

February 15, 2021

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

Dear Ms. Godburn:

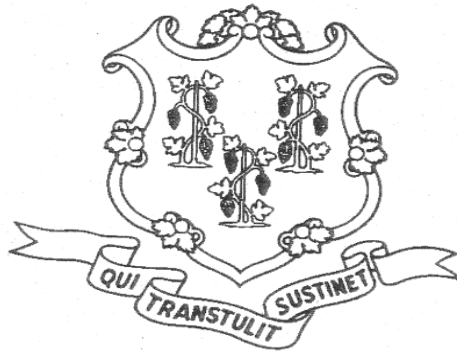
Enclosed please find the 2020 Medicaid Cost Report for Church Home of Hartford, Inc. d/b/a Seabury.

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

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

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

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

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

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

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

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General Information

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

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Church Home of Hartford, Inc. (DBA Seabury) [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Jacob Bompastore			Printed Name (Owner)	
Subscribed and Sworn to before me:	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 10/1/2019	To 9/30/2020
Address of Facility 200 Seabury Drive, Bloomfield, CT 06002				
Report Prepared By CliftonLarsonAllen LLP		Phone Number 860-561-4000	Date 2/15/2021	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

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

**CHHI BOARD OF DIRECTORS/SEABURY, INC.
November 2019-2020**

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

**CHHI BOARD OF DIRECTORS/SEABURY, INC.
November 2019-2020**

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

**CHHI BOARD OF DIRECTORS/SEABURY, INC.
November 2019-2020**

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

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)	2103C	9/30/2020	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 9/30/2020	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Richard C. Heath	200 Seabury Drive, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		Consultant	Page 16 m11	13,148	13,148
KBE Building Corp	76 Batterson Park Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>		Construction Services	Page 30 B9	36,000	36,000
Rogin Nassau, LLC	185 Asylum St. Hartford, CT 06103	<input checked="" type="radio"/>	<input type="radio"/>		Legal - 100% disallowed prior to cost report	Page 15 9e		
One Digital	200 Galleria Parkway Ste 1950, Atlanta, GA 30339	<input checked="" type="radio"/>	<input type="radio"/>		Insurance Broker	Page 15 1A5	38,625	38,625
Renee Bernasconi	200 Seabury Drive, Bloomfield, CT 06002	<input type="radio"/>	<input checked="" type="radio"/>		CEO	Page 10 A1	113,423	113,423
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)	License No. 2103C	Report for Year Ended 9/30/2020	Page 5	of 37
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	9/30/2020			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	04/04/15	39 Months	210	210
Pitney Bowes, 2225 American Drive, Neenah, MI 56956-1005	<input type="radio"/>	<input checked="" type="radio"/>	Folding Machine	03/30/17	36 Months	441	221
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Punch Unit	05/01/17	36 Months	145	85
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Marketing (Disallowed)	05/24/18	36 Months	676	676
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Nursing	10/18/17	36 Months	799	799
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Clinic	01/08/19	36 Months	590	590
DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Meadows	01/08/19	36 Months	484	484
DeLage 1111 Old Eagle School Road, Wayne, PA 19087-8608	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Accounting	01/08/19	36 Months	429	429
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Admin	07/01/20	36 Months	325	81
G.E. Ricoh USA, Inc., 70 Valley Stream Parkway, Malvern, PA 19355	<input type="radio"/>	<input checked="" type="radio"/>	Copier - Nursing	02/27/20	36 Months	515	300
Is a Mileage Log Book Maintained for All Leased Vehicles ?						<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***						3,875	

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

** Attach copies of newly acquired leases.

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



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

Number: _____

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

CUSTOMER INFORMATION

CHURCH HOME OF HARTFORD INCORPORATED				Renaud Le Pape			
Full Legal Name				Billing Contact Name			
200 SEABURY DR				200 SEABURY DR			
Equipment Location Address				Billing Address (if different from location address)			
BLOOMFIELD	HARTFOR	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) 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
2	RICOH IM350F CONFIGURABLE PTO MODEL	200 SEABURY DR, BLOOMFIELD, CT, 06002-2659, US

PAYMENT SCHEDULE

Minimum Term (months)
36

Minimum Payment (Without Tax)
\$115.77

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
0.0095	N/A

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

* Based upon Minimum Payment Billing Frequency

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

ADDITIONAL PROVISIONS (list here, if any):

Sales Tax Exempt: Yes (Attach Exemption Certificate)

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

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

TERMS AND CONDITIONS

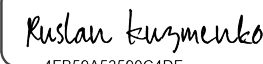
- Use of Equipment; Term.** You agree to use the equipment listed above ("Equipment") and pay the sums described above. **THIS AGREEMENT IS UNCONDITIONAL AND NON-CANCELABLE.** You agree to use this Equipment for the Minimum Term indicated above. You agree that the Equipment will be used solely for lawful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



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

AUTHORIZED SIGNER

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

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

3. Ownership of Equipment; Assignment. We are the sole owner and titleholder to the Equipment (except for any Software). You will keep the Equipment free of all liens and encumbrances. YOU HAVE NO RIGHT TO SELL, TRANSFER, ENCUMBER, 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 Manufacturer and will not be affected by any such assignment. You acknowledge that the Assignee did not manufacture or design the Equipment and that you have selected the Manufacturer, the Servicer and the Equipment based on your own judgment.
4. Software or Intangibles. To the extent that the Equipment includes Software, you understand and agree that we have no right, title or interest in the Software and you will comply throughout the term of this Agreement with any license and/or other agreement ("Software License") entered into with the supplier of the Software ("Software Supplier"). You are responsible for entering into any Software License with the Software Supplier no later than the Effective Date (as defined below).
5. Taxes and Origination Fee. In addition to the payments under this Agreement, you agree to pay all taxes, assessments, fees and charges governmentally imposed upon our purchase, ownership, possession, leasing, renting, operation, control or use of the Equipment. If we are required to file and pay property tax, you agree at our discretion, to either: (a) reimburse us for all personal property and other similar taxes and governmental charges associated with the ownership, possession or use of the Equipment when billed by the jurisdictions; or (b) remit to us each billing period our estimate of the pro-rated equivalent of such taxes and governmental charges. In the event that the billing period sum includes a separately stated estimate of personal property and other similar taxes, you acknowledge and agree that such amount represents our estimate of such taxes that will be payable with respect to the Equipment during the term of this Agreement. As compensation for our internal and external costs in the administration of taxes related to each unit of Equipment, you agree to pay us a "Property Tax Administrative Fee" in an amount not to exceed the greater of 10% of the invoiced property tax amount or \$10 each time such tax is invoiced during the term of this Agreement, not to exceed the maximum amount permitted by applicable law. The Property Tax Administrative Fee, at our sole discretion, may be increased by an amount not exceeding 10% thereof for each subsequent year during the term of this Agreement to reflect our increased cost of administration and we will notify you of any such increase by indicating such increased amount in the relevant invoice or in such other manner as we may deem appropriate. If we are required to pay upfront sales or use tax and you opt to pay such tax over the term of this Agreement and not as a lump sum at inception of this Agreement, then you agree to pay us a "Sales Tax Administrative Fee" equal to 3.5% of the total tax due per year. Sales and use tax, if applicable, will be charged until a valid sales and use tax exemption certificate is provided to us. In connection with this Agreement, you agree to pay us an origination fee of \$75.00 on the first payment date.
6. Uniform Commercial Code ("UCC") Filing. To protect our rights in the Equipment in the event this Agreement is determined to be a security agreement, you hereby grant to us a security interest in the Equipment, and all proceeds, products, rents or profits from the sale, casualty loss or other disposition thereof. You authorize us to file a copy of this Agreement as a financing statement, and you agree to promptly execute and deliver to us any financing statements covering the Equipment that we may reasonably require; provided, however, that you hereby authorize us to file any such financing statement without your authentication to the extent permitted by applicable law.
7. Warranties. We transfer to you, without recourse, for the term of this Agreement, any written warranties made by the Manufacturer or the Software Supplier with respect to the Equipment. YOU ACKNOWLEDGE THAT YOU HAVE SELECTED THE EQUIPMENT BASED ON YOUR OWN JUDGMENT AND YOU HEREBY AFFIRMATIVELY DISCLAIM RELIANCE ON ANY ORAL REPRESENTATION CONCERNING THE EQUIPMENT MADE TO YOU. WE MAKE NO WARRANTY, EXPRESS, OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, THE IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. AS TO US AND OUR ASSIGNEE, YOU RENT THE EQUIPMENT "AS-IS."
8. Maintenance of Our Equipment. You agree to install (if required), use and maintain the Equipment in accordance with Manufacturers' specifications and to use only those supplies which meet such specifications. You shall engage Ricoh, its subsidiaries or affiliates, or an independent third party (the "Servicer") to provide maintenance services pursuant to a separate agreement for such purpose ("Maintenance Agreement"). You will keep the Equipment in good condition, except for ordinary wear and tear.
9. Indemnity, Liability and Insurance. To the extent not prohibited by applicable law, you agree to indemnify us, defend us and hold us harmless from all claims arising out of the death or bodily injury of any person or the damage, loss or destruction of any tangible property caused by or to the Equipment, except to the extent caused by our gross negligence or willful misconduct. Notwithstanding anything to the contrary, in no event shall we be liable to you for any indirect, special or consequential damages. You are responsible for any theft of, destruction of, or damage to the Equipment from any cause at all, whether or not insured, from the time of Equipment delivery to you until it is delivered to us at the end of the term of this Agreement. You agree to maintain insurance to cover the Equipment for all types of loss, including, without limitation, theft, in an amount not less than the full replacement value, and you will name us as an additional insured and loss payee on your insurance policy. In addition, you agree to maintain comprehensive public liability insurance, which, upon our request, shall be in an amount acceptable to us and shall name us as an additional insured. Such insurance will provide that we will be given thirty (30) days advance notice of any cancellation. Upon our request, you agree to provide us with evidence of such coverage in a form reasonably satisfactory to us. If you fail to maintain such insurance or to provide us with evidence of such insurance, we may (but are not obligated to) obtain insurance in such amounts and against such risks as we deem necessary to protect our interest in the Equipment. Such insurance obtained by us will not insure you against any claim, liability or loss related to your interest in the Equipment and may be cancelled by us at any time. You agree to pay us an additional amount each month to reimburse us for the insurance premium and an administrative fee, on which we or our affiliates may earn a profit. In the event of loss or damage to the Equipment, you agree to remain responsible for the payment obligations under this Agreement until the payment obligations are fully satisfied.
10. Renewal and Return of Equipment. AFTER THE MINIMUM TERM OR ANY EXTENSION, THIS AGREEMENT WILL AUTOMATICALLY RENEW ON A MONTH-TO-MONTH BASIS UNLESS EITHER PARTY NOTIFIES THE OTHER IN WRITING AT LEAST THIRTY (30) DAYS, BUT NOT MORE THAN ONE HUNDRED TWENTY (120) DAYS, PRIOR TO THE EXPIRATION OF THE MINIMUM TERM OR EXTENSION; PROVIDED, HOWEVER, THAT AT ANY TIME DURING



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

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



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

16. **Ricoh Service Commitments; Counterparts; Facsimiles.** You acknowledge and agree that the Ricoh service commitments included on the “*Image Management Commitments*” page attached to this Agreement (collectively, the “Commitments”) are separate and independent obligations of Ricoh governed solely by the terms set forth on such page. They do not represent obligations of any Assignee of this Agreement and are not incorporated herein by reference. You agree that Ricoh alone is the party to provide all such services and is directly responsible to you for all of the Commitments. We are or, if applicable, our Assignee will be the party responsible for financing and billing this Agreement, including, but not limited to, the portion of your payments under this Agreement that reflects consideration owing to Ricoh in respect of its performance of the Commitments. Accordingly, you and we expressly agree that Ricoh is an intended third party beneficiary of your payment obligations hereunder. This Agreement may be executed in counterparts. The counterpart that has our original signature and/or is in our possession or control shall constitute chattel paper as that term is defined in the UCC and shall constitute the single true original agreement for all purposes. If you sign and transmit this Agreement to us by facsimile or by other electronic transmission, the facsimile or other electronic transmission of this Agreement, upon execution by us (manually or electronically, as applicable), shall be binding upon the parties. You authorize us to supply any missing “configure to order” number (“CTO”), other equipment identification numbers (including, without limitation, serial numbers), agreement identification numbers and/or dates in this Agreement. You agree that the facsimile or other electronic transmission of this Agreement containing your facsimile or other electronically transmitted signature, which is manually or electronically signed by us shall constitute the original agreement for all purposes, including, without limitation, those outlined above in this Section. You agree to deliver to us upon our request the counterpart of the Agreement containing your original manual signature.
17. **Miscellaneous.** It is the intent of the parties that this Agreement shall be deemed and constitutes a “finance lease” as defined under and governed by Article 2A of the UCC. You acknowledge that you have not been induced to enter into this Agreement by any representation or warranty not expressly set forth in this Agreement. This Agreement is not binding on us until we sign it. It is the express intent of the parties not to violate any applicable usury laws or to exceed the maximum amount of time price differential or interest, as applicable, permitted to be charged or collected by applicable law, and any such excess payment will be applied to Payments in the order of maturity, and any remaining excess will be refunded to you. Each of our respective rights and indemnities will survive the termination of this Agreement. We make no representation or warranty of any kind, express or implied, with respect to the legal, tax or accounting treatment of this Agreement and you acknowledge that we are an independent contractor and not your fiduciary. You will obtain your own legal, tax and accounting advice related to this Agreement and make your own determination of the proper accounting treatment of this Agreement. We may receive compensation from the Manufacturer or supplier of the Equipment in order to enable us to reduce the cost of providing the Equipment to you under this Agreement below what we otherwise would charge. If we received such compensation, the reduction in the cost of providing the Equipment is reflected in the Minimum Payment specified herein. You authorize us, our agent and/or our Assignee to obtain credit reports and make credit inquiries regarding you and your financial condition and to provide your information, including payment history, to our Assignee and third parties having an economic interest in this Agreement or the Equipment. You agree to provide updated annual and/or quarterly financial statements to us upon request.

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

X _____ Date: _____
 Guarantor Signature

 Home Address

{{Guarantor name}}
 (Printed Name of Guarantor - Do Not Include Title)

City _____ State _____ Zip _____

(_____)
 Home Phone

Accepted by RICOH USA, INC.:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title





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

Lease Agreement

Number:

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

CUSTOMER INFORMATION

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

EQUIPMENT DESCRIPTION

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

PAYMENT SCHEDULE

Minimum Term (months)
36

Minimum Payment (Without Tax)
\$183.38

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

ADDITIONAL PROVISIONS (if any) are:

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

TERMS AND CONDITIONS:

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

AUTHORIZED SIGNER

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

Authorized Signer Signature DocuSigned by:	Date	Authorized Signer Printed Name	Authorized Signer Title
X 4FB59A53590C4DF...	2/27/2020	Ruslan Kuzmenko	CFO



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

X _____
Date:

Guarantor Signature

Home Address

(Printed Name of Guarantor - Do Not Include Title)

City State Zip

(_____) _____
Home Phone

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



10. **Renewal and Return of Equipment.** After the Minimum Term or any extension, this Lease will automatically renew on a month-to-month basis unless either party notifies the other in writing at least thirty (30) days, but not more than one hundred twenty (120) days, prior to the expiration of the Minimum Term or extension; provided, however, that at any time during any month-to-month renewal, we have the right, upon thirty (30) days notice, to demand that you return the Equipment to us in accordance with the terms of this Section 10. Notwithstanding the foregoing, nothing herein is intended to provide, nor shall be interpreted as providing, (a) you with a legally enforceable option to extend or renew the terms of this Lease, or (b) us with a legally enforceable option to compel any such extension or renewal. At the end of or upon termination of this Lease, you will immediately return the Equipment to the location designated by us, in as good condition as when you received it, except for ordinary wear and tear. You will bear all shipping, de-installing, and crating expenses and will insure the Equipment for its full replacement value during shipping. You must pay additional monthly Payments at the same rate as then in effect under this Lease, until the Equipment is returned by you and is received in good condition and working order by us or our designees. Notwithstanding anything to the contrary set forth in this Lease, the parties acknowledge and agree that we shall have no obligation to remove, delete, preserve, maintain or otherwise safeguard any information, images or content retained by or resident in any Equipment leased by you hereunder, whether through a digital storage device, hard drive or other electronic medium (“Data Management Services”). If desired, you may engage Ricoh to perform Data Management Services at then-prevailing rates. You acknowledge that you are responsible for ensuring your own compliance with legal requirements in connection with data retention and protection and that we do not provide legal advice or represent that the Equipment will guarantee compliance with such requirements. The selection, use and design of any Data Management Services, and any decisions arising with respect to the deletion or storage of data, as well as the loss of any data resulting therefrom, shall be your sole and exclusive responsibility.
11. **Lease Payments.** Payments will begin on the Equipment delivery and acceptance date (“Effective Date”) or such later date as we may designate. The remaining payments are due on the same day of each subsequent month (unless otherwise specified on page 1 hereof). You agree to pay us each payment when it is due, and if any payment is not received within ten (10) days of its due date, you agree to pay a one-time late charge of 5% or \$5 (whichever is greater, but not to exceed the maximum amount allowed by applicable law) on the overdue amount. You also agree to pay all shipping and delivery costs associated with the ownership or use of the Equipment, which amounts may be included in your payment or billed separately. You also agree to pay \$25 for each check returned for insufficient funds or any other reason. You agree that you will remit payments to us in the form of company checks, (or personal checks in the case of sole proprietorships), direct debit or wires only. You also agree that cash and cash equivalents are not acceptable forms of payment for this Lease and that you will not remit such forms of payment to us. Payment in any other form may delay processing or be returned to you. Furthermore, only you or your authorized agent as approved by us will remit payments to us.
12. **Default and Remedies.** Each of the following is a “Default” under this Lease: (a) you fail to pay any amount within thirty (30) days of its due date, (b) any representation or warranty made by you in this Lease is false or incorrect and/or you do not perform any of your other obligations under this Lease and/or under any other agreement with us or with any of our affiliates and this failure continues for thirty (30) days after we have notified you of it, (c) a petition is filed by or against you or any guarantor under any bankruptcy or insolvency law or a trustee, receiver or liquidator is appointed for you, any guarantor or any substantial part of your assets, (d) you or any guarantor makes an assignment for the benefit of creditors, (e) any guarantor dies, stops doing business as a going concern or transfers all or substantially all of such guarantor’s assets, or (f) you stop doing business as a going concern or transfer all or substantially all of your assets. If a Default occurs, we have the right to exercise any and all legal remedies available to us by applicable laws, including those set forth in Article 2A of the UCC. YOU WAIVE ANY AND ALL RIGHTS AND REMEDIES AS A CUSTOMER OR LESSEE THAT YOU HAVE UNDER ARTICLE 2A OF THE UCC AGAINST US (BUT NOT AGAINST THE MANUFACTURER OF THE EQUIPMENT). Additionally, we are entitled to all past due payments and we may accelerate and require you to immediately pay us the future payments due under the Lease present valued at the discount rate of 3% per year to the date of default plus the present value (at the same discount rate) of our anticipated value of the equipment at the end of the term of this Lease, and we may charge you interest on all amounts due us from the date of default until paid at the rate of 1.5% per month, but in no event more than the maximum rate permitted by applicable law. We may repossess the Equipment (and, with respect to any Software, (i) immediately terminate your right to use the Software including the disabling (on-site or by remote communication) of any Software; (ii) demand the immediate return and obtain possession of the Software and re-license the Software at a public or private sale; and/or (iii) cause the Software Supplier to terminate the Software License, support and other services under the Software License), and pursue you for any deficiency balance after disposing the Equipment, all to the extent permitted by law. You waive the rights you may have to notice before we seize any of the Equipment. You agree that all rights and remedies are cumulative and not exclusive. You promise to pay reasonable attorneys’ fees and any cost associated with any action to enforce this Lease. This action will not void your responsibility to maintain and care for the Equipment, nor will Ricoh be liable for any action taken on our behalf. If we take possession of the Equipment, we agree to sell or otherwise dispose of it under such terms as may be acceptable to us in our discretion with or without notice, at a public or private disposition, and to apply the net proceeds (after we have deducted all costs, including reasonable attorneys’ fees) to the amounts that you owe us. You will remain responsible for any deficiency that is due after we have applied any such net proceeds.
13. **Business Agreement and Choice of Law.** YOU AGREE THAT THIS LEASE WILL BE GOVERNED UNDER THE LAW FOR THE COMMONWEALTH OF PENNSYLVANIA. YOU ALSO CONSENT TO THE VENUE AND NON-EXCLUSIVE JURISDICTION OF ANY COURT LOCATED IN EACH OF THE COMMONWEALTH OF PENNSYLVANIA AND THE STATE WHERE YOUR PRINCIPAL PLACE OF BUSINESS OR RESIDENCE IS LOCATED TO RESOLVE ANY CONFLICT UNDER THIS LEASE. WE BOTH WAIVE THE RIGHT TO TRIAL BY JURY IN THE EVENT OF A LAWSUIT. TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, FEDERAL LAW REQUIRES ALL FINANCIAL INSTITUTIONS TO OBTAIN, VERIFY AND RECORD INFORMATION THAT IDENTIFIES EACH PERSON WHO OPENS AN ACCOUNT. WHAT THIS MEANS FOR YOU: WHEN YOU OPEN AN ACCOUNT, WE WILL ASK FOR YOUR NAME, ADDRESS AND OTHER INFORMATION THAT WILL ALLOW US TO IDENTIFY YOU. WE MAY ASK TO SEE IDENTIFYING DOCUMENTS.
14. **No Waiver or Set Off.** You agree that our delay, or failure to exercise any rights, does not prevent us from exercising them at a later time. If any part of this Lease is found to be invalid, then it shall not invalidate any of the other parts and the Lease shall be modified to the minimum extent as permitted by law. ALL PAYMENTS TO US ARE “NET” AND UNCONDITIONAL AND ARE NOT SUBJECT TO SET OFF, DEFENSE, COUNTERCLAIM OR REDUCTION FOR ANY REASON.
15. **Entire Agreement; Delivery & Acceptance Certificate.** ORAL AGREEMENTS OR COMMITMENTS TO LOAN MONEY, EXTEND CREDIT OR TO FORBEAR FROM ENFORCING REPAYMENT OF A DEBT INCLUDING PROMISES TO EXTEND OR RENEW SUCH DEBT ARE NOT ENFORCEABLE. YOU AGREE THAT THE TERMS AND CONDITIONS CONTAINED IN THIS LEASE REPRESENT THE ENTIRE AGREEMENT BETWEEN US AND YOU AND SUPERSEDE ALL PRIOR WRITTEN OR ORAL COMMUNICATIONS, UNDERSTANDINGS OR AGREEMENTS. Neither of us will be bound by any amendment, waiver, or other change unless agreed to in writing and signed by both. Any purchase order, or other ordering documents will not modify or affect this Lease, nor have any other legal effect and shall serve only the purpose of identifying the Equipment ordered. You agree to sign and return to us a delivery and acceptance certificate (which, at our request, may be done electronically) within three (3) business days after any Equipment is installed.
16. **Counterparts; Facsimiles.** This Lease may be executed in counterparts. The counterpart that has our original signature and/or is in our possession or control shall constitute chattel paper as that term is defined in the UCC and shall constitute the single true original agreement for all purposes. If you sign and transmit this Lease to us by facsimile or by other electronic transmission, the facsimile or other electronic transmission of this Lease, upon execution by us (manually or electronically, as applicable), shall be binding upon the parties. You authorize us to supply any missing “configure to order” number (“CTO”), other equipment identification numbers (including, without limitation, serial numbers), agreement identification numbers and/or dates in this Lease. You agree that the facsimile or other electronic transmission of this Lease containing your facsimile or other electronically transmitted signature, which is manually or electronically signed by us, shall constitute the original agreement for all purposes, including, without limitation, those outlined above in this Section. You agree to deliver to us upon our request the counterpart of this Lease containing your manual signature.



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

RT
Initial

Accepted by RICOH USA, INC.:

Authorized Signer Signature	Date	Authorized Signer Printed Name	Authorized Signer Title



General Information and Questionnaire
Accounting Basis

Name of Facility Church Home of Hartford, Inc. (DB)	License No. 2103C	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 CliftonLarsonAllen LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 29 South Main Street, West Hartford, CT 06127-2000
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Services Provided by This Firm (*describe fully*)

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

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Robert Noonan & Associates 2 3 4 5	Telephone Number 860-349-7010
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Address (*No. & Street, City, State, Zip Code*)
 1 6 Way Road #031, Middlefield, CT 06455
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

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

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

Schedule of Resident Statistics

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

Schedule of Resident Statistics (Cont'd)

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

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

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	8	12		23		4	22	
Per Diem Rate								
a. One bed rm.	PPS	257.60		550.00		184.00-337.00	154.64	
b. Two bed rms.								
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	5,290	5,290		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	20,325	20,325		
D. Total Physical Therapy Treatments	25,615	25,615		

8. Total Number of Speech Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	401	401		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,315	1,315		
D. Total Speech Therapy Treatments	1,716	1,716		

9. Total Number of Occupational Therapy Treatments

	TOTAL	CCNH	RHNS	Residential Care Home
A. Medicare - Part B	6,680	6,680		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	13,220	13,220		
D. Total Occupational Therapy Treatments	19,900	19,900		

Report of Expenditures - Salaries & Wages

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

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Information Technology	\$ 32,063	949			\$ 6,244	185
Human Resources	\$ 70,188	1,642			\$ 13,668	320
Scheduler - Skilled	\$ 42,290	2,064				
Medical Records - Skilled	\$ 59,171	2,102				
Medical Records & Scheduler					\$ 15,146	831
Chaplain & Holistic Medicine	\$ 72,336	1,924			\$ 5,598	149
Total	\$ 276,048	8,681	\$ -	-	\$ 40,656	1,485

Schedule of Other Fees (Page 13)

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Church Home of Hartford, Inc. (DBA Seabury)				2103C	9/30/2020				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	94,936		18,487	Vehicle and Deferred Compensation	Responsible for all operations of facilities	586	A1			
CEO expenses, including consultant fees were capped by 70% of the Administrator	Allowable salary expense,	net of 28a disallowance	was \$51,383.							
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Church Home of Hartford, Inc. (DBA Seabury)				2103C	9/30/2020			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	105,312		36,574	Nondiscretionary	Administrator	2,104	A2			
Heather Griskewicz (Meadows Administrator 10/1/2020 - 7/6/2020)			10,942	Nondiscretionary	Administrator - Meadows	473	A2			
Rachel Calvo (Meadows Administrator 7/15/2020 - 10/16/2020)			3,362	Nondiscretionary	Administrator - Meadows	116	A2			
Section IV - Assistant Administrators										

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

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

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

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	9/30/2020	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	31,813	686			2,462	53
2. Dentist						
3. Pharmacist	5,617	85			435	7
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	16,701	92			1,292	7
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	54,131	863			4,189	67

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

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

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

(Carry Subtotals forward to next page)

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	9/30/2020		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<i>Subtotals Brought Forward:</i>	1,764,671	1,410,583		354,088	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 2,751	2,231		520	
4. Employee Travel	\$ 3,270	2,737		533	
5. Education Expenses Related to Seminars and Conventions	\$ 3,264	2,732		532	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 388	325		63	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 708			708	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 1,993			1,993	
7. Postage	\$ 2,854	2,256		598	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,653	5,569		1,084	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 53,888	43,766		10,122	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 101,544	83,707		17,837	
<i>C-14 Total Administrative & General Expenditures</i>	\$ 1,941,984	1,553,906		388,078	

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

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

Schedule of Contributions

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

Schedule of Other Administrative and General

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

Schedule C-1 - Management Services*

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

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

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

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

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

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

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

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3D.

*** Pounds of Laundry only required for multi-level facilities.

**C. Expenditures Other Than Salaries (cont'd) - Housekeeping and Resident Care
 Basis for Allocation of Costs (See Note on Page 5)**

Name of Facility		License No.	Report for Year Ended		Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2020		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. \$	20,919	10,008		10,911
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	20,919	10,008		10,911
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$	257	239		18
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	42,418	39,371		3,047
c.	Medical and Therapeutic Supplies	\$	9,018	3,530		5,488
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$				
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	25,266	15,253		10,013
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	134,207	130,607		3,600
5M.	Total Resident Care Expenditures (5a - 5j)	\$	211,166	189,000		22,166

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

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

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

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

Schedule of Other Resident Care

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

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

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

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

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

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

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

Schedule of Other Repairs and Maintenance

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

Depreciation Schedule

Name of Facility Church Home of Hartford, Inc. (DBA Seabury)				License No. 2103C			Report for Year Ended 9/30/2020			Page 23	of 37			
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements														
1. Acquired prior to this report period														
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
A-4. Subtotal														
B. Building and Building Improvements														
1. Acquired prior to this report period				155,413,706		155,413,706	32,088,603	SL	VAR	1,379,691				
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)				1,494,320		1,494,320		SL	VAR	20,392				
B-4. Subtotal											1,400,083			
C. Non-Movable Equipment														
1. Acquired prior to this report period				19,625		19,625	19,625	SL	VAR					
2. Disposals (attach schedule)														
3. Acquired during this report period (attach schedule)														
C-4. Subtotal														
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
		Yes	No	Month	Year									
D. Movable Equipment														
1. Motor Vehicles (Specify name, model and year of each vehicle)														
a. Vehicles				Yes		VAR	VAR	230,163		230,163	17,319	SL	VAR	5,445
b.														
c.														
d.														
2. Movable Equipment														
a. Acquired prior to this report period								11,639,796		11,639,796	2,453,857	SL	VAR	436,732
b. Disposals (attach schedule)								(15,227)		(15,227)	(11,637)	SL	VAR	
c. Acquired during this report period (attach schedule)								164,424		164,424		SL	VAR	5,478
D-3. Subtotal														447,655
E. Total Depreciation														1,847,738

Schedule of Land Improvements Acquired during this report period

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	\$ 1,494,320		\$ 20,392
Total additions for Building Improvements		\$ 1,494,320		\$ 20,392 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See attached schedules (pages 23a-23c); allowable depreciation only	\$ 164,424		\$ 5,478
Total additions for Movable Equipment		\$ 164,424		\$ 5,478 *
Deletions:				
9/30/2020	Computers and Software	\$ (15,227)		
Total deletions for Movable Equipment		\$ (15,227)		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Attachment Page 23a

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

Buildings and Building Improvements

Seabury (see Page 23b)

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

Meadows - None in 2020

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

Total Building and Building Improvements 1,494,320

Moveable Equipment

Seabury (see Page 23b)

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

Meadows - None in 2020

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

Total Moveable Equipment 164,424

Total Property Additions Summary

Total Building Improvements Additions After Allocation:

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

Total Other Additions After Allocation:

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

Disallowance calculation for 12 SNF beds not eligible for reimbursement:

Building Additions:

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

Other Additions:

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

Total Transfer Out

Total Building Improvement Additions after Disallowances:

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

Total Other Additions after Disallowances:

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

BUILDING IMPROVEMENT ADDITIONS

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

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

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

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

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

FURNITURE/EQUIPMENT COMPUTER ADDITIONS

Date	Description	Cost	Level	Life
	None in 2020			

FURNITURE/EQUIPMENT OTHER ADDITIONS

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

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

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

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

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

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

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

Building Improvements

DATE	DESCRIPTION	LIFE	AMOUNT
	None in 2020		

Meadows Allocation Breakout - Building Improvements						
Useful life	SNF	HFA	O	Total		
5	-	-	-	-		
10	-	-	-	-		
15	-	-	-	-		
25	-	-	-	-		
	-	-	-	-		
				SNF	HFA	Other
Allocation By Meadows Beds:				0.00%	24.14%	75.86%

Furniture/Equipment

DATE	DESCRIPTION	LIFE	AMOUNT
	None in 2020		

Meadows Allocation Breakout - Furniture/ Equip						
Useful life	SNF	HFA	O	Total		
10	-	-	-	-		
12	-	-	-	-		
15	-	-	-	-		
20	-	-	-	-		
	-	-	-	-		
				SNF	HFA	Other
Allocation By Meadows Beds:				0.00%	24.14%	75.86%

Attachment Page 23d

Buildings and Building Improvements

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

Total Depreciation Allowable		1,400,083
Total Phase A Depreciation - Unallowable		546,703
Seabury - Depreciation on Assets Acquired in CY:	68,138	
Allocation using Method 14	<u>30%</u>	
Total Allowable Related to Assets Acquired in CY	20,392	
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		20,392
Total Phase A Depreciation Related to Assets Acquired in PY		<u>546,703</u>
Depreciation Related to Assets Acquired in Prior Years		<u><u>1,379,691</u></u>

Moveable Equipment

Total Depreciation Allowable		442,210
Total Phase A Depreciation - Unallowable		208,488
Seabury - Depreciation on Assets Acquired in CY:	18,304	
Allocation using Method 14	<u>30%</u>	
Total Allowable Related to Assets Acquired in CY	5,478	
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		5,478
Total Phase A Depreciation Related to Assets Acquired in PY		<u>208,488</u>
Depreciation Related to Assets Acquired in Prior Years		<u><u>436,732</u></u>

**Seabury Cost Report
Attachment Page 23e**

Depreciation Schedule & Depreciation Disallowance

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

Asset Value				Depreciation Allowed			Depreciation Taken			
							60 22%	22 8%	192 70%	
2007	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
Equipment										
15 Year	2,164	-	7,300	9,464	144	-	487	138	51	442
2008	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
Equipment										
15 Year	21,462	496	5,029	26,987	1,431	33	335	394	144	1,261
20 Year	1,053		9,874	10,927	53	-	494	120	44	383
Total	24,678	496	22,203	47,377	1,628	33	1,316	652	239	2,086
Building										
Movable					1,628	33	1,316	652	239	2,086
Asset Value				Depreciation Allowed			Depreciation Taken			
							60 22%	22 8%	192 70%	
2009	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
Building										
Equipment										
12 Year	2,334	-	-	2,334	195	-	-	43	16	136
15 Year	149,699	174	1,898	151,771	9,980	12	127	2,216	812	7,090
Total Assets	176,711	670	24,101	201,482	11,802	45	1,442	2,910	1,067	9,312
Asset Value				Depreciation Allowed			Depreciation Taken			
							60 22%	22 8%	192 70%	
2010	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
Building										
10 Year	32,116	14,009	535,358	581,483	3,212	1,401	53,536	12,733	4,669	40,746
Total Assets	208,827	14,679	559,459	782,965	15,014	1,446	54,978	15,643	5,736	50,058
Building					3,212	1,401	53,536	12,733	4,669	40,746
Movable					11,802	45	1,442	2,910	1,067	9,312
New for 2010 - Vehicle disallowance										
				Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)			
				SNF	HFA	Other	SNF	HFA	Other	
Total Vehicles in fleet as of 9/30/10	6									
Vehicle with highest depreciation (Sienna)-2010	5,115			Per allocation template			1,120	411	3,584	
Total 2010 Vehicle Depreciation	<u>10,949</u>			Disallowance			1,278	468		
Total Unallowed Amount	<u>-5,834</u>									
Asset Value				Depreciation Allowed			Depreciation Taken			
							60 22%	22 8%	192 70%	
2011	SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other	
Building										
10 Year	90,905	36,330	797,658	924,893	9,091	3,633	79,766	20,253	7,426	64,810
Equipment										
10 Year	4,577	1,678	22,705	28,960	458	168	2,270	634	233	2,029
15 Year	2,728	1,000	11,003	14,731	182	67	734	215	79	688
20 Year	1,619	594	6,530	8,743	81	30	327	96	35	306
Total Assets	308,656	54,281	1,397,355	1,760,292	24,825	5,343	138,074	36,841	13,508	117,892
Building					12,302	5,034	133,302	32,986	12,095	105,556
Movable					12,523	309	4,773	3,855	1,413	12,336
Disallowance										
Building				20,684	7,061		No disallowance needed for SNF Moveable in 2011			
Movable				(8,668)	1,105					
2011 -Vehicle disallowance										
				Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)			
				SNF	HFA	Other	SNF	HFA	Other	
Total Vehicles in fleet as of 9/30/11	7									
Vehicle with highest depreciation (Ford Bus)-2011	6,876			Per allocation template			1,091	400	3,492	
Total 2011 Vehicle Depreciation	<u>11,860</u>			Disallowance			1,506	552		
Total Unallowed Amount	<u>-4,984</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	Per allocation template			1,883	691	6,027	4,529	1,661	14,493
Vehicle with highest depreciation (Ford Lift Van-2014)	8,601	Disallowance			2,646	970				
Total 2017 Vehicle Depreciation	20,683									
Total Unallowed Amount	<u>-12,082</u>									

		Asset Value			Depreciation Allowed			Depreciation Taken		
		SNF	HFA	Other	SNF	HFA	Other	SNF	HFA	Other
								60	22	192
								22%	8%	70%
2018										
Building										
5 Year	-	2,338	7,463	9,801	-	468	1,493	429	157	1,374
10 Year	46,079	12,164	840,618	898,861	4,608	1,216	84,062	19,683	7,217	62,986
20 Year	2,573,771	631,958	12,211,221	15,416,950	128,689	31,598	610,561	168,799	61,893	540,156
25 Year	308,328	218,012	55,167,892	55,694,232	12,333	8,720	2,206,716	487,833	178,872	1,561,065
Equipment										
5 Year	14,168	45,556	255,438	315,162	2,834	9,111	51,088	13,803	5,061	44,169
10 Year	12,955	15,589	360,121	388,665	1,296	1,559	36,012	8,511	3,121	27,235
12 Year	-	2,354	7,400	9,754	-	196	617	178	65	570
15 Year	-	159,885	998,044	1,157,929	-	10,659	66,536	16,904	6,198	54,093
20 Year	-	2,148	6,752	8,900	-	107	338	97	36	312
25 Year	53	213	107,586	107,852	2	9	4,303	945	346	3,023
Total Assets	4,989,280	1,848,405	82,420,942	89,258,627	335,667	137,234	4,265,163	1,037,532	380,428	3,320,103
FY18 Additions	2,955,354	1,090,217	69,962,535	74,008,106						
Building					246,576	85,688	3,837,371	913,059	334,788	2,921,788
Movable					89,091	51,546	427,792	124,473	45,640	398,315
Disallowance										
Building					666,483	249,101				
Movable					35,383	(5,906)				

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

A 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	144,729
20 Year	877	322	4,677	5,876	44	16	234	64	24	206
Equipment										
3 Year	775	284	4,132	5,191	258	95	1,377	379	139	1,212
4 Year	8,705	3,192	46,428	58,325	2,176	798	11,607	3,193	1,171	10,218
8 Year	1,994	731	10,636	13,361	249,25	91	1,330	366	134	1,170
10 Year	10,695	3,922	12,828	27,445	1,070	392	1,283	601	220	1,923
Total Assets	5,074,216	2,283,455	84,076,558	91,434,229	345,653	181,286	4,438,685	1,087,363	398,700	3,479,561
FY19 Additions	84,936	435,050	1,655,616	2,175,602						
Building					252,809	128,364	3,995,297	958,351	351,395	3,066,723
Movable					92,844	52,922	443,388	129,012	47,304	412,838
Disallowance										
Building					705,542	223,032				
Movable					36,168	(5,618)				

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

A 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	60 22%	22 8%	192 70%	
2020										
Building										
10 Year	9,881	271,480	1,187,710	1,469,071	494	13,574	59,386	16,085	5,898	51,471
8 Year	4,522	1,382	19,346	25,250	283	86	1,209	346	127	1,106
Equipment										
3 Year	15,002	4,584	64,174	83,760	2,500	764	10,696	3,057	1,121	9,782
5 Year	-	-	7,585	7,585	-	-	759	166	61	532
10 Year	12,667	3,870	56,542	73,079	633	194	2,827	800	293	2,560
Total Assets	5,116,288	2,564,771	85,411,915	93,092,974	349,563	195,904	4,513,561	1,107,816	406,199	3,545,012
FY20 Additions	42,072	281,316	1,335,357	1,658,745						
Building					253,585	142,024	4,055,891	974,781	357,420	3,119,300
Movable					95,978	53,880	457,670	133,035	48,780	425,712
Disallowance										
Building					721,196	215,396	Page 29/29a - Line 48			
Movable					37,057	(5,100)	Page 29/29a - Line 35			
					2020 -Vehicle disallowance					
					Depreciation Allowed (1 Vehicle)			Depreciation Taken (all vehicles)		
Total Vehicles in fleet as of 9/30/19	9				SNF	HFA	Other	SNF	HFA	Other
Vehicle with highest depreciation	14,581 A		Per allocation template		3,194	1,171	10,218	3,985	1,461	12,748
Total 2019 Vehicle Depreciation	18,192		Disallowance		791	290	Page 29/29a - Line 35			
Total Unallowed Amount	<u>-3,611</u>				37,848	(4,810)	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.

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		9/30/2020			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 9/30/2020	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		1991		
2. Date Structure Completed		1993		
3. If NOT Original Owner, Date of Purchase		08/27/03		
4. Date of Initial Licensure		1991 / 2006		
5. Total Licensed Bed Capacity		108		
6. Square Footage		429,551		
7. Acquisition Cost				
a. Land		4,429,495		
b. Building		107,766,869		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Multiple Bonds - Fixed	Multiple Bonds -	
b. Date Mortgage Obtained		04/01/15	04/01/16	
c. Interest Rate for the Cost Year		4%-5%	2.875%-5%	
d. Term of Mortgage (number of years)		5-23 years	4-37 years	
e. Amount of Principal Borrowed		34,510,000	75,265,000	
f. Principal balance outstanding as of 9/30/2020		29,495,000	52,515,000	
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA)		2103C	9/30/2020			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 442,855	339,208			103,647	
Name of Lender		Rate					
UMB Bond/ CHEFA		2.875-5%					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$ 442,855	339,208			103,647	

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DB)	2103C	9/30/2020			27	37
Item	Total	CCNH	RHNS	Residential Care Home		
Subtotals Brought Forward:	442,855	339,208		103,647		
12. C. Movable Equipment						
1. Automotive Equipment	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (<i>Specify</i>)	\$					
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 (<i>Specify</i>)	\$					
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	442,855	339,208		103,647	
14. Insurance						
a. Insurance on Property (buildings only)	\$	47,235	24,217		23,018	
b. Insurance on Automobiles	\$	6,547	5,015		1,532	
c. Insurance other than Property (as specified above)						
1. Umbrella (<i>Blanket Coverage</i>)	\$	10,674	8,176		2,498	
2. Fire and Extended Coverage	\$	16,727	12,812		3,915	
3. Other (<i>Specify</i>) Directors & Crime	\$	6,807	5,214		1,593	
14d. Total Insurance Expenditures (14a + b + c)	\$	87,990	55,434		32,556	
15. Total All Expenditures (A-13 thru C-14)	\$	11,508,931	9,021,259		2,487,672	

D. Adjustments to Statement of Expenditures

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

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

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

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

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	51	Nutrition Supplies - Billable	\$ 14,486		\$ 1,121
Total Other Ancillary Costs			\$ 14,486	\$ -	\$ 1,121

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	\$ 37,057		\$ (5,100)
		Movable in excess of CON- Meadows			\$ 648
Total Excess Movable Equipment Depreciation			\$ 37,057	\$ -	\$ (4,452)

Schedule of Other Property Adjustments

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Church Home of Hartford, Inc. (DBA Seal2103C)		9/30/2020			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 6,073,543	3,754,224		2,319,319		
b. Medicaid Room and Board Contractual Allowance **	\$ (3,012,760)	(1,920,749)		(1,092,011)		
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,843,180	1,843,180				
b. Medicare Room and Board Contractual Allowance **	\$ 248,618	248,618				
4. a. Private-Pay Residents and Other	\$ 3,104,876	2,533,521		571,355		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,257,457	6,458,794		1,798,663		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 246			246		
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 33,139	24,714		8,425		
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$ 2,334			2,334		
8. Other (<i>Specify</i>)	\$ 295,257	248,777		46,480		
V. Total Other Revenue (1 thru 8)	\$ 330,976	273,491		57,485		
VI. Total All Revenue (III +V)	\$ 8,588,433	6,732,285		1,856,148		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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		\$ 24,714		\$ 8,425
Total Interest Income			\$ 24,714	\$ -	\$ 8,425

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
Page 30, IV8	ANC Laundry	\$ 499		\$ 86
Page 30, IV8	ANC Telephone & Internet - Disallow	\$ 105,199		\$ 18,214
Page 30, IV8	ANC Other Revenue - Disallow	\$ 17,113		\$ 3,353
Page 30, IV8	Miscellaneous Other Revenue - Disallow			\$ 287
Page 30, IV8	CARES Act Income	\$ 125,966		\$ 24,540
Total Other Revenue		\$ 248,777	\$ -	\$ 46,480

**Interest Income
Seabury Retirement
FYE 09/2020**

	<u>Interest Amount</u>	<u>G/L Account #</u>	<u>Balance 09/30/20</u>
CCNH			
<u>Eq/Entrance Fund</u>	34,105	1-000-1070	3,377,342
Asset Replacement	<u>2,124</u>	1-000-1060	0
	36,229		
RCH			
<u>Asset Replacement</u>	<u>3,616</u>	1-000-1192	167,968
	3,616		
Bond Fund Adj	(101,343)		
Grand Total	(61,498)		

G. Balance Sheet

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

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility Church Home of Hartford, Inc. (DBA S	License No. 2103C	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	116,853,503
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	25,702,992
	Investments	16,058,711		
	Investments Held by Trustee	3,539,796		
	See Schedule	6,104,485		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	25,702,992
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	142,556,495

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Seabury)		2103C	9/30/2020	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	604,728
2. Notes Payable (<i>itemize</i>)				\$	

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

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA S	2103C	9/30/2020	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			\$	(6,191,198)
6. Gain or Loss for Period			\$	(2,042,416)
	10/1/2019	thru 9/30/2020		
7. Total Net Worth			\$	(8,233,614)
C. Total Reserves and Net Worth			\$	(8,233,614)
D. Total Liabilities, Reserves, and Net Worth			\$	142,556,495

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Church Home of Hartford, Inc. (DBA Sea	2103C	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	2,649,943
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	37,865,576
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	39,907,992
D. Net Income or Deficit			\$	(2,042,416)
E. Balance			\$	607,527
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <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		09/30/20	\$	607,527

I. Preparer's/Reviewer's Certification

Name of Facility Church Home of Hartford, Inc. (DBA	License No. 2103C	Report for Year Ended 9/30/2020	Page 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 2/15/2021
Printed Name of Preparer CliftonLarsonAllen LLP				
Address Address 29 South Main Street, 4th Floor, West Hartford, CT			Phone Number 860-561-4000	
Contacted Person Regarding Additional Information Needed Regarding This Report Jonathan Fink			Phone Number 860-561-4000	
Contact Email Address Jonathan.Fink@CLAconnect.com				