Agreement

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Agreement Number

Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee

Seabury Life Care Community

Tax ID # (FEIN/TIN)

Sold-To: Address

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

Sold-To: Contact Name

Ruslan Kuzmenko

Sold-To: Contact Phone #

(860) 243-6036

Sold-To: Account #

0018147817

Bill-To: Address

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

Bill-To: Contact Name

Ruslan Kuzmenko

Bill-To: Contact Phone #

(860) 243-6036

Bill-To: Account #

0018147817

Bill-To: Email

ruslankuzmenko@seaburylife.org

Ship-To: Address

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

Ship-To: Contact Name

Ruslan Kuzmenko

Ship-To: Contact Phone #

(860) 243-6036

Ship-To: Account #

0018147817

PO #

Your Business Needs

| Qty | Item | Business Solution Description |
|-----|-----------|--|
| 1 | RELAY1000 | Relay 1000 Inserting System |
| 1 | STDSL | Standard SLA-Equipment Service Agreement (for Relay 1000 Inserting System) |
| 1 | TI11 | Relay 1000 Sys 3 Station w/Install & Trg |

Your Payment Plan

| | | |
|--------------------------------|--------------------------------|-----------------------------|
| Initial Term: 36 months | Initial Payment Amount: | |
| Number of Months | Monthly Amount | Billed Quarterly at* |
| 36 | \$ 152.00 | \$ 456.00 |

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

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

Your Signature Below

By signing below, you agree to be bound by all the terms of this Agreement including the Pitney Bowes Terms (Version 9/20), which are available at <http://www.pb.com/termsconditions> and are incorporated by reference. You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The lease requires you either to provide proof of insurance or participate in the ValueMAX® equipment protection program (see Section 16 of the Pitney Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html>. Those additional terms are incorporated by reference.

E-Signed : 10/30/2020 11:23 AM EDT

Ruslan Kuzmenko

ruslankuzmenko@seaburylife.org
Title: CFO
IP: 50.232.246.226

Sertifi Electronic Signature
DocID: 20201030093758551

Lessee Signature

Print Name

Title

Date

Email Address

Pitney Bowes Signature

Print Name

Title

Date

Sales Information

JESSICA BRABANK

jessica.brabank@pb.com

Account Rep Name

Email Address

PBGFS Acceptance



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 INCORP | | | | 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. 60-2935000 <i>(Do Not Insert Social Security No.)</i> | | Billing Contact Telephone Number (860)602-3408 | | Billing Contact Facsimile No. | | Billing Contact E-Mail Address renaud.lepape@tld-america.com | |

EQUIPMENT DESCRIPTION

| Qty | Equipment Description: Make& Model | Street Address/City/State/Zip |
|-----|--------------------------------------|--|
| 1 | RICOH IMC3500 CONFIGURABLE PTO MODEL | 200 SEABURY DR, BLOOMFIELD, CT, 06002-2659, US |

PAYMENT SCHEDULE

| Minimum Term (months) |
|--------------------------|
| 36 |

| Minimum Payment (Without Tax) |
|----------------------------------|
| \$247.90 |

| 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 |
| 0.0058 | 0.0256 |

| 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: _____)

TERMS AND CONDITIONS

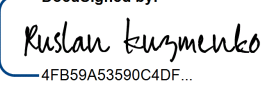
- Use of Equipment; Term.** You agree to use the equipment listed above ("Equipment") and pay the sums described above. **THIS AGREEMENT IS UNCONDITIONAL AND NON-CANCELABLE.** You agree to use this Equipment for the Minimum Term indicated above. You agree that the Equipment will be used solely for lawful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



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

AUTHORIZED SIGNER

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

| | |
|--|---|
| <p>CUSTOMER DocuSigned by:  4FB59A53590C4DF... By: <input checked="" type="checkbox"/> _____ Authorized Signer Signature Printed Name: Ruslan Kuzmenko Title: CFO, VP of Finance Date: 6/30/2021</p> | <p>Accepted by: RICOH USA, INC. By: _____ Authorized Signer Signature Printed Name: _____ Title: _____ Date: _____</p> |
|--|---|

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 as described on the Agreement 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, may be increased annually by an amount up 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.

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

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

X _____ Date: _____

Guarantor Signature

Home Address

(Printed Name of Guarantor - Do Not Include Title)

City State Zip

(_____) _____
Home Phone

Accepted by RICOH USA, INC.:

| | | | |
|-----------------------------|------|--------------------------------|-------------------------|
| Authorized Signer Signature | Date | Authorized Signer Printed Name | Authorized Signer Title |
|-----------------------------|------|--------------------------------|-------------------------|





RICOH

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- | BLOOMFIELD | HARTFORD | CT | 06002-2659 |
| City | County | State | Zip | City | County | State | Zip |
| Federal Tax ID No. 60-2935000 <i>(Do Not Insert Social Security No.)</i> | | 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 MP2555SP AD (ARDF) CONFIGURABLE PTO MODEL | 200 SEABURY DR, BLOOMFIELD, CT, 06002-2659, US |

PAYMENT SCHEDULE

| Minimum Term (months) |
|--------------------------|
| 36 |

| Minimum Payment (Without Tax) |
|----------------------------------|
| \$141.05 |

| 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 |
| 0.0087 | N/A |

| 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: _____)

TERMS AND CONDITIONS

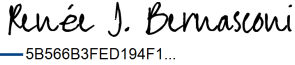
- Use of Equipment; Term.** You agree to use the equipment listed above ("Equipment") and pay the sums described above. **THIS AGREEMENT IS UNCONDITIONAL AND NON-CANCELABLE.** You agree to use this Equipment for the Minimum Term indicated above. You agree that the Equipment will be used solely for lawful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



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

AUTHORIZED SIGNER

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

| | |
|---|---|
| <p>CUSTOMER</p> <p>DocuSigned by:  5B566B3FED194F1...</p> <p>By: <input checked="" type="checkbox"/> _____ Authorized Signer Signature</p> <p>Printed Name: <u>Renée J. Bernasconi</u></p> <p>Title: <u>President & CEO</u> Date: <u>1/24/2021</u></p> | <p>Accepted by: RICOH USA, INC.</p> <p>By: _____ Authorized Signer Signature</p> <p>Printed Name: _____</p> <p>Title: _____ Date: _____</p> |
|---|---|

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



General Information and Questionnaire
Accounting Basis

| | | | | |
|--|----------------------|------------------------------------|-----------|----------|
| Name of Facility Church Home of Hartford, Inc. (DB) | License No. 2103C | Report for Year Ended 9/30/2021 | Page 7 | of 37 |
|--|----------------------|------------------------------------|-----------|----------|

The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

| | |
|--|---|
| Name of Accounting Firm 1 CliftonLarsonAllen LLP 2 3 4 | Address (No. & Street, City, State, Zip Code) 29 South Main Street, 4th Floor, West Hartford, CT 06107 |
|--|---|

Services Provided by This Firm (*describe fully*)

| | |
|--|-------------------------------------|
| 1 Medicaid Cost Report | \$ 12,200 |
| 2 Medicare Cost Report | \$ 6,800 |
| 3 Annual Audit and Preparation of 990 Tax Return | \$ 20,260 |
| 4 | \$ |
| | Charge for Services Provided |
| | \$ 39,260 |

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

Legal Services Information

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

Address (*No. & Street, City, State, Zip Code*)
 1 6 Way Road #031, Middlefield, CT 06455
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

| | |
|---------------------------|-------------------------------------|
| 1 Various general matters | \$ 1,240 |
| 2 | \$ |
| 3 | \$ |
| 4 | \$ |
| 5 | \$ |
| | Charge for Services Provided |
| | \$ 1,240 |

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

Schedule of Resident Statistics

| Name of Facility Church Home of Hartford, Inc. (DBA Seabury) | | | License No. 2103C | | Report for Year Ended 9/30/2021 | | | | Page 8 | of 37 | | |
|--|------------------|------------------|----------------------|-----------------------------|------------------------------------|--------|------|-----------------------|----------------------|----------|------|-----------------------|
| | Total All Levels | Total CCNH Level | Total RHNS Level | Total Residential Care Home | Period 10/1 Thru 6/30 | | | | Period 7/1 Thru 9/30 | | | |
| | | | | | Total | CCNH | RHNS | Residential Care Home | Total | CCNH | RHNS | Residential Care Home |
| 1. Certified Bed Capacity | | | | | | | | | | | | |
| A. On last day of PREVIOUS report period | 108 | 72 | | 36 | 108 | 72 | | 36 | | | | |
| B. On last day of THIS report period | 108 | 72 | | 36 | | | | | 108 | 72 | | 36 |
| 2. Number of Residents | | | | | | | | | | | | |
| A. As of midnight of PREVIOUS report period | 69 | 43 | | 26 | 69 | 43 | | 26 | | | | |
| B. As of midnight of THIS report period | 58 | 37 | | 21 | | | | | 58 | 37 | | 21 |
| 3. Total Number of Days Care Provided During Period | | | | | | | | | | | | |
| A. Medicare | 3,683 | 3,683 | | | 2,761 | 2,761 | | | 922 | 922 | | |
| B. Medicaid (Conn.) | 12,731 | 5,480 | | 7,251 | 9,581 | 3,985 | | 5,596 | 3,150 | 1,495 | | 1,655 |
| C. Medicaid (other states) | | | | | | | | | | | | |
| D. Private Pay | 3,175 | 2,894 | | 281 | 2,406 | 2,125 | | 281 | 769 | 769 | | |
| E. State SSI for RCH | | | | | | | | | | | | |
| F. Other (Specify) CCRC / Insurance | 7,611 | 7,189 | | 422 | 5,805 | 5,475 | | 330 | 1,806 | 1,714 | | 92 |
| G. Total Care Days During Period (3A thru F) | 27,200 | 19,246 | | 7,954 | 20,553 | 14,346 | | 6,207 | 6,647 | 4,900 | | 1,747 |
| 4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds | | | | | | | | | | | | |
| A. Medicaid Bed Reserve Days | 565 | | | 565 | 439 | | | 439 | 126 | | | 126 |
| B. Other Bed Reserve Days | 180 | 95 | | 85 | 120 | 66 | | 54 | 60 | 29 | | 31 |
| 5. Total Resident Days (3G + 4A + 4B) | 27,945 | 19,341 | | 8,604 | 21,112 | 14,412 | | 6,700 | 6,833 | 4,929 | | 1,904 |

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

| Name of Facility Church Home of Hartford, Inc. (DBA Seabury) | | | License No. 2103C | | | Report for Year Ended 9/30/2021 | | | Page 9 | | of 37 | | |
|---|-----------------|------|-----------------------|----------------|----------|------------------------------------|-----------------------|----------------------|-----------|-----------------------|-----------------------|-----------------------|-------------------|
| 4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No | | | | | | | | | | | | | |
| If "YES", provide the following information: | | | | | | | | | | | | | |
| Date of Change | Place of Change | | | Change in Beds | | | | | | Capacity After Change | | | Reason for Change |
| | CCNH | RHNS | Residential Care Home | Lost | | | Gained | | | CCNH | RHNS | Residential Care Home | |
| | (1) | (2) | (3) | (1) | (2) | (3) | (1) | (2) | (3) | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change. | | | | | | | | | | | | | |
| Change in Resident Days | | | | | | | | | CCNH | RHNS | Residential Care Home | | |
| 1st change | | | | | | | | | | | | | |
| 2nd change | | | | | | | | | | | | | |
| 3rd change | | | | | | | | | | | | | |
| 4th change | | | | | | | | | | | | | |
| 6. Number of Residents and Rates on September 30 of Cost Year | | | | | | | | | | | | | |
| Item | Medicare | | Medicaid | | Self-Pay | | | Other State Assisted | | | | | |
| | CCNH | | CCNH | RHNS | CCNH | RHNS | Residential Care Home | R.C.H. | ICF-MR | | | | |
| No. of Residents | 4 | | 16 | | 17 | | 1 | 20 | | | | | |
| Per Diem Rate | | | | | | | | | | | | | |
| a. One bed rm. | PPS | | 301.78 | | 586.00 | | 184.00-337.00 | 161.93 | | | | | |
| b. Two bed rms. | | | | | | | | | | | | | |
| c. Three or more bed rms. | | | | | | | | | | | | | |
| 7. Total Number of Physical Therapy Treatments | | | | | | | | | TOTAL | CCNH | RHNS | Residential Care Home | |
| A. Medicare - Part B | | | | | | | | | 4,869 | 4,869 | | | |
| B. Medicaid (Exclusive of Part B) | | | | | | | | | | | | | |
| 1. Maintenance Treatments | | | | | | | | | | | | | |
| 2. Restorative Treatments | | | | | | | | | | | | | |
| C. Other | | | | | | | | | 19,200 | 19,200 | | | |
| D. Total Physical Therapy Treatments | | | | | | | | | 24,069 | 24,069 | | | |
| 8. Total Number of Speech Therapy Treatments | | | | | | | | | | | | | |
| A. Medicare - Part B | | | | | | | | | 452 | 452 | | | |
| B. Medicaid (Exclusive of Part B) | | | | | | | | | | | | | |
| 1. Maintenance Treatments | | | | | | | | | | | | | |
| 2. Restorative Treatments | | | | | | | | | | | | | |
| C. Other | | | | | | | | | 1,560 | 1,560 | | | |
| D. Total Speech Therapy Treatments | | | | | | | | | 2,012 | 2,012 | | | |
| 9. Total Number of Occupational Therapy Treatments | | | | | | | | | | | | | |
| A. Medicare - Part B | | | | | | | | | 4,869 | 4,869 | | | |
| B. Medicaid (Exclusive of Part B) | | | | | | | | | | | | | |
| 1. Maintenance Treatments | | | | | | | | | | | | | |
| 2. Restorative Treatments | | | | | | | | | | | | | |
| C. Other | | | | | | | | | 13,420 | 13,420 | | | |
| D. Total Occupational Therapy Treatments | | | | | | | | | 18,289 | 18,289 | | | |

Report of Expenditures - Salaries & Wages

| | | | | | | |
|--|----------------------|------------------------------------|------------|----------|--------------------------|--------|
| Name of Facility Church Home of Hartford, Inc. (DBA Seabury) | License No. 2103C | Report for Year Ended 9/30/2021 | Page 10 | of 37 | | |
| Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No | | | | | | |
| Total Cost and Hours | | | | | | |
| Item | CCNH | Hours | RHNS | Hours | Residential Care Home | Hours |
| A. Salaries and Wages* | | | | | | |
| 1. Operators/Owners (Complete also Sec. I of Schedule A1) | 90,520 | 499 | | | 15,734 | 87 |
| 2. Administrator(s) (Complete also Sec. III of Schedule A1) | 105,943 | 1,422 | | | 49,043 | 786 |
| 3. Assistant Administrator (Complete also Sec. IV of Schedule A1) | | | | | | |
| 4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.) | 36,112 | 1,425 | | | 22,748 | 1,106 |
| 5. Dietary Service | | | | | | |
| a. Head Dietitian | | | | | | |
| b. Food Service Supervisor | | | | | | |
| c. Dietary Workers | 435,480 | 29,308 | | | 163,080 | 10,306 |
| 6. Housekeeping Service | | | | | | |
| a. Head Housekeeper | 17,573 | 489 | | | 30,558 | 1,874 |
| b. Other Housekeeping Workers | 177,267 | 12,198 | | | 54,861 | 3,782 |
| 7. Repairs & Maintenance Services | | | | | | |
| a. Engineer or Chief of Maintenance | 20,937 | 279 | | | 6,397 | 85 |
| b. Other Maintenance Workers | 74,732 | 2,953 | | | 22,835 | 902 |
| 8. Laundry Service | | | | | | |
| a. Supervisor | | | | | | |
| b. Other Laundry Workers | 31,425 | 1,953 | | | 31,073 | 1,937 |
| 9. Barber and Beautician Services | | | | | | |
| 10. Protective Services | 89,271 | 4,866 | | | 27,277 | 1,487 |
| 11. Accounting Services | | | | | | |
| a. Head Accountant | | | | | | |
| b. Other Accountants | 119,144 | 2,677 | | | 20,710 | 465 |
| 12. Professional Care of Residents | | | | | | |
| a. Directors and Assistant Director of Nurses | 205,491 | 3,838 | | | 26,249 | 557 |
| b. RN | | | | | | |
| 1. Direct Care | 1,011,216 | 24,101 | | | 30,336 | 743 |
| 2. Administrative** | 250,588 | 5,331 | | | 13,687 | 291 |
| c. LPN | | | | | | |
| 1. Direct Care | 375,886 | 11,556 | | | 62,729 | 2,077 |
| 2. Administrative** | | | | | | |
| d. Aides and Attendants | 1,237,186 | 64,806 | | | 314,230 | 16,918 |
| e. Physical Therapists | | | | | | |
| f. Speech Therapists | | | | | | |
| g. Occupational Therapists | | | | | | |
| h. Recreation Workers | 99,712 | 4,005 | | | 82,921 | 3,806 |
| 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 | 59,804 | 1,914 | | | 3,266 | 105 |
| n. Marketing | | | | | | |
| o. Other (Specify) See Attached Schedule | 274,212 | 8,340 | | | 30,693 | 1,029 |
| <i>A-13. Total Salary Expenditures</i> | 4,712,499 | 181,960 | | | 1,008,427 | 48,343 |

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

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

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

Schedule of Other Salaries and Wages (Page 10)

| Position | CCNH | | RHNS | | Residential Care Home | |
|------------------------------|------------|-------|------|-------|-----------------------|-------|
| | \$ | Hours | \$ | Hours | \$ | Hours |
| Information Technology | \$ 33,527 | 916 | | | \$ 5,828 | 159 |
| Human Resources | \$ 67,317 | 1,610 | | | \$ 11,701 | 280 |
| Scheduler - Skilled | \$ 40,595 | 1,880 | | | | |
| Medical Records - Skilled | \$ 57,256 | 1,962 | | | | |
| Chaplain & Holistic Medicine | \$ 75,517 | 1,972 | | | \$ 4,125 | 108 |
| Medical Records & Scheduler | | | | | \$ 9,039 | 482 |
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| | | | | | | |
| Total | \$ 274,212 | 8,340 | \$ - | - | \$ 30,693 | 1,029 |

Schedule of Other Fees (Page 13)

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

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

| Name of Facility | | | | License No. | Report for Year Ended | | | Page | of | |
|---|-------------|------|-----------------------|--|--|--------------------|-------------------------------|--|--------------------|-----------------------|
| Church Home of Hartford, Inc. (DBA Seabury) | | | | 2103C | 9/30/2021 | | | 11 | 37 | |
| Name | Salary Paid | | | Fringe Benefits and/or Other Payments (describe fully) | Full Description of Services Rendered | Total Hours Worked | Line Where Claimed on Page 10 | Name and Address of All Other Employment** | Total Hours Worked | Compensation Received |
| | CCNH | RHNS | Residential Care Home | | | | | | | |
| Section I - Operators/Owners | | | | | | | | | | |
| Renee Bernasconi | 90,520 | | 15,734 | Vehicle and Deferred Compensation | Responsible for all operations of facilities | 586 | 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). | | | | | | | | | | |
| | | | | | | | | | | |
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* 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 | 9/30/2021 | | | 12 | 37 | |
| Name | Salary Paid | | | Fringe Benefits and/or Other Payments (describe fully) | Full Description of Services Rendered | Total Hours Worked | Line Where Claimed on Page 10 | Name and Address of All Other Employment** | Total Hours Worked | Compensation Received |
| | CCNH | RHNS | Residential Care Home | | | | | | | |
| Section III - Administrators*** | | | | | | | | | | |
| Jacob Bompastore | 105,943 | | 49,043 | Nondiscretionary | Administrator | 2,208 | A2 | | | |
| Rachel Calvo (Meadows Administrator 10/1/2020-10/16/2020) | | | | Nondiscretionary | Administrator - Meadows | | A2 | | | |
| Erica Bresson (Meadows Administrator 11/17/20-Present) | | | | Nondiscretionary | Administrator - Meadows | | A2 | | | |
| Section IV - Assistant Administrators | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

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

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

Annual Report of Long-Term Care Facility

B. Report of Expenditures - Professional Fees

| Name of Facility | License No. | Report for Year Ended | Page | of | | |
|---|---------------|-----------------------|------|-------|-----------------------|-----------|
| Church Home of Hartford, Inc. (DBA Seabury) | 2103C | 9/30/2021 | 13 | 37 | | |
| Total Cost and Hours | | | | | | |
| Item | CCNH | Hours | RHNS | Hours | Residential Care Home | Hours |
| *B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1) | | | | | | |
| 1. Dietitian | 43,536 | 939 | | | 2,378 | 51 |
| 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) | 12,025 | 92 | | | 657 | 5 |
| 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 | 55,561 | 1,031 | | | 3,035 | 56 |

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

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

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

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

| Name of Facility Church Home of Hartford, Inc. (DBA Seabury) | | License No. 2103C | | Report for Year Ended 9/30/2021 | Page 14 | of 37 |
|---|-----------------------------|--|----------------------------------|------------------------------------|------------|----------|
| Name & Address of Individual | Full Explanation of Service | Related** to Owners, Operators, Officers | | Explanation of Relationship | | |
| | | Yes | No | | | |
| Theresa Dotson | Dietician | <input type="radio"/> | <input checked="" type="radio"/> | | | |
| Susan Green | Dietician | <input type="radio"/> | <input checked="" type="radio"/> | | | |
| Sherri Lane | Dietician | <input type="radio"/> | <input checked="" type="radio"/> | | | |
| Uconn Health | Medical Director | <input type="radio"/> | <input checked="" type="radio"/> | | | |
| Hartford Healthcare | Medical Director | <input type="radio"/> | <input checked="" type="radio"/> | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | |
| | | <input type="radio"/> | <input checked="" type="radio"/> | | | |
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* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

| Name of Facility | License No. | Report for Year Ended | | Page | of |
|--|--------------|-----------------------|------|-----------------------|---------|
| Church Home of Hartford, Inc. (DBA Seabury) | 2103C | 9/30/2021 | | 15 | 37 |
| Item | Total | CCNH | RHNS | Residential Care Home | |
| 1. Administrative and General | | | | | |
| a. Employee Health & Welfare Benefits | | | | | |
| 1. Workmen's Compensation | \$ 108,339 | 86,060 | | | 22,279 |
| 2. Disability Insurance | \$ 2,933 | | | | 2,933 |
| 3. Unemployment Insurance | \$ 21,814 | 17,323 | | | 4,491 |
| 4. Social Security (F.I.C.A.) | \$ 417,509 | 343,840 | | | 73,669 |
| 5. Health Insurance | \$ 855,585 | 682,563 | | | 173,022 |
| 6. Life Insurance (employees only) (not-owners and not-operators) | \$ 733 | | | | 733 |
| 7. Pensions (Non-Discriminatory) (not-owners and not-operators) | \$ 173,268 | 155,392 | | | 17,876 |
| 8. Uniform Allowance | \$ 1,915 | 1,717 | | | 198 |
| 9. Other (<i>Specify</i>) See Attached Schedule | \$ 379 | 340 | | | 39 |
| b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* | \$ 5,482 | 4,670 | | | 812 |
| c. Bad Debts* | \$ 16,612 | 14,152 | | | 2,460 |
| d. Accounting and Auditing | \$ 39,582 | 32,778 | | | 6,804 |
| e. Legal (<i>Services should be fully described on Page 7</i>) | \$ 1,260 | 1,073 | | | 187 |
| f. Insurance on Lives of Owners and Operators (<i>Specify</i>)* | \$ | | | | |
| g. Office Supplies | \$ 21,842 | 17,579 | | | 4,263 |
| h. Telephone and Cellular Phones | | | | | |
| 1. Telephone & Pagers | \$ 7,564 | 6,444 | | | 1,120 |
| 2. Cellular Phones | \$ 3,626 | 2,554 | | | 1,072 |
| i. Appraisal (<i>Specify purpose and attach copy</i>)* | \$ | | | | |
| j. Corporation Business Taxes (<i>franchise tax</i>) | \$ | | | | |
| k. Other Taxes (<i>Not related to property - See Page 22</i>) | | | | | |
| 1. Income* | \$ | | | | |
| 2. Other (<i>Specify</i>) See Attached Schedule | \$ | | | | |
| 3. Resident Day User Fee | \$ | | | | |
| Subtotal | \$ 1,678,443 | 1,366,485 | | | 311,958 |

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

| Description | CCNH | RHNS | Residential Care Home |
|--------------------|-------------|-------------|----------------------------------|
| Employee Physicals | \$ 340 | | \$ 39 |
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| | | | |
| Total | \$ 340 | \$ - | \$ 39 |

Schedule of Other Taxes

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

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

| Name of Facility | License No. | Report for Year Ended | | Page | of |
|---|--------------|-----------------------|------|--------------------------|----|
| Church Home of Hartford, Inc. (DBA Seabury) | 2103C | 9/30/2021 | | 16 | 37 |
| Item | Total | CCNH | RHNS | Residential Care Home | |
| <i>Subtotals Brought Forward:</i> | 1,678,443 | 1,366,485 | | 311,958 | |
| l. Travel and Entertainment | | | | | |
| 1. Resident Travel and Entertainment | \$ | | | | |
| 2. Holiday Parties for Staff | \$ | | | | |
| 3. Gifts to Staff and Residents | \$ 5,327 | 4,239 | | 1,088 | |
| 4. Employee Travel | \$ 932 | 794 | | 138 | |
| 5. Education Expenses Related to Seminars and Conventions | \$ 4,394 | 3,743 | | 651 | |
| 6. Automobile Expense (<i>not purchase or depreciation</i>) | \$ | | | | |
| 7. Other (<i>Specify</i>) See Attached Schedule | \$ | | | | |
| m. Other Administrative and General Expenses | | | | | |
| 1. Advertising Help Wanted (<i>all such expenses</i>) | \$ 661 | 563 | | 98 | |
| 2. Advertising Telephone Directory (<i>all such expenses</i>)*** | \$ | | | | |
| 3. Advertising Other (<i>Specify</i>)*** See Attached Schedule | \$ 11 | | | 11 | |
| 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)*** | \$ 702 | | | 702 | |
| 7. Postage | \$ 4,165 | 3,320 | | 845 | |
| * 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule | \$ 6,630 | 5,648 | | 982 | |
| 8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** | \$ | | | | |
| 9. Subscriptions | \$ | | | | |
| 10. Contributions*** See Attached Schedule | \$ | | | | |
| 11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) | \$ 53,881 | 44,448 | | 9,433 | |
| 12. Administrative Management Services** | \$ | | | | |
| 13. Other (<i>Specify</i>) See Attached Schedule | \$ 262,606 | 222,374 | | 40,232 | |
| <i>C-14 Total Administrative & General Expenditures</i> | \$ 2,017,752 | 1,651,614 | | 366,138 | |

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

| Description | CCNH | RHNS | Residential Care Home |
|--------------------------------|------|------|--------------------------|
| Other Advertising | | | \$ 11 |
| | | | |
| Total Other Advertising | \$ - | \$ - | \$ 11 |

Schedule of Dues

| Description | CCNH | RHNS | Residential Care Home |
|-------------------------|----------|------|--------------------------|
| Leading Age Connecticut | \$ 5,648 | | \$ 982 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Dues | \$ 5,648 | \$ - | \$ 982 |

Schedule of Contributions

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

Schedule of Other Administrative and General

| Description | CCNH | RHNS | Residential Care Home |
|---|------------|------|--------------------------|
| Licenses & Fees - Disallowed | \$ 4,475 | | \$ 1,929 |
| Supplies | \$ 5,648 | | \$ 1,410 |
| Communication Systems - Disallowed | \$ 39,720 | | \$ 6,904 |
| Bank Fees - Disallowed | \$ 7,252 | | \$ 1,260 |
| Fire/ Safety Alarm System | \$ 33,667 | | \$ 5,852 |
| Disaster Recovery Expenses | \$ 131,612 | | \$ 22,877 |
| | | | |
| | | | |
| Total Other Administrative and General | \$ 222,374 | \$ - | \$ 40,232 |

Schedule C-1 - Management Services*

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|----------------------------------|---|--|----|
| Church Home of Hartford, Inc. (DBA Seal | 2103C | 9/30/2021 | 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 Church Home of Hartford, Inc. (DBA Seabury) | | License No. 2103C | Report for Year Ended 9/30/2021 | Page 18 | of 37 |
| Item | | Total | CCNH | RHNS | Residential Care Home |
| 2. Dietary | | | | | |
| a. In-House Preparation & Service | | | | | |
| 1. | Raw Food | \$ 329,109 | 248,263 | | 80,846 |
| 2. | Non-Food Supplies | \$ 51,424 | 40,117 | | 11,307 |
| 3. | Other (<i>Specify</i>) _____ | \$ | | | |
| b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>) | | \$ | | | |
| c. Other (<i>Specify</i>) _____ Food Uniforms and Miscellaneous | | \$ 11,844 | 8,702 | | 3,142 |
| 2D. Total Dietary Expenditures (2a + b + c + d) | | \$ 392,377 | 297,082 | | 95,295 |
| 2E. Dietary Questionnaire | | Total | CCNH | RHNS | Residential Care Home |
| F. | Resident Meals: Total no. of meals served per day:* | | | | |
| G. | Is cost of employee meals included in 2D? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | | |
| H. | Did you receive revenue from employees? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | | If yes, specify amt. |
| I. | Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | |
| J. | Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | | If yes, specify cost. |
| K. | Is any revenue collected from these people? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | | If yes, specify amt. |
| L. | Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | |
| M. | Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | | If yes, specify cost. |
| N. | Is any revenue collected from employees? | <input type="radio"/> Yes | <input checked="" type="radio"/> No | | If yes, specify amt. |
| O. | Where is the revenue received reported in the Cost Report? (Page/Line Item) | | | | |

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

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

| Name of Facility Church Home of Hartford, Inc. (DBA Seabury) | | License No. 2103C | Report for Year Ended 9/30/2021 | | Page 19 | of 37 |
|--|--|---------------------------|-------------------------------------|-----------------------|-----------------------|----------|
| Item | | Total | CCNH | RHNS | Residential Care Home | |
| 3. Laundry | | | | | | |
| a. In-House Processing* | | Lbs. | | | | |
| 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.*** | | Amt. \$ | | | | |
| 2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.*** | | Lbs. | | | | |
| | | Amt. \$ | | | | |
| 3. Personal clothing of residents washed, ironed, and/or processed.*** | | Lbs. | | | | |
| | | Amt. \$ | | | | |
| 4. Repair and/or purchase of linens.*** | | Lbs. | | | | |
| | | Amt. \$ | 859 | 609 | | 250 |
| b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>) | | \$ | | | | |
| c. Other (<i>Specify</i>) Laundry Supplies & Other | | \$ | 12,647 | 10,452 | | 2,195 |
| 3D. Total Laundry Expenditures (3a + b + c) | | \$ | 13,506 | 11,061 | | 2,445 |
| 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 | 9/30/2021 | | 20 | 37 |
| Item | | | Total | CCNH | RHNS | Residential Care Home |
| 4. | Housekeeping | Sq. Ft. Serviced by Personnel | | | | |
| a. | In-House Care | | | | | |
| 1. | Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>) | Amt. \$ | 17,288 | 8,265 | | 9,023 |
| 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) | \$ | 17,288 | 8,265 | | 9,023 |
| 5. | Resident Care (Supplies)** | | | | | |
| a. | Prescription Drugs*** | | | | | |
| 1. | Own Pharmacy | \$ | 20 | 19 | | 1 |
| 2. | Purchased from | \$ | | | | |
| b. | Medicine Cabinet Drugs | \$ | 57,014 | 54,061 | | 2,953 |
| c. | Medical and Therapeutic Supplies | \$ | 28,656 | 20,048 | | 8,608 |
| 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 | \$ | 24,666 | 14,428 | | 10,238 |
| j. | Direct Management Services* | \$ | | | | |
| k. | Indirect Management Services* | \$ | | | | |
| l. | Other (Specify)**** See Attached Schedule | \$ | 118,704 | 114,702 | | 4,002 |
| 5M. | Total Resident Care Expenditures (5a - 5j) | \$ | 229,060 | 203,258 | | 25,802 |

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

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

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

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

Schedule of Other Resident Care

| Description | CCNH | RHNS | Residential Care Home |
|--|-------------------|-------------|-----------------------|
| Worship Materials & Supplies | \$ 183 | | \$ 10 |
| Contract Cleaning Services | | | \$ 357 |
| Supplies (Non-Medical) | \$ 2,466 | | \$ 135 |
| Medical Supplies - Non-billable | \$ 94,420 | | |
| Nutrition Supplies - Billable - Disallowed | \$ 17,633 | | \$ 963 |
| Activities Expense | | | \$ 2,537 |
| | | | |
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| | | | |
| | | | |
| Total Other Resident Care | \$ 114,702 | \$ - | \$ 4,002 |

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 9/30/2021 | Page of 21 37 | | | | | |
|---|---|---|----------------------------------|------------------------------------|---------------------------------------|-------------------------|------|-----------------------|-------|-------|
| Name of Individual or Company | Address | Related ** to Owners, Operators, Officers | | Explanation of Relationship | Full Explanation of Service Provided* | Total Cost/Page Ref.*** | | | | |
| | | Yes | No | | | CCNH | RHNS | Residential Care Home | Pg | Line |
| Sentrics | 8940 Vincennes Circle, Indianapolis, IN 46268 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | TV/Internet/Telephone | 13,399 | | 2,329 | 15/16 | 1h1/r |
| Property Management Plus | Bloomfield, CT | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Snow Removal | 21,526 | | 6,577 | 22 | 6f |
| USA Hauling and Recycling | PO Box 1000, East Windsor, CT 06088 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Trash Removal | 17,092 | | 5,223 | 22 | 6f |
| USL of Bloomfield | 37 Peters Road, Bloomfield, CT 06002 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Landscaping | 8,859 | | 2,707 | 22 | 6f |
| Infinity Group | Hartford, CT | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Construction Services | 9,001 | | 2,750 | 22 | 6a |
| Custom Exterior Landscape | 762 N. Mountain Road, Newington CT 06111 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Landscaping | 17,998 | | 5,499 | 22 | 6f |
| Schindler Elevator Corporation | PO Box 93050, Chicago, IL 60673 | <input type="radio"/> | <input checked="" type="radio"/> | N/A | Elevator Maintenance | 11,500 | | 3,514 | 22 | 6a |
| | | <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 | 9/30/2021 | | | 22 | 37 |
| Item | Total | CCNH | RHNS | Residential Care Home | | |
| 6. Maintenance & Operation of Plant | | | | | | |
| a. Repairs & Maintenance | \$ 69,598 | 51,281 | | | 18,317 | |
| b. Heat | \$ 45,267 | 30,418 | | | 14,849 | |
| c. Light & Power | \$ 205,662 | 150,206 | | | 55,456 | |
| d. Water | \$ 40,797 | 29,423 | | | 11,374 | |
| e. Equipment Lease (<i>Provide detail on page 6</i>) | \$ 5,858 | 4,116 | | | 1,742 | |
| f. Other (<i>itemize</i>) | \$ 125,240 | 90,799 | | | 34,441 | |
| See Attached Schedule | | | | | | |
| 6g. Total Maint. & Operating Expense (6a - 6f) | \$ 492,422 | 356,243 | | | 136,179 | |
| 7. Depreciation (<i>complete schedule page 23*</i>) | | | | | | |
| a. Land Improvements | \$ | | | | | |
| b. Building & Building Improvements | \$ 1,366,372 | 969,406 | | | 396,966 | |
| c. Non-Movable Equipment | \$ | | | | | |
| d. Movable Equipment | \$ 464,754 | 335,102 | | | 129,652 | |
| *7e. Total Depreciation Costs (7a + b + c + d) | \$ 1,831,126 | 1,304,508 | | | 526,618 | |
| 8. Amortization (<i>Complete att. Schedule Page 24*</i>) | | | | | | |
| a. Organization Expense | \$ | | | | | |
| b. Mortgage Expense | \$ | | | | | |
| c. Leasehold Improvements | \$ | | | | | |
| d. Other (<i>Specify</i>) | \$ | | | | | |
| *8e. Total Amortization Costs (8a + b + c + d) | \$ | | | | | |
| 9. Rental payments on leased real property less real estate taxes included in item 10b | \$ | | | | | |
| 10. Property Taxes | | | | | | |
| a. Real estate taxes paid by owner | \$ | | | | | |
| b. Real estate taxes paid by lessor | \$ | | | | | |
| c. Personal property taxes | \$ | | | | | |
| 11. Total Property Expenses (7e + 8e + 9 + 10) | \$ 1,831,126 | 1,304,508 | | | 526,618 | |

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

Schedule of Other Repairs and Maintenance

| Description | CCNH | RHNS | Residential Care Home |
|--|-------------|-------------|----------------------------------|
| Exterminations | \$ 2,632 | | \$ 1,599 |
| Trash Removal | \$ 20,263 | | \$ 8,970 |
| Snow Removal | \$ 21,526 | | \$ 6,577 |
| Water Treatment | \$ 1,848 | | \$ 565 |
| Mechanical System - HVAC | \$ 11,188 | | \$ 3,419 |
| Contracted Professional Services | \$ 31,940 | | \$ 9,759 |
| Small Equipment Expense | \$ 715 | | \$ 1,332 |
| Tools | \$ 687 | | \$ 210 |
| Meadows Unit Refurbishing | | | \$ 595 |
| Meadows Commons Refurbishing | | | \$ 882 |
| Cable Services - Disallowed | | | \$ 382 |
| Maintenance Supplies | | | \$ 111 |
| Equipment Storage Rent | | | \$ 40 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other Repairs and Maintenance | \$ 90,799 | \$ - | \$ 34,441 |

Depreciation Schedule

| Name of Facility Church Home of Hartford, Inc. (DBA Seabury) | | | License No. 2103C | | | Report for Year Ended 9/30/2021 | | | 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 | | | 156,908,026 | | 156,908,026 | 33,488,686 | SL | VAR | 1,353,244 | | | | |
| 2. Disposals (attach schedule) | | | (19,678) | | (19,678) | (5,553) | SL | VAR | 1,338 | | | | |
| 3. Acquired during this report period (attach schedule) | | | 1,181,005 | | 1,181,005 | | SL | VAR | 11,790 | | | | |
| B-4. Subtotal | | | | | | | | | | 1,366,372 | | | |
| C. Non-Movable Equipment | | | | | | | | | | | | | |
| 1. Acquired prior to this report period | | | 19,625 | | 19,625 | 19,625 | SL | VAR | | | | | |
| 2. Disposals (attach schedule) | | | | | | | | | | | | | |
| 3. Acquired during this report period (attach schedule) | | | | | | | | | | | | | |
| C-4. Subtotal | | | | | | | | | | | | | |
| | | Is a mileage logbook maintained? | | Date of Acquisition | | Historical Cost Exclusive of Land | Less Salvage Value | Cost to Be Depreciated | Accumulated Depreciation to Beginning of Year's Operations | Method of Computing Depreciation | Useful Life | Depreciation for This Year | Totals |
| | | Yes | No | Month | Year | | | | | | | | |
| D. Movable Equipment | | | | | | | | | | | | | |
| 1. Motor Vehicles (Specify name, model and year of each vehicle) | | | | | | | | | | | | | |
| a. Vehicles | | Yes | | VAR | VAR | 199,795 | | 199,795 | 22,764 | SL | VAR | 4,904 | |
| b. 2014 Chrysler 300 | | Yes | | 11 | 2014 | Disposal - Page | | | | | | | |
| c. | | | | | | | | | | | | | |
| d. | | | | | | | | | | | | | |
| 2. Movable Equipment | | | | | | | | | | | | | |
| a. Acquired prior to this report period | | | | | | 11,788,993 | | 11,788,993 | 2,884,430 | SL | VAR | 442,118 | |
| b. Disposals (attach schedule) | | | | | | (426,804) | | (426,804) | (222,775) | SL | VAR | 17,469 | |
| c. Acquired during this report period (attach schedule) | | | | | | 42,168 | | 42,168 | | SL | VAR | 264 | |
| D-3. Subtotal | | | | | | | | | | | | | 464,754 |
| E. Total Depreciation | | | | | | | | | | | | | 1,831,126 |

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 | \$ 1,181,005 | | \$ 11,790 |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Building Improvements | | \$ 1,181,005 | | \$ 11,790 * |
| Deletions: | | | | |
| 9/30/2021 | Renovation - Unit 4152 | \$ (5,583) | | \$ 279 |
| 9/30/2021 | Dectron pool unit compressor | \$ (7,021) | | \$ 351 |
| 9/30/2021 | Renovation - Unit 2135 | \$ (7,075) | | \$ 708 |
| | | | | |
| | | | | |
| Total deletions for Building Improvements | | \$ (19,678) | | \$ 1,338 ** |

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

| Acquisition Date | Description of Item | Cost | Useful Life | Depreciation |
|--|---|--------------|-------------|--------------|
| Additions: | | | | |
| | See attached schedules (pages 23a-23c); allowable depreciation only | \$ 42,168 | | \$ 264 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total additions for Movable Equipment | | \$ 42,168 | | \$ 264 * |
| Deletions: | | | | |
| 5/31/2021 | Telephones | \$ (6,083) | | \$ 304 |
| 9/30/2021 | Kronos - Timekeeping software | \$ (45,051) | | |
| 5/31/2021 | Mitel Phone System | \$ (2,014) | | |
| 5/31/2021 | Phones | \$ (10,250) | | \$ 513 |
| 5/31/2021 | Telephone System - Escro | \$ (333,038) | | \$ 16,652 |
| 7/1/2021 | 2014 Chrysler 300 | \$ (30,368) | | |
| | | | | |
| | | | | |
| | | | | |
| Total deletions for Movable Equipment | | \$ (426,804) | | \$ 17,469 ** |

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Attachment Page 23a

NOTE: The purpose of this allocation workpaper is to properly portray the current year additions for SNF, RCH and Unallowable. Through a 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 | 53,314 |
| RCH Allowable | 8,645 |
| Unallowable | 953,783 |
| | <u>1,015,742</u> |

Meadows

| | | |
|---------------|----------------|-------|
| RCH Allowable | 39,891 | 14/58 |
| Unallowable | 125,372 | 44/58 |
| | <u>165,263</u> | |

Total Building and Building Improvements 1,181,005

Moveable Equipment

Seabury (see Page 23b)

| | |
|---------------|---------------|
| SNF Allowable | 4,051 |
| RCH Allowable | 1,485 |
| Unallowable | 36,632 |
| | <u>42,168</u> |

Meadows - None in 2021

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

Total Moveable Equipment 42,168

Total Property Additions Summary

Total Building Improvements Additions After Allocation:

| Useful life | SNF | HFA | O | Total | |
|-------------------------|---------------|--------------|----------------|------------------|---------------------------------|
| 15 | 2,907 | 888 | 12,436 | 16,232 | I/A/S, All, and Other Allocated |
| 10 | - | - | 822,090 | 822,090 | Direct Independent |
| 10 | 35,686 | - | - | 35,686 | Direct Skilled |
| 10 | 17,438 | 5,328 | 74,594 | 97,360 | I/A/S, All, and Other Allocated |
| Total 10 yr life | 53,123 | 5,328 | 896,684 | 955,135 | |
| 8 | 7,948 | 2,428 | 33,999 | 44,375 | I/A/S, All, and Other Allocated |
| Total | 63,978 | 8,645 | 943,119 | 1,015,742 | |

Total Other Additions After Allocation:

| Useful life | SNF | HFA | O | Total | |
|-------------------------|---------------|---------------|----------------|------------------|---------------------------------|
| 5 | - | - | 15,030 | 15,030 | Independent |
| 10 | 1,055 | 322 | 4,511 | 5,888 | I/A/S, All, and Other Allocated |
| Total 10 yr life | 1,055 | 322 | 4,511 | 5,888 | |
| 20 | 3,806 | 1,163 | 16,281 | 21,250 | Skilled/ Assisted |
| Total | 4,861 | 1,485 | 35,822 | 42,168 | |
| Total additions | 68,839 | 10,130 | 978,941 | 1,057,910 | |

Disallowance calculation for 12 SNF beds not eligible for reimbursement:

Building Additions:

| | | | |
|--------------------|---------------|--------|---------------|
| Total 15 year life | 2,907 | 16.67% | 485 |
| Total 10 year life | 53,123 | 16.67% | 8,854 |
| Total 8 year life | 7,948 | 16.67% | 1,325 |
| | <u>63,978</u> | | <u>10,664</u> |

Other Additions:

| | | | |
|--------------------|--------------|--------|------------|
| Total 3 year life | - | 16.67% | - |
| Total 10 year life | 1,055 | 16.67% | 176 |
| Total 20 year life | 3,806 | 16.67% | 634 |
| | <u>4,861</u> | | <u>810</u> |

11,474 **Total Transfer Out**

Total Building Improvement Additions after Disallowances:

| | SNF | HFA | O | Total |
|--------------------|---------------|--------------|----------------|------------------|
| Total 15 year life | 2,422 | 888 | 12,921 | 16,232 |
| Total 10 year life | 44,269 | 5,328 | 905,538 | 955,135 |
| Total 8 year life | 6,623 | 2,428 | 35,324 | 44,375 |
| | <u>53,314</u> | <u>8,645</u> | <u>953,783</u> | <u>1,015,742</u> |

Total Other Additions after Disallowances:

| | SNF | HFA | O | Total |
|--------------------|--------------|--------------|---------------|---------------|
| Total 5 year life | - | - | 15,030 | 15,030 |
| Total 10 year life | 879 | 322 | 4,687 | 5,888 |
| Total 20 year life | 3,172 | 1,163 | 16,915 | 21,250 |
| | <u>4,051</u> | <u>1,485</u> | <u>36,632</u> | <u>42,168</u> |

Total Additions 57,365 10,130 990,415 1,057,910

BUILDING IMPROVEMENT ADDITIONS

| Date | Description | Cost | Level | Life |
|------------------------|--|------------------|-------|------|
| 10/1/2020 | Clinic space | 63,090.38 | All | 10 |
| 1/31/2021 | Heat pumps | 20,310.00 | All | 10 |
| 4/30/2021 | Meadowview courtyard gutters | 8,819.50 | All | 10 |
| 9/30/2021 | Renovation - Heather Cahill's office | 5,140.00 | All | 10 |
| 8/31/2021 | Front entrance sidewalk and curb | 16,232.00 | All | 15 |
| 9/30/2021 | Paving | 44,375.00 | All | 8 |
| 11/30/2020 | Renovation - unit 3114 | 10,812.00 | I | 10 |
| 11/30/2020 | Cottage roof replacements - bldgs 5 & 8 | 46,500.00 | I | 10 |
| 12/31/2020 | Siding | 89,117.00 | I | 10 |
| 12/31/2020 | Cootage roof - building 4 | 17,500.00 | I | 10 |
| 1/31/2021 | Renovation - unit 4144 | 20,330.00 | I | 10 |
| 4/30/2021 | Renovation - unit 6214 | 11,112.00 | I | 10 |
| 4/30/2021 | Renovation - unit 4152 | 14,598.00 | I | 10 |
| 5/31/2021 | Renovation - unit 3159 | 20,677.00 | I | 10 |
| 6/1/2021 | 3rd and 4th floor hallway project | 214,920.50 | I | 10 |
| 6/30/2021 | West wing roof | 27,500.00 | I | 10 |
| 7/31/2021 | Renovation - unit 3110 | 15,542.00 | I | 10 |
| 7/31/2021 | Renovation - unit 2135 | 35,559.00 | I | 10 |
| 8/1/2021 | Renovation - unit 5172 | 55,764.00 | I | 10 |
| 8/31/2021 | Renovation - unit 2106 | 56,375.00 | I | 10 |
| 9/30/2021 | Garage proximity readers | 18,540.00 | I | 10 |
| 9/30/2021 | Renovation - unit 3138 | 59,107.00 | I | 10 |
| 9/30/2021 | Carpeting - phase II (3rd and 4th floor) | 33,540.50 | I | 10 |
| 9/30/2021 | Renovation - cottage 309 | 22,778.00 | I | 10 |
| 9/30/2021 | Renovation - unit 4219 | 5,857.00 | I | 10 |
| 9/30/2021 | Windows - cottages 324/326 | 17,580.00 | I | 10 |
| 6/30/2021 | Door monitoring system | 28,380.51 | I | 10 |
| 3/31/2021 | Cat 6 wiring - SNF (Comcast) | 14,038.00 | S | 10 |
| 4/30/2021 | Access control system - Brewer/Davis | 15,340.00 | S | 10 |
| 5/31/2021 | Access control system - Brewer/Davis | 6,307.70 | S | 10 |
| TOTAL ADDITIONS | | 1,015,742 | | |

| | | |
|----------------|------------------|----------|
| Totals: | | |
| All | 157,967 | 1 |
| Other | - | 1 |
| Other Direct | - | Direct |
| Skilled | 35,686 | Direct |
| Assisted | - | Assisted |
| Independent | 822,090 | Direct |
| | 1,015,742 | |

| | | | | | |
|--|--------|-------|--------|--------|--|
| I/A/S, All and Other Allocation Breakout (Sum of 1) | | | | | |
| Useful life | SNF | HFA | O | Total | |
| 15 | 2,907 | 888 | 12,436 | 16,232 | |
| 10 | 17,438 | 5,328 | 74,594 | 97,360 | |
| 8 | 7,948 | 2,428 | 33,999 | 44,375 | |
| | | | | | SNF HFA Other |
| | | | | | Allocation By Living units (method 3): 17.91% 5.47% 76.62% |

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

FURNITURE/EQUIPMENT COMPUTER ADDITIONS

| Date | Description | Cost | Level | Life |
|------|--------------|------|-------|------|
| | None in 2021 | | | |

FURNITURE/EQUIPMENT OTHER ADDITIONS

| Date | Description | Cost | Level | Life |
|------------------------|--------------------------------|---------------|-------|------|
| 2/28/2021 | Elevator upgrade | 21,250 | All | 20 |
| 9/30/2021 | Dectron compressor unit (pool) | 5,888 | All | 10 |
| 8/31/2021 | Golf simulator | 15,030 | I | 5 |
| TOTAL ADDITIONS | | 42,168 | | |

| Totals: | |
|-------------------|----------------------|
| All | 27,138 1 |
| Skilled/ Assisted | - 1 |
| Independent | 15,030 Direct |
| | 42,168 |

| I/A/S, All and Other Allocation Breakout (Includes all 1's) | | | | | | |
|---|-------|-------|--------|--------|-------|--------|
| Useful life | SNF | HFA | O | Total | | |
| 10 | 1,055 | 322 | 4,511 | 5,888 | | |
| 20 | 3,806 | 1,163 | 16,281 | 21,250 | | |
| Allocation By Living units: | | | | SNF | HFA | Other |
| | | | | 17.91% | 5.47% | 76.62% |

| Direct by Level Allocation Breakout | | | | | |
|-------------------------------------|-----|-----|--------|---------------------------|--|
| Useful life | SNF | HFA | O | Total | |
| 5 | - | - | 15,030 | 15,030 Independent | |

| Total Other Additions After Allocation | | | | | |
|--|--------------|--------------|---------------|--|--|
| Useful life | SNF | HFA | O | Total | |
| 5 | - | - | 15,030 | Independent | |
| 10 | 1,055 | 322 | 4,511 | I/A/S, All, and Other Allocated | |
| 20 | 3,806 | 1,163 | 16,281 | I/A/S, All, and Other Allocated | |
| Total 10 yr life | 4,861 | 1,485 | 20,792 | | |
| Total Additions | 4,861 | 1,485 | 35,822 | | |

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

Building Improvements

| DATE | DESCRIPTION | LIFE | AMOUNT |
|-----------|--------------------------------------|------|----------------|
| 1/31/2021 | HVAC rooftop units (2) | 15 | 24,500 |
| 4/30/2021 | ADA bathroom refurbishments (6) | 10 | 12,690 |
| 5/31/2021 | Standard bathroom refurbishments (6) | 10 | 13,890 |
| 7/31/2021 | Jeron Provider system | 10 | 15,167 |
| 7/31/2021 | Status Solution door transmitter | 10 | 6,736 |
| 7/31/2021 | Attic insulation | 15 | 92,280 |
| | | | 165,263 |

| Meadows Allocation Breakout - Building Improvements | | | | |
|---|-------|--------|---------|---------|
| Useful life | SNF | HFA | O | Total |
| 5 | - | - | - | - |
| 10 | - | 11,703 | 36,780 | 48,483 |
| 15 | - | 28,188 | 88,592 | 116,780 |
| 25 | - | - | - | - |
| | - | 39,891 | 125,372 | 165,263 |
| Allocation By Meadows Beds: | | | | |
| | SNF | HFA | Other | |
| | 0.00% | 24.14% | 75.86% | |

Furniture/Equipment

| DATE | DESCRIPTION | LIFE | AMOUNT |
|------|--------------|------|--------|
| | None in 2021 | | |

Attachment Page 23d

Buildings and Building Improvements

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

| | | |
|---|------------|-------------------------|
| Total Depreciation Allowable | | 1,366,372 |
| Total Phase A Depreciation - Unallowable | | 546,703 |
| Seabury - Depreciation on Assets Acquired in CY: | 36,566 | |
| Allocation using Method 14 | <u>30%</u> | |
| Total Allowable Related to Assets Acquired in CY | 10,943 | |
| Meadows - Depreciation on Assets Acquired in CY: | 3,508 | |
| Includable Cost Allocation Basis | <u>24%</u> | |
| Total Allowable Related to Assets Acquired in CY | 847 | |
| Total Depreciation Related to Assets Acquired in CY | | 11,790 |
| Total Phase A Depreciation Related to Assets Acquired in PY | | <u>546,703</u> |
| Depreciation Related to Assets Acquired in Prior Years | | <u><u>1,354,582</u></u> |

Moveable Equipment

| | | |
|---|------------|-----------------------|
| Total Depreciation Allowable | | 464,754 |
| Total Phase A Depreciation - Unallowable | | 208,488 |
| Seabury - Depreciation on Assets Acquired in CY: | 883 | |
| Allocation using Method 14 | <u>30%</u> | |
| Total Allowable Related to Assets Acquired in CY | 264 | |
| Meadows - Depreciation on Assets Acquired in CY: | - | |
| Includable Cost Allocation Basis | <u>24%</u> | |
| Total Allowable Related to Assets Acquired in CY | - | |
| Total Depreciation Related to Assets Acquired in CY | | 264 |
| Total Phase A Depreciation Related to Assets Acquired in PY | | <u>208,488</u> |
| Depreciation Related to Assets Acquired in Prior Years | | <u><u>464,490</u></u> |

| 2014 -Vehicle disallowance | | | | | | | | | | |
|---|----------------|----------------------------------|-----|-------|-------|-------|-------|-----------------------------------|-------|--------|
| | | Depreciation Allowed (1 Vehicle) | | | | | | Depreciation Taken (all vehicles) | | |
| | | SNF | HFA | Other | SNF | HFA | Other | SNF | HFA | Other |
| Total Vehicles in fleet as of 9/30/14 | 9 | | | | | | | | | |
| Vehicle with highest depreciation (Ford Lift Van-2014) | 8,601 | Per allocation template | | | 1,883 | 691 | 6,027 | 7,688 | 2,819 | 24,603 |
| Total 2014 Vehicle Depreciation | 35,110 | Disallowance | | | 5,805 | 2,128 | | | | |
| Total Unallowed Amount | -26,509 | | | | | | | | | |
| 2015 -Vehicle disallowance | | | | | | | | | | |
| | | Depreciation Allowed (1 Vehicle) | | | | | | Depreciation Taken (all vehicles) | | |
| | | SNF | HFA | Other | SNF | HFA | Other | SNF | HFA | Other |
| Total Vehicles in fleet as of 9/30/15 | 10 | | | | | | | | | |
| Vehicle with highest depreciation (Ford Lift Van-2014) | 8,601 | Per allocation template | | | 1,883 | 691 | 6,027 | 7,484 | 2,744 | 23,950 |
| Total 2015 Vehicle Depreciation | 34,178 | Disallowance | | | 5,601 | 2,053 | | | | |
| Total Unallowed Amount | -25,577 | | | | | | | | | |
| 2016 -Vehicle disallowance | | | | | | | | | | |
| | | Depreciation Allowed (1 Vehicle) | | | | | | Depreciation Taken (all vehicles) | | |
| | | SNF | HFA | Other | SNF | HFA | Other | SNF | HFA | Other |
| Total Vehicles in fleet as of 9/30/16 | 10 | | | | | | | | | |
| Vehicle with highest depreciation (Ford Lift Van-2014) | 8,601 | Per allocation template | | | 1,883 | 691 | 6,027 | 6,368 | 2,335 | 20,379 |
| Total 2016 Vehicle Depreciation | 29,082 | Disallowance | | | 4,485 | 1,644 | | | | |
| Total Unallowed Amount | -20,481 | | | | | | | | | |
| 2017 -Vehicle disallowance | | | | | | | | | | |
| | | Depreciation Allowed (1 Vehicle) | | | | | | Depreciation Taken (all vehicles) | | |
| | | SNF | HFA | Other | SNF | HFA | Other | SNF | HFA | Other |
| Total Vehicles in fleet as of 9/30/17 | 10 | | | | | | | | | |
| Vehicle with highest depreciation (Ford Lift Van-2014) | 8,601 | Per allocation template | | | 1,883 | 691 | 6,027 | 6,368 | 2,335 | 20,379 |
| Total 2017 Vehicle Depreciation | 29,082 | Disallowance | | | 4,485 | 1,644 | | | | |
| Total Unallowed Amount | -20,481 | | | | | | | | | |
| 2018 -Vehicle disallowance | | | | | | | | | | |
| | | Depreciation Allowed (1 Vehicle) | | | | | | Depreciation Taken (all vehicles) | | |
| | | SNF | HFA | Other | SNF | HFA | Other | SNF | HFA | Other |
| Total Vehicles in fleet as of 9/30/18 | 10 | | | | | | | | | |
| Vehicle with highest depreciation (Ford Lift Van-2014) | 8,601 | Per allocation template | | | 1,883 | 691 | 6,027 | 6,368 | 2,335 | 20,379 |
| Total 2018 Vehicle Depreciation | 29,082 | Disallowance | | | 4,485 | 1,644 | | | | |
| Total Unallowed Amount | -20,481 | | | | | | | | | |
| 2019 -Vehicle disallowance | | | | | | | | | | |
| | | Depreciation Allowed (1 Vehicle) | | | | | | Depreciation Taken (all vehicles) | | |
| | | SNF | HFA | Other | SNF | HFA | Other | SNF | HFA | Other |
| Total Vehicles in fleet as of 9/30/19 | 10 | | | | | | | | | |
| Vehicle with highest depreciation (Ford Lift Van-2014) | 8,601 | Per allocation template | | | 1,883 | 691 | 6,027 | 6,368 | 2,335 | 20,379 |
| Total 2019 Vehicle Depreciation | 29,082 | Disallowance | | | 4,485 | 1,644 | | | | |
| Total Unallowed Amount | -20,481 | | | | | | | | | |

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

| | | Asset Value | | | Depreciation Allowed | | | Depreciation Taken | | |
|----------------|--|-------------|-----------|------------|----------------------|---------|-----------|--------------------|-----------|-----------|
| | | SNF | HFA | Other | SNF | HFA | Other | SNF | HFA | Other |
| | | | | | | | | 60 | 22 | 192 |
| | | | | | | | | 22% | 8% | 70% |
| 2018 | | | | | | | | | | |
| Building | | | | | | | | | | |
| 5 Year | | - | 2,338 | 7,463 | 9,801 | - | 468 | 1,493 | 429 | 157 |
| 10 Year | | 46,079 | 12,164 | 840,618 | 898,861 | 4,608 | 1,216 | 84,062 | 19,683 | 7,217 |
| 20 Year | | 2,573,771 | 631,958 | 12,211,221 | 15,416,950 | 128,689 | 31,598 | 610,561 | 168,799 | 61,893 |
| 25 Year | | 308,328 | 218,012 | 55,167,892 | 55,694,232 | 12,333 | 8,720 | 2,206,716 | 487,833 | 178,872 |
| Equipment | | | | | | | | | | |
| 5 Year | | 14,168 | 45,556 | 255,438 | 315,162 | 2,834 | 9,111 | 51,088 | 13,803 | 5,061 |
| 10 Year | | 12,955 | 15,589 | 360,121 | 388,665 | 1,296 | 1,559 | 36,012 | 8,511 | 3,121 |
| 12 Year | | - | 2,354 | 7,400 | 9,754 | - | 196 | 617 | 178 | 65 |
| 15 Year | | - | 159,885 | 998,044 | 1,157,929 | - | 10,659 | 66,536 | 16,904 | 6,198 |
| 20 Year | | - | 2,148 | 6,752 | 8,900 | - | 107 | 338 | 97 | 36 |
| 25 Year | | 53 | 213 | 107,586 | 107,852 | 2 | 9 | 4,303 | 945 | 346 |
| Total Assets | | 4,906,583 | 1,809,442 | 81,700,902 | 88,416,927 | 320,559 | 130,190 | 4,167,543 | 1,011,305 | 370,812 |
| FY18 Additions | | 2,955,354 | 1,090,217 | 69,962,535 | 74,008,106 | | | | | |
| Building | | | | | 243,364 | 84,287 | 3,783,835 | 900,326 | 330,119 | 2,881,042 |
| Movable | | | | | 77,195 | 45,903 | 383,707 | 110,979 | 40,692 | 355,133 |
| Disallowance | | | | | | | | | | |
| Building | | | | | 656,961 | 245,833 | | | | |
| Movable | | | | | 33,784 | (5,210) | | | | |

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

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

| | | Asset Value | | | Depreciation Allowed | | | Depreciation Taken | | |
|----------------|--|-------------|-----------|------------|----------------------|---------|-----------|--------------------|-----------|-----------|
| | | SNF | HFA | Other | SNF | HFA | Other | SNF | HFA | Other |
| | | | | | | | | 60 | 22 | 192 |
| | | | | | | | | 22% | 8% | 70% |
| 2019 | | | | | | | | | | |
| Building | | | | | | | | | | |
| 10 Year | | 61,890 | 426,599 | 1,576,915 | 2,065,404 | 6,189 | 42,660 | 157,692 | 45,228 | 16,584 |
| 20 Year | | 877 | 322 | 4,677 | 5,876 | 44 | 16 | 234 | 64 | 24 |
| Equipment | | | | | | | | | | |
| 3 Year | | 775 | 284 | 4,132 | 5,191 | 258 | 95 | 1,377 | 379 | 139 |
| 4 Year | | 8,705 | 3,192 | 46,428 | 58,325 | 2,176 | 798 | 11,607 | 3,193 | 1,171 |
| 8 Year | | 1,994 | 731 | 10,636 | 13,361 | 249,25 | 91 | 1,330 | 366 | 134 |
| 10 Year | | 10,695 | 3,922 | 12,828 | 27,445 | 1,070 | 392 | 1,283 | 601 | 220 |
| Total Assets | | 4,991,519 | 2,244,492 | 83,356,518 | 90,592,529 | 330,545 | 174,242 | 4,341,065 | 1,061,135 | 389,083 |
| FY19 Additions | | 84,936 | 435,050 | 1,655,616 | 2,175,602 | | | | | |
| Building | | | | | 249,597 | 126,963 | 3,941,761 | 945,618 | 346,726 | 3,025,977 |
| Movable | | | | | 80,948 | 47,279 | 399,304 | 115,518 | 42,356 | 369,657 |
| Disallowance | | | | | | | | | | |
| Building | | | | | 696,021 | 219,764 | | | | |
| Movable | | | | | 34,570 | (4,923) | | | | |

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

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

| | Asset Value | | | Depreciation Allowed | | | Depreciation Taken | | |
|--|------------------|------------------|-------------------------|---|----------------|-----------------------------|--|----------------|------------------|
| | SNF | HFA | Other | SNF | HFA | Other | SNF | HFA | Other |
| | | | | | | | 60 22% | 22 8% | 192 70% |
| 2020 | | | | | | | | | |
| Building | | | | | | | | | |
| 10 Year | 9,881 | 271,480 | 1,187,710 | 988 | 27,148 | 118,771 | 32,169 | 11,795 | 102,942 |
| 8 Year | 4,522 | 1,382 | 19,346 | 565 | 173 | 2,418 | 691 | 253 | 2,212 |
| Equipment | | | | | | | | | |
| 3 Year | 15,002 | 4,584 | 64,174 | 5,001 | 1,528 | 21,391 | 6,114 | 2,242 | 19,564 |
| 5 Year | - | - | 7,585 | - | - | 1,517 | 332 | 122 | 1,063 |
| 10 Year | 12,667 | 3,870 | 56,542 | 1,267 | 387 | 5,654 | 1,600 | 587 | 5,121 |
| Total Assets | 5,033,591 | 2,525,808 | 84,691,875 | 338,366 | 203,478 | 4,490,816 | 1,102,042 | 404,082 | 3,526,535 |
| FY20 Additions | 42,072 | 281,316 | 1,335,357 | 1,658,745 | | | | | |
| Building | | | | 251,151 | 154,284 | 4,062,950 | 978,478 | 358,775 | 3,131,130 |
| Movable | | | | 87,215 | 49,194 | 427,866 | 123,564 | 45,307 | 395,405 |
| Disallowance | | | | | | | | | |
| Building | | | | 727,328 | 204,492 | Page 29/29a - Line 48 | | | |
| Movable | | | | 36,349 | (3,887) | Page 29/29a - Line 35 | | | |
| | | | | 2020 -Vehicle disallowance | | | | | |
| Total Vehicles in fleet as of 9/30/20 | 9 | | | Depreciation Allowed (1 Vehicle) | | | Depreciation Taken (all vehicles) | | |
| Vehicle with highest depreciation | 14,581 A | | Per allocation template | SNF | HFA | Other | SNF | HFA | Other |
| Total 2020 Vehicle Depreciation | 18,192 | | Disallowance | 3,194 | 1,171 | 10,218 | 3,985 | 1,461 | 12,748 |
| Total Unallowed Amount | -3,611 | | | 791 | 290 | Page 29/29a - Line 35 | | | |
| | | | | 37,140 | (3,597) | Total Page 29/29a - Line 35 | | | |

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

| | Asset Value | | | Depreciation Allowed | | | Depreciation Taken | | |
|--|------------------|------------------|-------------------------|---|----------------|-----------------------------|--|------------------|----------------|
| | SNF | HFA | Other | SNF | HFA | Other | SNF | HFA | Other |
| | | | | | | | 60 22% | 22 8% | 192 70% |
| 2021 | | | | | | | | | |
| Building | | | | | | | | | |
| 8 Year | 6,623 | 2,428 | 35,324 | 414 | 152 | 2,208 | 607 | 223 | 1,943 |
| 10 Year | 44,269 | 5,328 | 905,539 | 2,213 | 266 | 45,277 | 10,458 | 3,834 | 33,465 |
| 15 year | 2,422 | 888 | 12,921 | 81 | 30 | 431 | 118 | 43 | 379 |
| 10 Year - Meadows | - | 11,703 | 36,780 | - | 585 | 1,839 | 531 | 195 | 1,699 |
| 15 Year - Meadows | - | 28,188 | 88,592 | - | 940 | 2,953 | 852 | 313 | 2,728 |
| Equipment | | | | | | | | | |
| 5 Year | | | 15,030 | - | - | 1,503 | 329 | 121 | 1,053 |
| 10 Year | 879 | 322 | 4,687 | 44 | 16 | 234 | 64 | 24 | 206 |
| 20 Year | 3,172 | 1,163 | 16,915 | 79 | 29 | 423 | 116 | 43 | 372 |
| Total Assets | 5,090,956 | 2,575,828 | 85,807,663 | 93,474,447 | 341,197 | 205,495 | 4,545,684 | 1,115,119 | 408,877 |
| FY21 Additions | 57,365 | 50,020 | 1,115,788 | 1,223,173 | | | | | |
| Building | | | | 253,859 | 156,256 | 4,115,658 | 991,045 | 363,383 | 3,171,344 |
| Movable | | | | 87,339 | 49,239 | 430,027 | 124,074 | 45,494 | 397,037 |
| Disallowance | | | | | | | | | |
| Building | | | | 737,186 | 207,127 | Page 29/29a - Line 48 | | | |
| Movable | | | | 36,735 | (3,745) | Page 29/29a - Line 35 | | | |
| | | | | 2021 -Vehicle disallowance | | | | | |
| Total Vehicles in fleet as of 9/30/21 | 8 | | | Depreciation Allowed (1 Vehicle) | | | Depreciation Taken (all vehicles) | | |
| Vehicle with highest depreciation | 14,581 A | | Per allocation template | SNF | HFA | Other | SNF | HFA | Other |
| Total 2021 Vehicle Depreciation | 16,387 | | Disallowance | 3,546 | 1,300 | 11,343 | 3,985 | 1,461 | 12,748 |
| Total Unallowed Amount | -1,806 | | | 439 | 161 | Page 29/29a - Line 35 | | | |
| | | | | 37,175 | (3,584) | Total Page 29/29a - Line 35 | | | |

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

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

| Name of Facility | | | License No. | | Report for Year Ended | | | Page | of |
|---|---------------------|------|------------------------|----------------------|--|------------------------------------|--------|----------------------------|--------|
| Church Home of Hartford, Inc. (DBA Seabury) | | | 2103C | | 9/30/2021 | | | 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 9/30/2021 | Page 25 | of 37 |
| 11. Property Questionnaire | | | | |
| Part A | | | | |
| Is the property either owned by the Facility or leased from a Related Party?* | | <input checked="" type="radio"/> Yes | <input type="radio"/> No | If "Yes," complete Part B. If "No," complete Part C. |
| *If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction. | | | | |
| Description | | Total | | |
| 1. Date Land Purchased | | 1991 | | |
| 2. Date Structure Completed | | 1993 | | |
| 3. If NOT Original Owner, Date of Purchase | | 08/27/03 | | |
| 4. Date of Initial Licensure | | 1991 / 2006 | | |
| 5. Total Licensed Bed Capacity | | 108 | | |
| 6. Square Footage | | 429,551 | | |
| 7. Acquisition Cost | | | | |
| a. Land | | 4,429,495 | | |
| b. Building | | 107,766,869 | | |
| Part B - Owner and Related Parties | | 1st Mortgage | 2nd Mortgage | 3rd Mortgage |
| 1. Financing | | | | |
| a. Type of Financing (e.g., fixed, variable) | | Multiple Bonds - Fixed | Multiple Bonds - | |
| b. Date Mortgage Obtained | | 04/01/15 | 04/01/16 | |
| c. Interest Rate for the Cost Year | | 4%-5% | 2.875-5% | |
| d. Term of Mortgage (number of years) | | 5-23 years | 4-37 years | |
| e. Amount of Principal Borrowed | | 34,510,000 | 72,265,000 | |
| f. Principal balance outstanding as of 9/30/2021 | | 28,445,000 | 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 | 9/30/2021 | | | 26 | 37 |
| Item | | Total | CCNH | RHNS | Residential Care Home | | |
| 12. Interest | | | | | | | |
| A. Building, Land Improvement & Non-Movable Equipment | | | | | | | |
| 1. First Mortgage | | \$ 423,941 | 324,721 | | | 99,220 | |
| 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) | | \$ 423,941 | 324,721 | | | 99,220 | |

(Carry Subtotals forward to next page)

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

| Name of Facility | | License No. | | Report for Year Ended | | | Page | of |
|---|--|-------------|--------|-----------------------|-----------|------|-----------------------|----|
| Church Home of Hartford, Inc. (DB) | | 2103C | | 9/30/2021 | | | 27 | 37 |
| Item | | | | Total | CCNH | RHNS | Residential Care Home | |
| Subtotals Brought Forward: | | | | 423,941 | 324,721 | | 99,220 | |
| 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) | | | | \$ 423,941 | 324,721 | | 99,220 | |
| 14. Insurance | | | | | | | | |
| a. Insurance on Property (buildings only) | | | | \$ 37,724 | 25,407 | | 12,317 | |
| b. Insurance on Automobiles | | | | \$ 6,487 | 4,969 | | 1,518 | |
| c. Insurance other than Property (as specified above) | | | | | | | | |
| 1. Umbrella (Blanket Coverage) | | | | \$ 17,312 | 9,527 | | 7,785 | |
| 2. Fire and Extended Coverage | | | | \$ 25,136 | 13,869 | | 11,267 | |
| 3. Other (Specify) Directors & Crime | | | | \$ 8,762 | 6,164 | | 2,598 | |
| 14d. Total Insurance Expenditures (14a + b + c) | | | | \$ 95,421 | 59,936 | | 35,485 | |
| 15. Total All Expenditures (A-13 thru C-14) | | | | \$ 11,292,415 | 8,984,748 | | 2,307,667 | |

D. Adjustments to Statement of Expenditures

| Name of Facility | | | | License No. | Report for Year Ended | Page | of |
|---|----------|----------|---|--------------------------|-----------------------|------|-----------------------|
| Church Home of Hartford, Inc. (DBA Seabury) | | | | 2103C | 9/30/2021 | 28 | 37 |
| Item No. | Page No. | Line No. | Item Description | Total Amount of Decrease | CCNH | RHNS | Residential Care Home |
| Page 10 - Salaries and Wages | | | | | | | |
| 1. | | | Outpatient Service Costs | \$ | | | |
| 2. | | | Salaries not related to Resident Care | \$ | | | |
| 3. | | | Occupational Therapy | \$ | | | |
| 4. | | | Other - See attached Schedule | \$ 156,048 | 69,004 | | 87,044 |
| Page 13 - Professional Fees | | | | | | | |
| 5. | | | Resident Care Physicians ** | \$ | | | |
| 6. | | | Occupational Therapy | \$ | | | |
| 7. | | | Other - See attached Schedule | \$ 1,922 | 1,265 | | 657 |
| Pages 15 & 16 - Administrative and General | | | | | | | |
| 8. | 15 | 1B | Discriminatory Benefits | \$ 5,482 | 4,670 | | 812 |
| 9. | 15 | 1C | Bad Debts | \$ 16,612 | 14,152 | | 2,460 |
| 10. | | | Accounting | \$ | | | |
| 10a. | | | Legal | \$ | | | |
| 11. | | | Telephone | \$ | | | |
| 12. | 15 | H2 | Cellular Telephone | \$ 3,626 | 2,554 | | 1,072 |
| 13. | | | Life insurance premiums on the life of Owners, Partners, Operators | \$ | | | |
| 14. | | | Gifts, flowers and coffee shops | \$ | | | |
| 15. | | | Education expenditures to colleges or universities for tuition and related costs for owners and employees | \$ | | | |
| 16. | | | Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative | \$ | | | |
| 17. | 27 | 14b | Automobile Expense (e.g. personal use) | \$ 6,487 | 4,969 | | 1,518 |
| 18. | | | Unallowable Advertising * | \$ | | | |
| 19. | | | Income Tax / Corporate Business Tax | \$ | | | |
| 20. | | | Fund Raising / Contributions | \$ | | | |
| 21. | | | Unallowable Management Fees | \$ | | | |
| 22. | 16 | M6 | Barber and Beauty | \$ 702 | | | 702 |
| 23. | | | Other - See attached Schedule | \$ 150,126 | 107,682 | | 42,444 |
| Page 18 - Dietary Expenditures | | | | | | | |
| 24. | 30 | IV1 | Meals to employees, guests and others who are not residents | \$ 276 | | | 276 |
| Page 19 - Laundry Expenditures | | | | | | | |
| 25. | | | Laundry services to employees, guests and others who are not residents | \$ | | | |
| Page 20 - Housekeeping Expenditures | | | | | | | |
| 26. | | | Housekeeping services to employees, guests and others who are not residents | \$ | | | |
| Subtotal (Items 1 - 26) | | | | \$ 341,281 | 204,296 | | 136,985 |

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

| Page Ref | Line Ref | Description | CCNH | RHNS | Residential Care Home |
|--|----------|--|-----------|------|-----------------------|
| 10 | 12b | RN - Direct Care - Disallow to reduce RN down to Aide Cost | | | \$ 40,721 |
| 10 | 12c | LPN - Direct Care - Disallow to reduce LPN down to Aide Cost | | | \$ 24,151 |
| 10 | A1 | CEO Salary over Cap | \$ 30,860 | | \$ 5,366 |
| 10 | A2 | Administrator Salary over Cap | \$ 38,144 | | \$ 16,806 |
| | | | | | |
| | | | | | |
| Total Other Salaries Adjustment | | | \$ 69,004 | \$ - | \$ 87,044 |

Schedule of Fees Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | Residential Care Home |
|-------------------------------------|----------|------------------|----------|------|-----------------------|
| 13 | 8a | Medical Director | \$ 1,265 | | \$ 657 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Fees Adjustments | | | \$ 1,265 | \$ - | \$ 657 |

Schedule of Other A&G Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | Residential Care Home |
|--|----------|--|------------|------|-----------------------|
| 15 | 1a | Employee Benefits - RN and LPN | | | \$ 19,010 |
| 15 | 1a | Employee Benefits - CEO and Administrator Salaries | \$ 17,815 | | \$ 6,227 |
| 16 | M13 | Licenses and Fees | \$ 4,475 | | \$ 1,929 |
| 16 | M13 | Bank Fees | \$ 7,252 | | \$ 1,260 |
| 22 | 6F | Cable Services | | | \$ 382 |
| 30 | 8 | ANC - Other Revenue | \$ 270 | | \$ 82 |
| 30 | 8 | ANC - Laundry | \$ 510 | | \$ 69 |
| 15 | h1 | ANC Revenue - Telephone | \$ 6,444 | | \$ 1,120 |
| 16 | M13 | ANC Revenue - Internet (Communications Systems) | \$ 39,720 | | \$ 6,904 |
| 30 | IV8 | Miscellaneous Other Revenue | \$ 31,196 | | \$ 5,461 |
| | | | | | |
| Total Other A&G Adjustments | | | \$ 107,682 | \$ - | \$ 42,444 |

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

| Name of Facility | | | | License No. | Report for Year Ended | Page | of |
|--|----------|----------|---|--------------------------|-----------------------|------|-----------------------|
| Church Home of Hartford, Inc. (DBA Seabury) | | | | 2103C | 9/30/2021 | 29 | 37 |
| Item No. | Page No. | Line No. | Item Description | Total Amount of Decrease | CCNH | RHNS | Residential Care Home |
| Subtotals Brought Forward | | | | \$ 341,281 | 204,296 | | 136,985 |
| Page 20 - Resident Care Supplies*** | | | | | | | |
| 27. | | | Prescription Drugs | \$ | | | |
| 28. | | | Ambulance/Limousine | \$ | | | |
| 29. | | | X-rays, etc | \$ | | | |
| 30. | | | Laboratory | \$ | | | |
| 31. | 20 | 5c | Medical Supplies | \$ 28,656 | 20,048 | | 8,608 |
| 32. | | | Oxygen (non emergency) | \$ | | | |
| 33. | | | Occupational Therapy | \$ | | | |
| 34. | | | Other - See Attached Schedule | \$ 18,596 | 17,633 | | 963 |
| Page 22 - Maintenance and Property | | | | | | | |
| 35. | | | Excess Movable Equipment Depreciation See Attached Schedule | \$ 33,591 | 37,175 | | (3,584) |
| 36. | | | Depreciation on Unallowable Motor Vehicles | \$ | | | |
| 37. | | | Unallowable Property and Real Estate Taxes | \$ | | | |
| 38. | | | Rental of Building Space or Rooms | \$ | | | |
| 39. | | | Other - See Attached Schedule | \$ 35,427 | 28,110 | | 7,317 |
| Page 27 - Insurance | | | | | | | |
| 40. | | | Mortgage Insurance | \$ | | | |
| 41. | | | Property Insurance | \$ | | | |
| Other - Miscellaneous | | | | | | | |
| 42. | | | Other - Indirect | \$ | | | |
| 43. | | | Interest Income on Account Rec. | \$ | | | |
| 44. | | | Other - Miscellaneous Administrative | \$ | | | |
| 45. | | | Management Fees Direct | \$ | | | |
| 46. | | | Management Fees Indirect | \$ | | | |
| 47. | | | Other - Direct | \$ 9,221 | 7,339 | | 1,882 |
| Not For Profit Providers Only | | | | | | | |
| 48. | | | Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule | \$ 944,313 | 737,186 | | 207,127 |
| 49. Total Amount of Decrease (Items 1 - 48) | | | | \$ 1,411,085 | 1,051,786 | | 359,299 |

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

Schedule of Other Ancillary Costs

| Page Ref | Line Ref | Description | CCNH | RHNS | Residential Care Home |
|------------------------------------|----------|-------------------------------|-----------|------|-----------------------|
| 20 | 51 | Nutrition Supplies - Billable | \$ 17,633 | | \$ 963 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Ancillary Costs | | | \$ 17,633 | \$ - | \$ 963 |

Schedule of Excess Movable Equipment Depreciation

| Page Ref | Line Ref | Description | CCNH | RHNS | Residential Care Home |
|--|----------|---|-----------|------|-----------------------|
| | | Excess Movable Depreciation based on actual vs estimate - Seabury | \$ 37,175 | | \$ (3,584) |
| | | Movable in excess of CON- Meadows | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Excess Movable Equipment Depreciation | | | \$ 37,175 | \$ - | \$ (3,584) |

Schedule of Other Property Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | Residential Care Home |
|---|----------|--|-----------|------|-----------------------|
| | | Outpatient - A&G | \$ 4,204 | | \$ 1,080 |
| | | Outpatient - Indirect | \$ 3,202 | | \$ 823 |
| | | Outpatient - Fixed Asset Depreciation and Interest | \$ 10,918 | | \$ 2,804 |
| | | Outpatient - Capital | \$ 437 | | \$ 112 |
| | | Outpatient - Fair Rent | \$ 7,341 | | \$ 1,886 |
| 22 | 6e | Marketing Copiers & Vehicle Lease | \$ 2,007 | | \$ 613 |
| | | | | | |
| | | | | | |
| Total Other Property Adjustments | | | \$ 28,110 | \$ - | \$ 7,317 |

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

| Page Ref | Line Ref | Description | CCNH | RHNS | Residential Care Home |
|--------------------------------|----------|------------------------|----------|------|-----------------------|
| 18 | 2a1 | Liquor Purchases | \$ 41 | | \$ 8 |
| | | Home Health - A&G | \$ 3,911 | | \$ 1,005 |
| | | Home Health - Indirect | \$ 2,980 | | \$ 765 |
| | | Home Health - Capital | \$ 407 | | \$ 104 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Other Adjustments | | | \$ 7,339 | \$ - | \$ 1,882 |

Schedule of Unallowable Building Interest

| Page Ref | Line Ref | Description | CCNH | RHNS | Residential Care Home |
|--|----------|--|------------|------|-----------------------|
| | | Excess Building Depreciation Actual vs Estimate-Seabury | \$ 737,186 | | \$ 207,127 |
| | | Building Dep in excess of CON Allowable of pre 2007 amount of 200K | | | |
| | | | | | |
| | | | | | |
| Total Unallowable Building Interest | | | \$ 737,186 | \$ - | \$ 207,127 |

F. Statement of Revenue

| Name of Facility | License No. | Report for Year Ended | | | Page | of |
|--|----------------|-----------------------|------|-----------------------|------|----|
| Church Home of Hartford, Inc. (DBA Seal2103C) | | 9/30/2021 | | | 30 | 37 |
| Item | Total | CCNH | RHNS | Residential Care Home | | |
| I. Resident Room, Board & Routine Care Revenue | | | | | | |
| 1. a. Medicaid Residents (<i>CT only</i>) | \$ 4,701,868 | 3,433,893 | | 1,267,975 | | |
| b. Medicaid Room and Board Contractual Allowance ** | \$ (1,711,902) | (1,720,118) | | 8,216 | | |
| 2. a. Medicaid (<i>All other states</i>) | \$ | | | | | |
| b. Other States Room and Board Contractual Allowance ** | \$ | | | | | |
| 3. a. Medicare Residents (<i>all inclusive</i>) | \$ 1,659,787 | 1,659,787 | | | | |
| b. Medicare Room and Board Contractual Allowance ** | \$ 186,339 | 186,339 | | | | |
| 4. a. Private-Pay Residents and Other | \$ 2,847,304 | 2,474,869 | | 372,435 | | |
| 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.) | \$ 7,683,396 | 6,034,770 | | 1,648,626 | | |
| IV. Other Revenue* | | | | | | |
| 1. Meals sold to guests, employees & others | \$ 276 | | | 276 | | |
| 2. Rental of rooms to non-residents | \$ | | | | | |
| 3. Telephone | \$ | | | | | |
| 4. Rental of Television and Cable Services | \$ | | | | | |
| 5. Interest Income (<i>Specify</i>) | \$ 3,639 | 2,787 | | 852 | | |
| 6. Private Duty Nurses' Fees | \$ | | | | | |
| 7. Barber, Coffee, Beauty and Gift shops | \$ 1,690 | | | 1,690 | | |
| 8. Other (<i>Specify</i>) | \$ 1,108,725 | 946,000 | | 162,725 | | |
| V. Total Other Revenue (1 thru 8) | \$ 1,114,330 | 948,787 | | 165,543 | | |
| VI. Total All Revenue (III +V) | \$ 8,797,726 | 6,983,557 | | 1,814,169 | | |

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

| | | Account | | | |
|------------------------------|--|---------|----------|------|-----------------------|
| Page Ref | Account | Balance | CCNH | RHNS | Residential Care Home |
| | Interest Income - See attached schedule. Amount does not tie directly as schedule is for the entire facility | | \$ 2,787 | | \$ 852 |
| Total Interest Income | | | \$ 2,787 | \$ - | \$ 852 |

Schedule of Other Revenue

| Page Ref | Description | CCNH | RHNS | Residential Care Home |
|----------------------------|--|------------|------|-----------------------|
| Page 30, IV | ANC Laundry | \$ 510 | | \$ 69 |
| Page 30, IV | ANC Telephone & Internet - Disallow | \$ 46,586 | | \$ 6,274 |
| Page 30, IV | ANC Other Revenue - Disallow | \$ 270 | | \$ 82 |
| Page 30, IV | Miscellaneous Other Revenue - Disallow | \$ 31,196 | | \$ 5,461 |
| Page 30, IV | CARES Act Income | \$ 111,008 | | \$ 19,296 |
| Page 30, IV | Paycheck Protection Program Loan Forgiveness | \$ 756,430 | | \$ 131,527 |
| Page 30, IV | C.N.A Escort | | | \$ 16 |
| | | | | |
| | | | | |
| | | | | |
| Total Other Revenue | | \$ 946,000 | \$ - | \$ 162,725 |

**Interest Income
Seabury Retirement
FYE 09/2021**

| | <u>Interest Amount</u> | <u>G/L Account #</u> | <u>Balance 09/30/21</u> |
|--------------------------|----------------------------|--------------------------|-----------------------------|
| CCNH | | | |
| <u>Eq/Entrance Fund</u> | 7,021 | 1-000-1070 | 2,484,364 |
| Asset Replacement | <u>613</u> | 1-000-1060 | 0 |
| | 7,634 | | |
| RCH | | | |
| <u>Asset Replacement</u> | <u>-</u> | 1-000-1192 | 0 |
| | - | | |
| Bond Fund Adj | 6,440 | | |
| Grand Total | 14,074 | | |

G. Balance Sheet

| Name of Facility | License No. | Report for Year Ended | Page | of |
|--|---------------------|-----------------------|-----------|-------------------|
| Church Home of Hartford, Inc. (DBA Se | 2103C | 9/30/2021 | 31 | 37 |
| Account | | | Amount | |
| Assets | | | | |
| A. Current Assets | | | | |
| 1. Cash (<i>on hand and in banks</i>) | | | \$ | 5,840,026 |
| 2. Resident Accounts Receivable (Less Allowance for Bad Debts) | | | \$ | 1,886,363 |
| 3. Other Accounts Receivable (Excluding Owners or Related Parties) | | | \$ | 914 |
| 4. Inventories | | | \$ | 66,769 |
| 5. Prepaid Expenses | | | \$ | 1,697,616 |
| a. Prepaid Expenses | 103,154 | | | |
| b. Prepaid Taxes | 1,486,589 | | | |
| c. Prepaid FF&E | 107,873 | | | |
| d. See Schedule | | | | |
| 6. Interest Receivable | | | \$ | |
| 7. Medicare Final Settlement Receivable | | | \$ | |
| 8. Other Current Assets (<i>itemize</i>) | | | \$ | 2,150,348 |
| Escrow Account | 236,855 | | | |
| Accounts Receivable - Related Party | 345,574 | | | |
| Cash and Cash Equivalents Held by Trustee | 1,567,919 | | | |
| See Schedule | | | | |
| A-9. Total Current Assets (Lines A1 thru 8) | | | \$ | 11,642,036 |
| B. Fixed Assets | | | | |
| 1. Land | | | \$ | 4,385,745 |
| 2. Land Improvements | *Historical Cost | | \$ | |
| | Accum. Depreciation | Net | | |
| 3. Buildings | *Historical Cost | 157,521,978 | \$ | 87,354,546 |
| | Accum. Depreciation | 70,167,432 | Net | |
| 4. Leasehold Improvements | *Historical Cost | 1,222,888 | \$ | 684,077 |
| | Accum. Depreciation | 538,811 | Net | |
| 5. Non-Movable Equipment | *Historical Cost | 19,625 | \$ | |
| | Accum. Depreciation | 19,625 | Net | |
| 6. Movable Equipment | *Historical Cost | 9,899,270 | \$ | 4,619,417 |
| | Accum. Depreciation | 5,279,853 | Net | |
| 7. Motor Vehicles | *Historical Cost | 199,795 | \$ | 29,003 |
| | Accum. Depreciation | 170,792 | 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) | | | \$ | 97,465,868 |

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

| Page Ref | Line Ref | Description | |
|-------------------------------|----------|-------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Prepaid Expenses | | | \$ - |

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

| Page Ref | Line Ref | Description | |
|---|----------|-------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other Current Assets (Itemize) | | | \$ - |

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

| Page Ref | Line Ref | Description | |
|---|----------|-------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other Other Fixed Assets (Itemize) | | | \$ - |

Schedule of Other Assets Page 32 Line D7

| Page Ref | Line Ref | Description | |
|---------------------------|----------|--|--------------|
| 32 | D7 | Investment in Limited Partnership | \$ 435,218 |
| 32 | D7 | Beneficial Interest in Perpetual Trust | \$ 6,248,143 |
| 32 | D7 | Deferred Compensation Investments | \$ 353,052 |
| 32 | D7 | Loans Receivable | \$ 136,052 |
| | | | |
| | | | |
| Total Other Assets | | | \$ 7,172,465 |

Schedule of Notes Payable (Itemize) Page 33 Line A2

| Page Ref | Line Ref | Description | |
|----------------------------|----------|-------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Notes Payable | | | \$ - |

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

| Page Ref | Line Ref | Description | |
|--|----------|-------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other Current Liabilities (Itemize) | | | \$ - |

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

| Page Ref | Line Ref | Description | |
|--|----------|-------------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| Total Other Current Liabilities (Itemize) | | | \$ - |

G. Balance Sheet (cont'd)

| | | | | |
|--|----------------------|------------------------------------|-----------------------|----------|
| Name of Facility Church Home of Hartford, Inc. (DBA S | License No. 2103C | Report for Year Ended 9/30/2021 | Page 32 | of 37 |
| Account | | | Amount | |
| Total Brought Forward: | | | \$ 109,107,904 | |
| C. Leasehold or like property recorded for Equity Purposes. | | | | |
| 1. Land | | | \$ | |
| 2. Land Improvements | | | \$ | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 3. Buildings | | | \$ | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 4. Non-Movable Equipment | | | \$ | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 5. Movable Equipment | | | \$ | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 6. Motor Vehicles | | | \$ | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 7. Minor Equipment-Not Depreciable | | | \$ | |
| C-8 Total Leasehold or Like Properties (C1 thru 7) | | | \$ | |
| D. Investment and Other Assets | | | | |
| 1. Deferred Deposits | | | \$ | |
| 2. Escrow Deposits | | | \$ | |
| 3. Organization Expense | | | \$ | |
| | *Historical Cost | _____ | | |
| | Accum. Depreciation | _____ | Net | \$ |
| 4. Goodwill (Purchased Only) | | | \$ | |
| 5. Investments Related to Resident Care (<i>itemize</i>) | | | \$ | |
| _____ | | | | |
| 6. Loans to Owners or Related Parties (<i>itemize</i>) | | | \$ | |
| Name and Address | Amount | Loan Date | | |
| | | | | |
| 7. Other Assets (<i>itemize</i>) | | | \$ 29,958,238 | |
| Investments | 18,765,866 | | | |
| Investments Held by Trustee | 4,019,907 | | | |
| See Schedule | 7,172,465 | | | |
| D-8. Total Investments and Other Assets (Lines D1 thru 7) | | | \$ 29,958,238 | |
| D-9. Total All Assets (Lines A9 + B10 + C8 + D8) | | | \$ 139,066,142 | |

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

G. Balance Sheet (cont'd)

| Name of Facility | | License No. | Report for Year Ended | Page | of |
|--|--|----------------------|------------------------|----------|-----------|
| Church Home of Hartford, Inc. (DBA Seabury) | | 2103C | 9/30/2021 | 33 | 37 |
| Account | | | | Amount | |
| Liabilities | | | | | |
| A. Current Liabilities | | | | | |
| 1. Trade Accounts Payable | | | | \$ | 766,423 |
| 2. Notes Payable (<i>itemize</i>) | | | | \$ | |
| | | | | | |
| | | | | | |
| See Schedule | | | | | |
| 3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>) | | | | \$ | 120,924 |
| Name of Lender | | Purpose | Amount | Date Due | |
| Various | | TV, Phone & Internet | 120,924 | Various | |
| 4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>) | | | | \$ | 938,207 |
| 5. Accrued Payroll (<i>Owners and/or Stockholders only</i>) | | | | \$ | |
| 6. Accrued Payroll Taxes Payable | | | | \$ | 162,510 |
| 7. Medicare Final Settlement Payable | | | | \$ | |
| 8. Medicare Current Financing Payable | | | | \$ | |
| 9. Mortgage Payable (<i>Current Portion</i>) | | | | \$ | 1,100,000 |
| 10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>) | | | | \$ | 336,592 |
| 11. Accrued Income Taxes* | | | | \$ | |
| 12. Other Current Liabilities (<i>itemize</i>) | | | | \$ | 557,194 |
| Accrued Auditing Fees | | 83,100 | Custom Improvement Dej | 8,036 | |
| Entrance Fee Deposits | | 237,355 | | | |
| Resident Care Service | | 60,800 | | | |
| Other Accrued Payables | | 167,903 | See Schedule | | |
| A-13. Total Current Liabilities (Lines A1 thru 12) | | | | \$ | 3,981,850 |

* 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 9/30/2021 | Page 34 | of 37 |
| Account | | | | Amount | |
| Total Brought Forward: | | | | 3,981,850 | |
| Liabilities (cont'd) | | | | | |
| B. Long-Term Liabilities | | | | | |
| 1. Loans Payable-Equipment (<i>itemize</i>) | | | | | |
| | | | | \$ | 40,745 |
| Name of Lender | | Purpose | Amount | Date Due | |
| Various | | TV, Phone & Internet | 40,745 | Various | |
| 2. Mortgages Payable | | | | \$ | 79,496,865 |
| 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>) | | | | \$ | 60,866,875 |
| Deferred Revenue from Entrance Fees | | | 60,513,823 | | |
| Deferred Compensation Plan | | | 353,052 | | |
| See Schedule | | | | | |
| B-5. Total Long-Term Liabilities (Lines B1 thru 4) | | | | \$ | 140,404,485 |
| C. Total All Liabilities (Lines A-13 + B-5) | | | | \$ | 144,386,335 |

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 | 9/30/2021 | 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 | | | \$ | (8,233,614) |
| 6. Gain or Loss for Period | | | \$ | 2,913,421 |
| | 10/1/2020 | thru 9/30/2021 | | |
| 7. Total Net Worth | | | \$ | (5,320,193) |
| C. Total Reserves and Net Worth | | | \$ | (5,320,193) |
| D. Total Liabilities, Reserves, and Net Worth | | | \$ | 139,066,142 |

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 | 9/30/2021 | 36 | 37 | |
| Account | | | Amount | | |
| A. Balance at End of Prior Period as shown on Report of 09/30/2020 | | | \$ | 607,527 | |
| B. Total Revenue (<i>From Statement of Revenue Page 30</i>) | | | \$ | 41,642,873 | |
| C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>) | | | \$ | 38,729,452 | |
| D. Net Income or Deficit | | | \$ | 2,913,421 | |
| E. Balance | | | \$ | 3,520,948 | |
| F. Additions | | | | | |
| 1. Additional Capital Contributed (<i>itemize</i>) | | | | | |
| 2. Other (<i>itemize</i>) | | | | | |
| F-3. Total Additions | | | \$ | | |
| G. Deductions | | | | | |
| 1. Drawings of Owners/Operators/Partners (<i>Specify</i>) | | | | | |
| Name and Address (<i>No., City, State, Zip</i>) | | Title | Amount | | |
| | | | | | |
| 2. Other Withdrawings (<i>Specify</i>) | | | \$ | | |
| Purpose | | Amount | | | |
| | | | | | |
| | | | | | |
| 3. Total Deductions | | | \$ | | |
| H. Balance at End of Period | | | \$ | 3,520,948 | |

I. Preparer's/Reviewer's Certification

| | | | | |
|--|---|---|----------------------------------|--------------------------|
| Name of Facility Church Home of Hartford, Inc. (DBA | License No. 2103C | Report for Year Ended 9/30/2021 | Page 37 | of 37 |
| <i>Check appropriate category</i> | | | | |
| <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) | <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) | <input checked="" type="checkbox"/> Residential Care Home | | |
| Preparer/Reviewer Certification | | | | |
| <p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p> | | | | |
| Signature of Preparer <i>CliftonLarsonAllen LLP</i> | | Title | | Date Signed 2/15/2022 |
| 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@CLAconnect.com | | | | |