EXTENDED TO AUGUST 17, 2020

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

<u> </u>	רטו נווי	e 2018 calendar year, or tax year beginning OC1 1, 2010 and	enaing 2	EP 30, 4019	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre chang	SE CHURCH HOME OF HARTFORD, INC.			
	Name chang	e Doing business as SEABURY RETIREMENT COMMUNIT	TY	1 06-0	293500
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return			(860	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	35,729,553.
	Amen return	ded PIOOMETEID CM 06002		H(a) Is this a group re	
	Application			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	·····
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 527	1 ' '	list. (see instructions)
		te: WWW.SEABURYLIFE.ORG		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year		1 State of legal domicile: CT
	art I	Summary		or rotting of the	- oute of logal dollinois,
		Briefly describe the organization's mission or most significant activities: TO PI	ROVIDE	HOUSING AN	D
Activities & Governance	'	SUPPLEMENTAL SERVICES TO THE ELDERLY.			
na.	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets
Ş.		- · · · · · · · · · · · · · · · · · · ·		3	15
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			15
ە ئ		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			481
iţi	1	Total number of volunteers (estimate if necessary)			15
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, line 38			0.
	<u> </u>			Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		1,220,582.	193,628.
uge		Program service revenue (Part VIII, line 2g)		30,719,795.	34,663,731.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,204,919.	737,068.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		289,645.	119,268.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,434,941.	35,713,695.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,285,410.	17,064,789.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	-	
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,465,703.	24,111,114.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		37,751,113.	41,175,903.
		Revenue less expenses. Subtract line 18 from line 12		-4,316,172.	-5,462,208.
O.	3			ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		.55,052,179.	145,158,508.
ASS	21	Total liabilities (Part X, line 26)		.54,804,351.	151,349,706.
Ret	22	Net assets or fund balances. Subtract line 21 from line 20		247,828.	-6,191,198.
P	art II	Signature Block	· · · · · · · · · · · · · · · · · · ·	·	
Unc	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He		CRAIG SCOTT, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	LAURA J. KENNEY LAURA J. KENNEY		05/19/20 if self-employ	P00202198
Pre	parer	Firm's name BLUM, SHAPIRO & COMPANY, P.C.		Firm's EIN ▶	06-1009205
Use	Only	Firm's address ONE INTERNATIONAL PLACE, 16TH FI	LOOR		
		BOSTON, MA 02110		Phone no. 61	7-717-0831
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2018) CHURCH HOME OF HARTFORD, INC.	06-0293500 Page 2
Pa	rt III Statement of Program Service Accomplishments	-
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO PROVIDE HOUSING AND SUPPLEMENTAL SERVICES TO THE ELD.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	maggurad by avnances
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported.	ore, the total expenses, and
4a	(Code:) (Expenses \$ 37,682,429 • including grants of \$) (Reven	ue\$ 34,663,731.)
	CHURCH HOME OF HARTFORD, INC. OPERATES A HEALTH CARE AN	D INDEPENDENT
	LIVING, ASSISTED LIVING, AND MEMORY CARE COMMUNITY FOR	
	CHURCH HOME IS AFFILIATED WITH THE EPISCOPAL DIOCESE OF	CONNECTICUT AND
	ALSO OPERATES A HOME FOR RETIRED CLERGY. CHURCH HOME AL	SO OPERATES ITS
	OWN HOME HEALTH AGENCY.	
		
4b	(Code:) (Expenses \$) (Reven	ue \$)
		_
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue\$)
4 -1	Other pregram continue (Decembe in Sehedula O.)	
4d	Other program services (Describe in Schedule O.)	1
4e	(Expenses \$\frac{\text{including grants of \$}}{1000}\$) (Revenue \$\frac{\text{Total program service expenses}}{1000}\$\infty\$]
-10	Total program del vide expenses #	Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		 ₩
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			_V
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		Х	
40	If "Yes," complete Schedule D, Part IV	9	Λ	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	Х	
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	21	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	па	21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,.
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٠,,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			, v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2018) CHURCH HOME OF HAR Part IV Checklist of Required Schedules (continued)

	office and of the quite destroy to the analysis of the analysi			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	X	ļ.,.
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١.,		
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.,	
Do	Note. All Form 990 filers are required to complete Schedule 0	38	X	
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Concount C Contains a response of flote to any line in this fact v		V	N ₂
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2018) CHURCH HOME OF HARTFORD, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
р	If "Yes," enter the name of the foreign country:			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	En		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ou	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	an		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand Did the exemplation receive any neumants for indeed temping convices during the toy year?	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	10		-22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
.5	If "Yes," complete Form 4720, Schedule O.			
	100, Complete Communication	Form	990	(2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
_	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DAVID GREENBLATT, CONTROLLER - (860) 286-0243			
	200 SEABURY DRIVE, BLOOMFIELD, CT 06002			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	l g	<u> </u>		C)	про	1001	(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per					is bot or/trus		compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	comp				and related
	below	dividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) THOMAS E. ANDERSEN	line) 0.60	르	Ë	5	ᇂ	宝富	요			
DIRECTOR	0.00	Х						0.	0.	0.
(2) BRADFORD BABBITT	0.60							0.0		
DIRECTOR	0.00	Х						0.	0.	0.
(3) LINDA BERRY	0.60									
DIRECTOR	0.00	Х						0.	0.	0.
(4) REV. ROWENA KEMP	0.60									
BISHOP'S REPRESENTATIVE	0.00	Х		Х				0.	0.	0.
(5) MARNIE W. MUELLER	0.60									
DIRECTOR	0.00	Х						0.	0.	0.
(6) MONIQUE R. POLIDORO	0.60								_	_
DIRECTOR	0.00	Х						0.	0.	0.
(7) REV. ERL G. PURNELL	0.60									
DIRECTOR/SECRETARY	0.30	Х		Х				0.	0.	0.
(8) CRAIG SCOTT	0.60	١							•	•
DIRECTOR	0.00	Х						0.	0.	0.
(9) RONALD THERIAULT	0.60	,,							0	0
DIRECTOR	0.00	Х						0.	0.	0.
(10) JOHN R. WADSWORTH	0.60	X							0.	0
DIRECTOR (11) PLEASE MOOPEING	0.60	^						0.	0.	0.
(11) RICHARD WOODRING DIRECTOR	0.00	x						0.	0.	0.
(12) DR. JONATHAN A. DIXON	0.60	^						0.	0.	<u> </u>
DIRECTOR/VICE CHAIR	0.00	X		x				0.	0.	0.
(13) RIGHT REV. IAN T. DOUGLAS	0.60							0.	•	
DIRECTOR/EX OFFICIO	0.00	x		x				0.	0.	0.
(14) GALE A. MATTISON	0.60	 						•		
DIRECTOR/CHAIR	0.60	х		х				0.	0.	0.
(15) WILLIAM J. THOMPSON	0.60									
DIRECTOR/TREASURER	0.00	X		х				0.	0.	0.
(17) RICHARD HEATH	40.00									
PRESIDENT/CEO (UNTIL 6/19)	0.60			Х				385,775.	0.	47,358.
(18) RENEE BERNASCONI	40.00									
VP MKTG/PRES & CEO (AS OF 6/1/19)	0.60			Х				257,172.	0.	30,077.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average hours per Week Position (do not check more than one box, unless person is both an officer and a director/trustee)							Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(19) RUSLAN KUZMENKO	40.00							1.40.400	•	04 500
CFO AND VP OF FINANCE	0.00			Х				148,490.	0.	24,503.
(20) GRAHAM FONG (UNTIL 7/12/19) VP ENGINEERING/TECHNOLOGY	40.00				Х			158,779.	0.	24,392.
(21) BRIAN NYBERG (UNTIL 4/12/19	40.00									
VP OF HEALTH SERVICES	0.00					Х		138,742.	0.	18,319.
(22) PEGEEN SULLIVAN (UNTIL 5/17/19) VP OF COMMUNITY LIFE	40.00					x		136,648.	0.	20,464.
(23) GWYNNE DEVEAU VP OF HUMAN RESOURCES	40.00					х		117,006.	0.	6,570
(24) TATIANA KOZAK REGISTERED NURSE	62.00					х		115,042.	0.	6,003
(25) MARINA SOLOVEYCHIK REGISTERED NURSE	52.00					х		110,633.	0.	6,003
(26) MARJORIE SULLIVAN (UNTIL 5/2018 FORMER VP HEALTH SERVICES	0.00						х	168,270.	0.	3,866
1b Sub-total								1,736,557.	0.	187,555
c Total from continuation sheets to Part VI								0.	0.	0.
d Total (add lines 1b and 1c)		<u></u>	<u></u>	<u></u> .	<u></u> .			1,736,557.	0.	187,555.

compensation from the organization

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	Х	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KBE BUILDING CORP., 76 BATTERSON PARK		
ROAD, FARMINGTON, CT 06032	CONSTRUCTION	10,389,067.
SODEXO INC & AFFILIATES		_
PO BOX 360170, PITTSBURGH, PA 15251	FOOD SERVICES	1,388,943.
HEALTH PRO THERAPY SERVICES		
536 OLD HOWELL ROAD, GREENVILLE, SC 29615	REHAB SERVICES	987,717.
INFINITY GROUP, 68 EAST DUDLEY TOWN ROAD,		
BLOOMFIELD, CT 06002	CONSTRUCTION	857,112.
SFCS, INC., 305 SOUTH JEFFERSON STREET,	CONSTRUCTION/ARCHITE	
ROANOKE, VA 24011	CTURE	358,585.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization > 9		

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 193,628 d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 193,628. h Total. Add lines 1a-1f Business Code 2 a RESIDENT SERVICE REV. 623000 Program Service Revenue 16,033,933 16,033,933 b HEALTH CENTER REV. 623000 8,977,900 8,977,900 c AMORT. OF DEFERRED REVENUE 900099 3,306,870 3,306,870 d ASSISTED LIVING SERVICES 623000 3,292,138 3,292,138 SEABURY AT HOME SERVICE REVENUE 621610 1,550,903 1,550,903 621610 1,501,987 1,501,987 All other program service revenue g Total. Add lines 2a-2f 34,663,731 Investment income (including dividends, interest, and 747,209 747,209. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 58,092 6 a Gross rents **b** Less: rental expenses 58,092. c Rental income or (loss) 58,092. 58,092 d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of 5,717. assets other than inventory b Less: cost or other basis 15,858. and sales expenses -15,858. 5,717. c Gain or (loss) -10,141 -10,141. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 50,448 50,448, b FINANCE CHARGES 900099 5,478 5,478. c ADMISSIONS 5,250 5,250. 900099 d All other revenue 61,176 e Total. Add lines 11a-11d 35,713,695 856,336. Total revenue. See instructions 34,663,731

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_					
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4					
5	Compensation of current officers, directors,	925,702.		925,702.	
_	trustees, and key employees	925,102.		923,102.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	12 622 100	11 754 044	969 264	
7	Other salaries and wages	12,023,100.	11,754,844.	868,264.	
8	Pension plan accruals and contributions (include	420 200	246 001	01 570	
	section 401(k) and 403(b) employer contributions)	428,380.		81,579.	
9	Other employee benefits	2,120,692.		123,092.	
10	Payroll taxes	966,907.	859,243.	107,664.	
11	Fees for services (non-employees):				
а	Management	71,667.	71,667. 84,473.		
b	Legal	217,101.	84,473.	132,628.	
С	Accounting	98,610.		98,610.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	63,600.	63,600.		
12	Advertising and promotion	470,648.	2,096.	468,552.	
13	Office expenses	-	-		
14	Information technology				
 15	Royalties				
16	Occupancy	1,275,187.	1,226,980.	48,207.	
17	Travel	113,488.	90,522.	22,966.	
18	Payments of travel or entertainment expenses		50,0220		
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20		4,146,586.	4,063,583.	83,003.	
20	Interest Payments to affiliates	1,140,500	1,000,000	00,000	
21	Payments to affiliates	7,649,646.	7,510,947.	138,699.	
22	Depreciation, depletion, and amortization	7,043,040.	706,973.	22,733.	
23	Insurance Other averages Itamize everages not severed	125,100•	700,575.	22,733.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CONTRACTED SERVICES	2,947,183.	2,821,513.	125,670.	
b	FOOD	1,670,656.	1,656,463.	14,193.	
C	REAL ESTATE TAXES	1,359,527.	1,335,307.	24,220.	
d	REPAIRS	708,926.	691,515.	17,411.	
-	All other expenses	2,588,583.	2,398,302.	190,281.	
_		41,175,903.	37,682,429.	3,493,474.	C
25	Total functional expenses. Add lines 1 through 24e	41,110,000 ·	31,002,423.	3, 4, 3, 4, 4,	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (20:

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 7,684,833. 6,745,296. Cash - non-interest-bearing 1 180. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 2,318,247. 2,405,496. 4 4 Accounts receivable, net **5** Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary Assets employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 945,259. 943,232. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a 170,924,396. 61,158,684. 115,684,215. 109,765,712. b Less: accumulated depreciation 10b 10c 19,350,694. 20,608,034. Investments - publicly traded securities 11 11 345,607. 270,123. 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 7,541,288. 5,602,471. 15 Other assets. See Part IV, line 11 15 155,052,179. 145,158,508. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 2,937,358. 17 2,349,397. 17 Accounts payable and accrued expenses 18 18 Grants payable 29,996,081. 30,795,179. 19 19 Deferred revenue 87,320,722. 82,626,102. Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 34,550,190. 35,579,028. Schedule D 154,804,351. 151,349,706. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** -6,116,223. 714,575. -12,337,298. 27 Unrestricted net assets 27 708,919. 28 Temporarily restricted net assets 5,649,476. 5,437,181. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 247,828. -6,191,198. Total net assets or fund balances 33 33 145,158,508. 155,052,179. Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)		35,71		
2	Total expenses (must equal Part IX, column (A), line 25)		41,17		
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,46		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			28.
5	Net unrealized gains (losses) on investments	5	28	8,4	18.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,26	5,2	36.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	-6,19	1,1	98.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CHURCH HOME OF HARTFORD, INC. 06-0293500 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

		tion A. Public Support								
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without change 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) 6 Public support. Settled the 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from incleaded business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from related activities, and income from shall a sources 11 Total support. Add lines 7 frough 10 12 Gross receipts from related activities, atc. (see instructions) 13 First five years. If the Form 950 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 Public support percentage from 2017 Schedule A, Part II, line 14 16 a 33 1/3% support test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain	Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total		
Include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subreat line 8 from line 4 8 Pection B. Total Support Calendar year (or fiscal year beginning in) ► 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business sizelylarly carried on Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI). 11 Total support Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 980s for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization did not check the box on line 13, and line 14 is 30% or more, and if the organization qualifies as a publicly supported organization meets the "facts and-circumstances' test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances' test. Check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the "facts and-circumstances' test, check this box and stop here. Expla	1	Gifts, grants, contributions, and								
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and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□		
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the										
	b									
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
		organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	icly supported org	anization	▶□		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s 🕨 🗌		

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,, ,	,				
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	230,302.	169,427.	121,979.	1,220,582.	193,628.	1,935,918.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	23,703,497.	26,394,587.	26,850,386.	30,719,795.	34,663,731.	142,331,996.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						_
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	23,933,799.	26,564,014.	26,972,365.	31,940,377.	34,857,359.	144,267,914.
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						144,267,914.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	23,933,799.	26,564,014.	26,972,365.	31,940,377.	34,857,359.	144,267,914.
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties,	298,641.	300,728.		758,402.		2,556,473.
	and income from similar sources Unrelated business taxable income	200,041.	300,720.	333,401.	750,402.	003,301.	2,330,473.
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	298,641.	300,728.	393,401.	758,402.	805,301.	2,556,473.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	,	,	,	,	,	, ,
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	106,932.	130,565.	348,673.	255,143.	61,176.	902,489.
	Total support. (Add lines 9, 10c, 11, and 12.)	24,339,372.	26,995,307.		32,953,922.	35,723,836.	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u> ▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				0.00
	Public support percentage for 2018 (I		•			15	97.66 %
	Public support percentage from 2017					16	96.86 %
	ction D. Computation of Inves						1 52
	Investment income percentage for 20			ne 13, column (f))		17	1.73 %
	Investment income percentage from 2					18	1.52 %
19	a 33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box as						►X
ł	o 33 1/3% support tests - 2017. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						P H

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
ŀ			
ļ	2		
	3a		
ı	Ja		
-	3b		
	3с		
ı			
	4a		
	4b		
	4c		
	5a		
-	5b 5c		
	6		
	7		
	8		
	0-		
-	9a		
	9b		
-	9с		
	10a		
	10b		

Par	Part IV Supporting Organizations _(continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described i	n (b) and (c)		
	below, the governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
С	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide			
	ection B. Type I Supporting Organizations	<u> </u>		
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	1 Did the directors, trustees, or membership of one or more supported organizations have the	power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all tir			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, s			
	controlled the organization's activities. If the organization had more than one supported organ			
	describe how the powers to appoint and/or remove directors or trustees were allocated amon			
	organizations and what conditions or restrictions, if any, applied to such powers during the ta			
2				
2	,			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes,"			
	Part VI how providing such benefit carried out the purposes of the supported organization(s)	· ·		
C	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations		I., I	
			Yes	No
1				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part \			
	or management of the supporting organization was vested in the same persons that controlled			
	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations			
			Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of support provide	ed during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and	d (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not pre	eviously provided?		
2	, , , , , , , , , , , , , , , , , , , ,			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," exp	lain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported of	organization(s). 2		
3	3 By reason of the relationship described in (2), did the organization's supported organizations	have a		
	significant voice in the organization's investment policies and in directing the use of the organization	nization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the org	anization's		
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			
1	1 Check the box next to the method that the organization used to satisfy the Integral Part Test of	during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. Complete line 3 kg	pelow.		
С	c	ted a government entity (see instruction:	s).	
2	2 Activities Test. Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exer	npt purposes of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Par	t VI identify		
	those supported organizations and explain how these activities directly furthered their exer	npt purposes,		
	how the organization was responsive to those supported organizations, and how the organiza	tion determined		
	that these activities constituted substantially all of its activities.	2a		
b	b Did the activities described in (a) constitute activities that, but for the organization's involvement	ent, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain	n in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged	in these		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	a Did the organization have the power to regularly appoint or elect a majority of the officers, dir	ectors, or		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	b Did the organization exercise a substantial degree of direction over the policies, programs, ar	nd activities of each		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization	n in this regard. 3b		

t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations					
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. A							
other Type III non-functionally integrated supporting organizations must contain	omplete Se	ctions A through E.					
on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
Net short-term capital gain	1						
Recoveries of prior-year distributions	2						
Other gross income (see instructions)	3						
Add lines 1 through 3	4						
Depreciation and depletion	5						
Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
Other expenses (see instructions)	7						
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
Average monthly value of securities	1a						
Average monthly cash balances	1b						
Fair market value of other non-exempt-use assets	1c						
Total (add lines 1a, 1b, and 1c)	1d						
Discount claimed for blockage or other							
factors (explain in detail in Part VI):							
Acquisition indebtedness applicable to non-exempt-use assets	2						
Subtract line 2 from line 1d	3						
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
see instructions)	4						
Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
Multiply line 5 by .035	6						
	7						
Minimum Asset Amount (add line 7 to line 6)	8						
on C - Distributable Amount			Current Year				
Adjusted net income for prior year (from Section A, line 8, Column A)	1						
Enter 85% of line 1	2						
Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
Enter greater of line 2 or line 3	4						
Income tax imposed in prior year	5						
Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions)	6						
Check here if the current year is the organization's first as a non-functional	Illy integrate	ed Type III supporting org	ganization (see				
	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must of the Type III non-functionally integrated supporting organizations must of the Standard Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete Se on A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly value of securities 1b Fair market value of other non-exempt-use assets 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1:1/2% of line 3 (for greater amount, see instructions) 7 Minimum Asset Amount (add line 7 to line 6) 8 on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 Income tax imposed in prior year (from Section B, line 8, Column A) 5 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in other Type III non-functionally integrated supporting organizations must complete Sections A through E. on A - Adjusted Net Income Responsibility of the Part of				

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	rt v Type III Non-Functionally Integrated 50)9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	n the organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	•	(i)	(ii)	(iii)
Secti	cion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

	Part IV, S line 1; Pa	Section A, li art IV, Secti D, lines 5, 6	ines 1, 2, 3 on D, lines	3b, 3c, 4b, 2 and 3; F	4c, 5a, Part IV, 9	6, 9a, 9b, 9c, Section E, line	11a, 11b, a s 1c, 2a, 2l	ınd 11c; o, 3a, an	Part IV, Sec d 3b; Part V	tion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, or any additional information.
SCHEDU	JLE A,	PART	III,	LINE	12,	EXPLAN.	ATION	FOR	OTHER	INCOME:
OTHER	INCOM	Œ:								
2014:	\$106,	932								
2015:	\$130,	565								
2016:	\$348,	673								
2017:	\$255,	143								
2018:	\$61,1	76								

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2018

CHURCH HOME OF HARTFORD, INC. 06-0293500 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

Special Rules

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

CHURCH HOME OF HARTFORD, INC.

Employer identification number

06-0293500

Parti	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SEABURY CHARITABLE FOUNDATION 200 SEABURY DRIVE BLOOMFIELD, CT 06002	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

06-0293500 CHURCH HOME OF HARTFORD, INC. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number

Name of organization

	HOME OF HARTFORD, INC		i: 504/ VZ) (0) (40)	06-0293500
t III	Exclusively religious, charitable, etc., contributing from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional in the contribution of the contr	through (e) and the following line en charitable, etc., contributions of \$1,000 or	try For organizations	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held
_	Transferee's name, address, ar	(e) Transfer of gif		nsferor to transferee
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
_		(e) Transfer of gif	 t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	nsferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CHURCH HOME OF HARTFORD, INC.

Employer identification number 06-0293500

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose co	nferring
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
			-
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conser	vation easements during the year
-	Assumbly of a constant in a co		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements during the year
	Description appearation appearant reported on line 2(d) show	a action the requirements of acction 170(b)	(4)(D)(i)
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation		
3	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ion 3 inanoiai statements that describes the	organization's accounting for
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemer	nt and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ	·	, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	·	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2018

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		HOME OF HA						9350		age 2
Par	t III Organizations Maintaining C									
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items									
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organizati	on's exem	npt purpose ir	n Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	sures, or oth	er similar a	assets				_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organization	n answered	"Yes" on F	orm 990, Pa	rt IV, I	ine 9, or		
	reported an amount on Form 990, Pa	<u> </u>								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributior	ns or other as	sets not ir	ncluded		_		_
	on Form 990, Part X?						X	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amoun		
С	Beginning balance					1c			6	79.
d	Additions during the year					1d				1.
е	Distributions during the year					1e				00.
f	Ending balance					1f				80.
2a	Did the organization include an amount on F					y?	L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Parl	t IV, line 10).				
		(a) Current year	(b) Prior year	(c) Two year	rs back (c	d) Three years	back	(e) Four	years	back
1a	Beginning of year balance	13,205,816.	14,986,718.	14,49	7,451.	14,785,7	792.	15	,739	,596.
b	Contributions	500,000.	317,294.						562,	875.
С	Net investment earnings, gains, and losses	603,378.	732,030.	1,53	7,331.	1,470,4	400.	-1	,050,	047.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	42,842.	2,830,226.	1,04	8,064.	1,758,	741.		466	632.
f	Administrative expenses									
g	End of year balance	14,266,352.	13,205,816.	14,98	6,718.	14,497,4	451.	14	,785,	792.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	93.00	%							
b	Permanent endowment ► 4 . 0 0	%	_							
С	Temporarily restricted endowment ▶	3.00 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ınd administe	ered for the	e organizatior	า			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
								3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule R?					3b	X	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Acc	cumulated		(d) Boo	k valu	е
	basis (investment) basis (other) depreciation									
1a	Land			9,495.				4,42		
	Buildings		156,08	9,219.	56,9	85,879.		9,10		
	Leasehold improvements									
	Equipment		10,12	3,965.		06,224.		6,11		
	Other		28	1,717.	1	66,581.	.[11	5,1	36.

► 109,765,712. Schedule D (Form 990) 2018

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D	(Form 990) 2018	CHORCH
Dort VIII	luci co oduno o mato	Othor Coorni

AND LIGHTON OF	nplete if the organization answered "Yes"			· · · · · · · · · · · · · · · · · · ·
	Security or category (including name of security)	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
	vatives			
	equity interests			
Other		 		
(A) (B)				
(C)				
(D)		†		
(E)				
(F)				
(G)				
(H)				
	st equal Form 990, Part X, col. (B) line 12.)			
art VIII Inve	estments - Program Related.			
Com	nplete if the organization answered "Yes"		ne 11c. See Form 990, Part	X, line 13.
(a)	Description of investment	(b) Book value	(c) Method of valuati	on: Cost or end-of-year market value
(1)				
(2)		<u> </u>		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	st equal Form 990, Part X, col. (B) line 13.)			
	ner Assets.			
	nplete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990. Part 3	X. line 15.
		Description	,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(7) (8) (9)				
(7) (8) (9) tal. (Column (b)) must equal Form 990, Part X, col. (B) lin	e 15.)		>
(7) (8) (9) tal. (Column (b) art X Oth	ner Liabilities.		00 110 ov 114 Coo Form 000	Doub V line 25
(7) (8) (9) tal. (Column (b) art X Oth	ner Liabilities. Applete if the organization answered "Yes"			, Part X, line 25.
(7) (8) (9) tal. (Column (b) art X Oth	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability		ne 11e or 11f. See Form 990 (b) Book value	, Part X, line 25.
(7) (8) (9) tal. (Column (b) art X Oth Com (1) Federal in	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes		(b) Book value	, Part X, line 25.
(7) (8) (9) tal. (Column (b) art X Oth Com (1) Federal in (2) ACCRU	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes JED BOND INTEREST		(b) Book value 327,896.	
(7) (8) (9) tal. (Column (b) art X Oth Com (1) Federal in (2) ACCRU (3) ENTRA	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes JED BOND INTEREST ANCE FEE DEPOSITS		327,896. 184,953.	, Part X, line 25.
(7) (8) (9) (al. (Column (b) Com (1) Federal in (2) ACCRU (3) ENTRA (4) DEFER	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes JED BOND INTEREST ANCE FEE DEPOSITS RED COMPENSATION		327,896. 184,953. 224,434.	, Part X, line 25.
(7) (8) (9) al. (Column (b) art X Oth Com (1) Federal in (2) ACCRU (3) ENTRA (4) DEFER (5) CAPIT	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes JED BOND INTEREST ANCE FEE DEPOSITS RRED COMPENSATION CAL LEASES	on Form 990, Part IV, lin	327,896. 184,953. 224,434. 383,817.	, Part X, line 25.
(1) Federal in (2) ACCRU (3) ENTRA (4) DEFER (5) CAPIT (6) ENTRA	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes JED BOND INTEREST ANCE FEE DEPOSITS RED COMPENSATION	on Form 990, Part IV, lin	327,896. 184,953. 224,434.	
(7) (8) (9) tal. (Column (b) art X Oth Com (1) Federal in (2) ACCRU (3) ENTRA (4) DEFER (5) CAPIT (6) ENTRA (7)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes JED BOND INTEREST ANCE FEE DEPOSITS RRED COMPENSATION CAL LEASES	on Form 990, Part IV, lin	327,896. 184,953. 224,434. 383,817.	
(7) (8) (9) tal. (Column (b) Com (1) Federal in (2) ACCRU (3) ENTRA (4) DEFER (5) CAPIT (6) ENTRA (7) (8)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes JED BOND INTEREST ANCE FEE DEPOSITS RRED COMPENSATION CAL LEASES	on Form 990, Part IV, lin	327,896. 184,953. 224,434. 383,817.	, Part X, line 25.
(7) (8) (9) tal. (Column (b) art X Oth Com (1) Federal in (2) ACCRU (3) ENTRA (4) DEFER (5) CAPIT (6) ENTRA (7) (8) (9)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes JED BOND INTEREST ANCE FEE DEPOSITS RRED COMPENSATION PAL LEASES ANCE FEE REFUNDS PAYA	on Form 990, Part IV, lin	327,896. 184,953. 224,434. 383,817. 34,457,928.	, Part X, line 25.
(7) (8) (9) (al. (Column (b) art X Oth Com (1) Federal in (2) ACCRU (3) ENTRA (4) DEFER (5) CAPIT (6) ENTRA (7) (8) (9) (al. (Column (b)	ner Liabilities. Inplete if the organization answered "Yes" (a) Description of liability Income taxes JED BOND INTEREST ANCE FEE DEPOSITS RRED COMPENSATION CAL LEASES	on Form 990, Part IV, lin	327,896. 184,953. 224,434. 383,817. 34,457,928.	

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Pan	Reconciliation of Revenue per Audited Financial Stater		i Revenue per H	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			1	35,784,101.
	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:				33,704,101.
		2a	288,418.		
	Net unrealized gains (losses) on investments Donated services and use of facilities		200,410.	4	
	Recoveries of prior year grants			1	
	Other (Describe in Part XIII.)		-212,295.	1	
	Add lines 2a through 2d			2e	76,123.
	Subtract line 2e from line 1			3	35,707,978.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		5,717.	1	
	Add lines 4a and 4b			4c	5,717.
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.</i>)				35,713,695.
Par	XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per	Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	41,170,186.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	
	Donated services and use of facilities	2a			
	Prior year adjustments			1	
	Other losses			-	
	Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d			2e	0.
	Subtract line 2e from line 1			3	41,170,186.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		5,717.	1	
	Add lines 4a and 4b		•	4c	5,717.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	41,175,903.
	XIII Supplemental Information.			•	
lines 2	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part All, lines 2d and 4b. Also complete this part to provide any a			4; Part	: X, line 2; Part XI,
PAR	T IV, LINE 1B:				
CHU	RCH HOME OF HARTFORD, INC. SERVED AS A C	USTODIA	AN FOR RESI	DEN	TS' FUNDS
WHI	CH ARE NOT INCLUDED IN THE ORGANIZATION'	S BALAN	ICE SHEET.		
PAR	T V, LINE 4:				
THE	ENDOWMENT FUNDS ARE USED TO SUPPORT THE	MISSIC	ON OF CHURC	н н	OME OF
пак	TFORD, INCORPORATED, WHICH IS TO PROVIDE	HOUSIN	IG AND REAL	TH	CARE
SER	VICES TO THE ELDERLY.				
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
СНА	NGE IN INTEREST IN PERPETUAL TRUST				-212,295.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CHURCH HOME OF HARTFORD, INC. **Employer identification number** 06-0293500

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
4	During the view did any page listed on Form 000 Dest/III Continue A line to with respect to the filing						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a related organization:	4a	х				
a h	a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan?						
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c		X			
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		,				
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X				
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(I)-(D)	reported as deferred on prior Form 990
(1) RICHARD HEATH	(i)	309,617.	76,158.	0.	18,500.	28,858.	433,133.	0.
PRESIDENT/CEO (UNTIL 6/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RENEE BERNASCONI	(i)	228,664.	28,508.	0.	18,500.	11,577.	287,249.	0.
VP MKTG/PRES & CEO (AS OF 6/1/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RUSLAN KUZMENKO	(i)	134,990.	13,500.	0.	0.	24,503.	172,993.	0.
CFO AND VP OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GRAHAM FONG (UNTIL 7/12/19)	(i)	142,879.	15,900.	0.	0.	24,392.	183,171.	0.
VP ENGINEERING/TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRIAN NYBERG (UNTIL 4/12/19	(i)	126,242.	12,500.	0.	0.	18,319.	157,061.	0.
VP OF HEALTH SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PEGEEN SULLIVAN (UNTIL 5/17/19)	(i)	121,788.	14,860.	0.	0.	20,464.	157,112.	0.
VP OF COMMUNITY LIFE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARJORIE SULLIVAN (UNTIL 5/2018	(i)	71,466.	0.	96,804.	0.	3,866.		0.
FORMER VP HEALTH SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							_
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4A:
MARJORIE SULLIVAN SEPARATED FROM SERVICE IN MAY 2018 AND WILL RECEIVE 12
MONTHS OF SEVERANCE PAY. DURING TAX YEAR 2018 SHE RECEIVED \$\$96,804.
PART I, LINE 7:
THE BONUSES PAID TO THE NEW CEO/PRESIDENT ARE FIXED/CONTRACTUAL AND THE
BONUSES PAID TO THE OTHERS ARE DISCRETIONARY AND BASED ON PERFORMANCE.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

CHURCH HOME OF HARTFORD, INC.

Employer identification number 06-0293500

	CHURCH HOME									0 0	<u> 293</u>	200		
Part	t I Bond Issues SE	E PART VI	FOR COLUM	NS (A) Al	1D (F)	CONTI	NUATIONS							
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Iss	ue price	(f) Description	on of purpose	(g) De	feased	(h) On	behalf	(i) Po	ole
											of iss	suer	finan	ıcin
									Yes	No	Yes	No	Yes	No
						II		E SERIES						
ΑĪ	PUBLIC FINANCE AUTHORITY	27-3866124	74442PAV7	04/08/1	35,		2010 BON			Х		Х		X
	CONNECTICUT HEALTH &					II	HEALTHCA							
ВІ	EDUCATIONAL FACILITIES A	06-0806186	20774YJ40	04/21/16	5 76,	904,570. E	FACILITY	EXPANSI		Х		Х		X
С														
														ĺ
D														
Part	t II Proceeds													
					1		В	С		D				
1	Amount of bonds retired				55,619.	24,	389,570.							
2	Amount of bonds legally defeased				70 610	ļ <u></u>	204 550							
3	- Country Production of the Country Producti						904,570.							
4	Gross proceeds in reserve funds				21,533.	2,	2,598,449.			_				
5	Capitalized interest from proceeds									_				
6					NE 410	1 1	- 20 001			_				
7	Issuance costs from proceeds)5,412.	. 1,538,091.								
8	Credit enhancement from proceeds													
9	Working capital expenditures from proceeds			1 ([12,642.	72 6	-10 222							
10	Capital expenditures from proceeds			1 = 20	98,751 .		540,333.							
11	Other spent proceeds				$\frac{36,731}{2,281}$		227,697.			_				
12	Other unspent proceeds				2016	4	441,091.			+				
13	Year of substantial completion	<u></u>		***		V	1	V	NI.		V	\neg	NI-	
	Ware the hands issued as part of a refunding	ionuo of tou sussess	banda (ar	Yes	No	Yes	No	Yes	No	+	Yes	+	No	
14	Were the bonds issued as part of a refunding	•	` '	x			x							
15	if issued prior to 2018, a current refunding issued were the bonds issued as part of a refunding			🔼						+		+		
ı	issued prior to 2018, an advance refunding iss				Х		x							
16	Has the final allocation of proceeds been mad				- 25		X			+		+		
17	Does the organization maintain adequate bool			23			- 25			+		+		
17	·		• •	x			x							
—	final allocation of proceeds?			23			27				ماريام الا	—		—

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2018

Part I	II Private Business Use								
			Ą		В		Ç		D
1 \	Nas the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
v	which owned property financed by tax-exempt bonds?		X		X				
	Are there any lease arrangements that may result in private business use of								
k	oond-financed property?		X		X				
3a /	Are there any management or service contracts that may result in private								
k	ousiness use of bond-financed property?		Х		Х				
b l	f "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
	Are there any research agreements that may result in private business use of								
	oond-financed property?		X		X				
d l	f "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
	counsel to review any research agreements relating to the financed property?								
4 E	Enter the percentage of financed property used in a private business use by		0.0		0.0				
	entities other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		%		%
5 E	Enter the percentage of financed property used in a private business use as a result of								
	unrelated trade or business activity carried on by your organization, another		0.0		0.0				
	section 501(c)(3) organization, or a state or local government		.00 %		.00 %		%		%
	Total of lines 4 and 5		.00 %		.00 %		%		<u>%</u>
	Does the bond issue meet the private security or payment test?		X		X				
	Has there been a sale or disposition of any of the bond-financed property to a non-		37		37				
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				<u> </u>
	f "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
	of		<u>%</u>		<u> </u>		%		<u> </u>
	f "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
	I.141-12 and 1.145-2?				-				
	Has the organization established written procedures to ensure that all nonqualified								
	ponds of the issue are remediated in accordance with the requirements under	x		37					
	Regulations sections 1.141-12 and 1.145-2?	Λ		X					
Part I	V Arbitrage		•			1	_		
			<u> </u>	<u> </u>	<u>B</u>		C		<u>, , , , , , , , , , , , , , , , , , , </u>
	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No X	Yes	No X	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?				_ A				
	f "No" to line 1, did the following apply?		Х		Х				1
	Rebate not due yet?		X		X				
	Exception to rebate?	X	_ ^	Х					
	No rebate due?	Λ			1		L		<u> </u>
	f "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed	Х		Х					
<u> </u>	s the bond issue a variable rate issue?	21		- 25					l

Part IV Arbitrage (Continued)									
		A		В		С	D		
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hedge with respect to the bond issue?		X		X					
b Name of provider									
c Term of hedge									
d Was the hedge superintegrated?									
e Was the hedge terminated?									
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X					
b Name of provider									
c Term of GIC									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		X		X					
7 Has the organization established written procedures to monitor the requirements of									
section 148?	X		X						
Part V Procedures To Undertake Corrective Action									
		A		В		C	Г)	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No	
federal tax requirements are timely identified and corrected through the voluntary									
closing agreement program if self-remediation isn't available under applicable									
regulations?	X		X						
Part VI Supplemental Information. Provide additional information for responses to question	ns on Schedul	le K. See inst	ructions						
SCHEDULE K, PART I, BOND ISSUES:									
(A) ISSUER NAME: CONNECTICUT HEALTH & EDUCATIONAL				ITY					
(F) DESCRIPTION OF PURPOSE: HEALTHCARE FACILITY	EXPANS	ION ISS	UE						
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:									
(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY									
DATE THE REBATE COMPUTATION WAS PERFORMED: (04/08/2	015							
SCHEDULE K, PART II, LINE 11:									
(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY									
THE AMOUNT OF \$14,251,527 WAS USED TO REFUND A E	PRIOR I	SSUE.							

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CHURCH HOME OF HARTFORD, INC.

Employer identification number 06-0293500

FORM 990, PART VI, SECTION A, LINE 6:

SEABURY, INC. IS THE SOLE MEMBER OF CHURCH HOME OF HARTFORD, INC. AND THE BOARD OF SEABURY, INC. ELECTS THE BOARD OF CHURCH HOME OF HARTFORD, INC.

FORM 990, PART VI, SECTION A, LINE 7A:

SEABURY, INC. IS THE SOLE MEMBER OF CHURCH HOME OF HARTFORD, INC. AND THE INC. ELECTS THE BOARD OF CHURCH HOME OF HARTFORD, BOARD OF SEABURY, INC.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS APPROVE CHANGES TO THE ARTICLES OF INCORPORATION, CHANGES TO THE BY-LAWS, AND THE APPOINTMENT OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AFTER IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY REVIEWING THE POLICY AT BOARD ORIENTATION AND AT BOARD MEETINGS THROUGHOUT THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION IS DETERMINED USING A REVIEW OF LIKE ORGANIZATIONS, FORM 990 REPORT FOR TOP PAID EMPLOYEES, AND USE OF ASSOCIATION COMPENSATION SURVEYS. IN ADDITION, THE ORGANIZATION HAS HIRED A CONSULTANT FOR A REVIEW OF MARKET COMPENSATION. THE COMPENSATION COMMITTEE'S DELIBERATIONS AND DECISIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

832211 10-10-18

Name of the organization CHURCH HOME OF HARTFORD, INC.	Employer identification number $06-0293500$
REGARDING CEO COMPENSATION ARE DOCUMENTED. THE CEO DETERM	INES THE
COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES USING CO	MPARABLE DATA.
FORM 990, PART VI, SECTION C, LINE 19:	
COPIES OF THE DOCUMENTS ARE RETAINED IN SEABURY'S LIBRARY	, ARE GIVEN TO OUR
PROSPECTS AND ARE AVAILABLE UPON REQUEST. OUR ANNUAL REPO	RT IS ON OUR
WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN PERPETUAL TRUSTS	-212,295.
PRIOR PERIOD ADJUSTMENT - DEFERRED MARKETING COSTS WRITE	
OFF PER ASU 2014-0	-1,052,941.
TOTAL TO FORM 990, PART XI, LINE 9	-1,265,236.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

CHURCH HOME OF HARTFORD, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 06-0293500

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct co en	ontrolling	J
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34,	because it had one	e or more i	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	1	(f) t controlling entity	Section 5 contra	olled ity?
SEABURY, INC 84-2187536				301(0)(0))			Yes	No
200 SEABURY DRIVE BLOOMFIELD, CT 06002	TO PROVIDE SUPPORT TO THE SUPPORTED ORGANIZATIONS	CONNECTICUT	501(C)(3)	LINE 12A, I				x
SEABURY CHARITABLE FOUNDATION, INC 06-1458630, 200 SEABURY DRIVE, BLOOMFIELD,	TO PROVIDE SUPPORT TO CHURCH HOME OF HARTFORD,						v	
CT 06002	INCORPORATED	CONNECTICUT	501(C)(3)	LINE 12A, I	SEABURY	, INC.	X	I

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEABURY AT HOME INCORPORATED - 20-5096169

SEABURY, INC.

Х

TO PROVIDE HOME HEALTH

SERVICES TO THE ELDERLY

CONNECTICUT

501(C)(3)

LINE 10

200 SEABURY DRIVE

BLOOMFIELD, CT 06002

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

			1	1		1	1		1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI	Gen	eral or	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)		tner?	ownership
		country)		excluded from tax under sections 512-514)		855015	Yes	No	K-1 (Form 1065)	Yes	No	
SEABURY AT POWDER FOREST, LLC												
- 47-4481221, 200 SEABURY												
DRIVE, BLOOMFIELD, CT 06002	REAL ESTATE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/	Α	N/A
	1											
	1											
							•	•		_		

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
	1								
	1								
	1								
	1								
	I	30							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b Gift, grant, or capital contribution to related organization(s)								
c Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)				1d	Х	Х	
e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f		Х	
	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i	Х	X	
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)							X	
Performance of services or membership or fundraising solicitations for related organization(s)							Х	
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)				10	X		
р	Reimbursement paid to related organization(s) for expenses				1p		X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х		
r Other transfer of cash or property to related organization(s)								
	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who mu	ust complete th	is line, including covered	relationships and transaction thresholds.				
	· · · · · · · · · · · · · · · · · · ·	(b) ransaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved				
1) \$	SEABURY AT HOME INCORPORATED	L	1,550,903.	FMV				
2) \$	SEABURY CHARITABLE FOUNDATION, INC.	С	193,628.	AMOUNT GIFTED				
3) \$	SEABURY CHARITABLE FOUNDATION, INC.	L	177,222.	FMV				
4) \$	SEABURY AT HOME INCORPORATED	D	385,246.	FMV				
5)								

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners see 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat	or- Code V-UBI amount in box 20 as? of Schedule K-1	General of managing partner?	(k) Percentage ownership

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Type or Name of exempt organization or other filer, see instructions. print 06-0293500 CHURCH HOME OF HARTFORD, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 200 SEABURY DRIVE instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMFIELD, CT 06002 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 DAVID GREENBLATT, CONTROLLER • The books are in the care of ▶ 200 SEABURY DRIVE - BLOOMFIELD, CT 06002 Telephone No. \blacktriangleright (860) 286-0243Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. AUGUST 15, 2020 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X tax year beginning OCT 1, 2018 , and ending SEP 30, 2019 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

using EFTPS (Electronic Federal Tax Payment System). See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)

3b