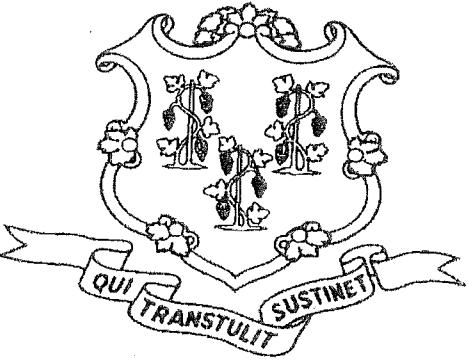


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care	
Address (No. & Street, City, State, Zip Code) 710 Long Ridge Road, Stamford, CT 06902	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2408	RHNS	(Specify)	Medicare Provider 07-5394
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Medicaid Provider Numbers:	CCNH 21197	RHNS	ICF-IID
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For Department Use Only

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

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State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1 Rev.9/2002

General Information

Name of Facility (as licensed) Senior Philanthropy of Stamford, D/B/A Long Ridge F	License No. 2408	Report for Year Ended 9/30/2019	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

{a} Subject to Desk Audit

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Marion Najamy			Printed Name (Owner)	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /
Address of Notary Public				

(Notary Seal)

State of Connecticut
Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment		Page 1A	of 37
Name of Facility Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care	Period Covered: From 10/1/2018 To 9/30/2019		
Address of Facility 710 Long Ridge Road, Stamford, CT 06902			
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 12/16/2019	
Item	Total	CCNH	RHNS
1. Dietary wages paid	\$		
2. Laundry wages paid	\$		
3. Housekeeping wages paid	\$		
4. Nursing wages paid	\$		
5. All other wages paid	\$		
6. Total Wages Paid	\$		
7. Total salaries paid	\$		
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$		

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility (203) 329-4026	Report for Year Ended 9/30/2019	Page 2	of 37
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Name of Facility (as shown on license) Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acut	Address (No. & Street, City, State, Zip) 710 Long Ridge Road, Stamford, CT 06902		
License Numbers:	CCNH 2408	RHNS	(Specify)
Medicare Provider No. 07-5394			

Type of Facility (Check appropriate box(es))

Chronic and Convalescent Rest Home with Nursing
 Nursing Home only (CCNH) Supervision only (RHNS) (Specify)

Type of Ownership (Check appropriate box)

Proprietorship LLC Partnership Profit Corp. Non-Profit Corp. Government Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes <input checked="" type="radio"/> No
If "Yes," explain fully. N/A		

Administrator

Name of Administrator Marion Najamy	Nursing Home Administrator's License No.: 1548
--	---

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name N/A	License No.:

General Information and Questionnaire Partners/Members

General Information and Questionnaire

Corporate Owners

Name of Facility Senior Philanthropy of Stamford, D/B/A Long	License No. 2408	Report for Year Ended 9/30/2019	Page of 3A 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care	710 Long Ridge Road, Stamford, CT 06902	Florida	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
Ben Atkins	24641 US Hwy 19 N., Clearwater, FL 33763-5007	Chairman	
Joseph A Garff	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Director	
Gene Rensch	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Secretary	
Chris Pape	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CFO	
RB Bridges	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CEO	
Names of Stockholders Owning at Least 10% of Shares			
N/A			

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Long Rid	2408	9/30/2019	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

General Information and Questionnaire

Related Parties*

Name of Facility Senior Philanthropy of Stamford, D/B/A Long Ridge P	License No. 2408	Report for Year Ended 9/30/2019	Page 4	of 37				
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No			If "Yes," provide the Name/Address and complete the information on Page 11 of the report.					
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility?			<input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-5007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Ins, Acctg Fees	Various	1,155,593	1,155,593
Senior Philanthropy of Cheshire, LLC d/b/a	745 Highland Avenue, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Admissions	Various	14,397	14,397
Senior Philanthropy of Danbury, LLC d/b/a Western	107 Osborne St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Note Interest	Various	28,884	28,884
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	101,530	101,530
Senior Philanthropy of Newington, LLC d/b/a	240 Church St, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees,	Various	1,462,322	1,462,322
Senior Philanthropy of Milford O, LLC dba West	245 Orange Ave, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff- Admin, Nursing	Various	17,379	17,379
Senior Philanthropy of Milford B, dba Golden Hill	2028 Bridgeport Ave, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Respiratory Therapist	Various	13,370	13,370
Senior Philanthropy of Westport, LLC, d/b/a	1 Burr Rd, Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		AR Resident Refund	Various	1,007	1,007
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Page 16/ Line m12	318,923	318,924

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Senior Philanthropy of Stamford, D/B/A Long R	License No. 2408	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required? Yes No If "No," explain fully why such allocation was not made.

N/A

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes No If "No," explain fully why such allocation was not made.

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes

⊕ No

Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire

Accounting Basis

Name of Facility Senior Philanthropy of Stamford, Inc.	License No. 2408	Report for Year Ended 9/30/2019	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period?

Yes
 No

If "No," explain.

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 NEHCEHPF 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
---	--

Services Provided by This Firm (*describe fully*)

1 Postage	\$ 9
2 Pension Int	\$ 2,869
3 Accrued Accounting Expense	\$ 43,310
4	\$
	Charge for Services Provided \$ 46,188

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

Yes No | Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Attached Page 7a 2 3 4 5	Telephone Number
---	------------------

Address (No. & Street, City, State, Zip Code)

1 2 3 4 5	\$ See Attached Page 7a \$ \$ \$ \$
-----------------------	---

Services Provided by This Firm (*describe fully*)

1 2 3 4 5	\$ See Attached Page 7a \$ \$ \$ \$
	Charge for Services Provided \$

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

Yes No | Page 15, Line 1e

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Cook and Sadorf		
2 Littler Mendelson PC	PO Box 45547, San Francisco, CA 94145	
3 Constangy, Brooks & Smith, LLP	PO Box 10476, Atlanta, GA 30368	
4 Goldman, Gruder & Woods	200 Connecticut Ave, Norwalk, CT 06854	
5 CT Corporation	PO Box 4349, Carol Stream, IL 60197	
5 Traditions Senior Management		

Services Provided by This Firm	Charge for Service Provided
1 EEOC Charges/Pay rates changes	31,379
2 FMLA Consult	28
3 Resident Legal Matters	5,748
4 Polsinelli Encore Rehab	363
5 Domestic Representation (Self-disallow)	235
6 Conservator Fees (Self-disallow)	50
7 Accrued Legal Fees (provider will provide detail during audit)	23,250
8 No Description	13
Total	61,066

Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care			License No. 2408				Report for Year Ended 9/30/2019				Page 8	of 37
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity					120	120			120	120		
A. On last day of PREVIOUS report period	120	120							120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents					111	111			113	113		
A. As of midnight of PREVIOUS report period	111	111							113	113		
B. As of midnight of THIS report period	110	110			113	113			110	110		
3. Total Number of Days Care Provided During Period					3,293	3,293			1,100	1,100		
A. Medicare	4,393	4,393										
B. Medicaid (Conn.)	32,730	32,730			24,449	24,449			8,281	8,281		
C. Medicaid (other states)												
D. Private Pay	971	971			671	671			300	300		
E. State SSI for RCH												
F. Other (Specify)	2,311	2,311			1,855	1,855			456	456		
G. Total Care Days During Period (3A thru F)	40,405	40,405			30,268	30,268			10,137	10,137		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	40,405	40,405			30,268	30,268			10,137	10,137		

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Stamford, D/B/A Lon	License No. 2408	Report for Year Ended 9/30/2019	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No

If "YES", provide the following information:

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

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

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	9	89		12				
Per Diem Rate								
a. One bed rm.	Various	290.00		617.29				
b. Two bed rms.	Various	290.00		549.86				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL		CCNH	RHNS	(Specify)
	A. Medicare - Part B	6,743	6,743		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		1,925	1,925		
2. Restorative Treatments					
C. Other		16,035	16,035		
D. Total Physical Therapy Treatments		24,703	24,703		

8. Total Number of Speech Therapy Treatments	TOTAL		CCNH	RHNS	(Specify)
	A. Medicare - Part B	983	983		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		365	365		
2. Restorative Treatments					
C. Other		1,442	1,442		
D. Total Speech Therapy Treatments		2,790	2,790		

9. Total Number of Occupational Therapy Treatments	TOTAL		CCNH	RHNS	(Specify)
	A. Medicare - Part B	10,480	10,480		
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments		2,191	2,191		
2. Restorative Treatments					
C. Other		17,378	17,378		
D. Total Occupational Therapy Treatments		30,049	30,049		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		10	37
Are time records maintained by all individuals receiving compensation?		<input checked="" type="radio"/> Yes		<input type="radio"/> No	
Item	CCNH	Hours	RHNS	Hours	Total Cost and Hours (Specify) Hours
A. Salaries and Wages*					
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	144,251	2,079			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	186,048	6,736			
5. Dietary Service					
a. Head Dietitian					
b. Food Service Supervisor					
c. Dietary Workers	637,347	30,202			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	357,239	21,155			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	107,412	4,067			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	121,247	6,663			
9. Barber and Beautician Services					
10. Protective Services	106,599	5,275			
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	323,562	6,330			
b. RN					
1. Direct Care	1,167,678	20,110			
2. Administrative**	210,462	3,557			
c. LPN					
1. Direct Care	1,172,690	42,240			
2. Administrative**					
d. Aides and Attendants	1,732,235	102,386			
e. Physical Therapists	6,038	431			
f. Speech Therapists	682	49			
g. Occupational Therapists	21,041	524			
h. Recreation Workers	68,731	3,651			
i. Physicians					
1. Medical Director					
2. Utilization Review					
3. Resident Care***					
4. Other (Specify)					
j. Dentists					
k. Pharmacists					
l. Podiatrists					
m. Social Workers/Case Management	120,438	3,358			
n. Marketing					
o. Other (Specify) See Attached Schedule	72,919	2,140			
<i>A-13. Total Salary Expenditures</i>	6,556,619	260,953			

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Schedule of Other Fees (Page 13)

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

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

Name of Facility			License No.		Report for Year Ended			Page	of	
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care			2408		9/30/2019			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Name of Facility (as licensed)				License No.		Report for Year Ended			Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care				2408		9/30/2019			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Marion Najamy	144,251			Non-Discrim.	Administrator	2,079	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility Senior Philanthropy of Stamford, D/B/A Long Ridge	License No. 2408	Report for Year Ended 9/30/2019		Page 13	of 37
		Total Cost and Hours			
Item	CCNH	Hours	RHNS	Hours	(Specify) Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian					
2. Dentist	11,402	57			
3. Pharmacist	24,750	120			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	467,883	6,919			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	18,000	184			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**					
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)	13,340	53			
9. Speech Therapist					
a. Resident Care	130,140	1,429			
b. Other					
10. Occupational Therapist					
a. Resident Care	585,443	8,095			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care					
2. Administrative***					
b. LPN					
1. Direct Care					
2. Administrative***					
c. Aides					
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	1,250,958	16,857			

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

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

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

Report of Expenditures

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 519,547	519,547			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 97,597	97,597			
4. Social Security (F.I.C.A.)	\$ 476,505	476,505			
5. Health Insurance	\$ 1,353,332	1,353,332			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,098	5,098			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 411,761	411,761			
8. Uniform Allowance	\$ 31,781	31,781			
9. Other (Specify) See Attached Schedule	\$ 13,791	13,791			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 356,665	356,665			
d. Accounting and Auditing	\$ 46,188	46,188			
e. Legal (Services should be fully described on Page 7)	\$ 61,066	61,066			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 8,585	8,585			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 81,550	81,550			
2. Cellular Phones	\$ 2,998	2,998			
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 735,958	735,958			
Subtotal	\$ 4,202,422	4,202,422			

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

(Carry Subtotals forward to next page)

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

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Food/Alcohol (Self-disallow)	\$ 9,458		
Employee Expense - Hskp	\$ 124		
Employee Drug Testing	\$ 262		
Employee Assistance Program	\$ 1,866		
Employee Appreciation (Self-disallow)	\$ 2,081		
Total	\$ 13,791	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
		9/30/2019		16	37
Item		Total	CCNH	RHNS	(Specify)
	<i>Subtotals Brought Forward:</i>	4,202,422	4,202,422		
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	714	714		
5. Education Expenses Related to Seminars and Conventions	\$	402	402		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	4,644	4,644		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	1,647	1,647		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	2,775	2,775		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	14,907	14,907		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	11,632	11,632		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$	198,706	198,706		
12. Administrative Management Services**	\$	318,924	318,924		
13. Other (<i>Specify</i>) See Attached Schedule	\$	113,129	113,129		
<i>C-14 Total Administrative & General Expenditures</i>	\$	4,869,902	4,869,902		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Media Advertising-Mkt	\$ 367		
Special Events-Mkt	\$ 1,280		
Promo Items-Mkt	\$ 100		
Total Other Advertising	\$ 1,647	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT Association of Health Care Facilities membership dues	\$ 14,604		
Tamford Chamber of Commerce	\$ 303		
Total Dues	\$ 14,907	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Background Checks-Nursing Admin	\$ 210		
Software Expense - Nursing Adm	\$ 2,360		
Licenses/Permits-Nursing Adm	\$ 806		
Background Checks-Nursing	\$ 740		
Background Checks-Dietary	\$ 105		
Licenses/Permits-Dietary	\$ 462		
Background Checks-Hskp	\$ 105		
Licenses/Permits	\$ 320		
Non-Reimbursable Expense	\$ 4		
Patient Trust Bond	\$ 900		
Resident Reimbursement on Lost/Stolen Items (Self-disallowed)	\$ 4,675		
Equipment Minor-Adm	\$ 402		
Internet Access-Adm	\$ 17,717		
Records Storage - Adm	\$ 5,355		
Equipment Rental-Adm	\$ 1,040		
Collection Fees/Credit Card Fees (Self-disallowed)	\$ 3,760		
Late fees/Fines/Finance Charges-Adm (Self-disallowed)	\$ 25,432		
Bank Service Charges-Adm	\$ 48,736		
Total Other Administrative and General	\$ 113,129	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Stamford, D/B/A L	License No. 2408	Report for Year Ended 9/30/2019	Page 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Highway 19 North - Clearwater FL, 33763	318,924	Handles all the operations and financial functions directly related to the facility.	Page 16/ Line m12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridge P	2408	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 271,539	271,539		
2. Non-Food Supplies	\$ 83,360	83,360		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (<i>by contract other than through Management Services</i>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$ _____			
c. Other (Specify) _____ Other Dietary Supplies	\$ 3,708	3,708		
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 358,607	358,607		
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
F. Resident Meals: Total no. of meals served per day:*				
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify cost.
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No				If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Senior Philanthropy of Stamford, D/B/A Long Ridge Pos	License No. 2408	Report for Year Ended 9/30/2019	Page 19	of 37
Item	Total	CCNH	RHNS	(Specify)
3. Laundry				
a. In-House Processing*	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$			
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
	Amt. \$			
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
	Amt. \$			
4. Repair and/or purchase of linens.***	Lbs.			
	Amt. \$			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	68,796	68,796	
c. Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)	\$	68,796	68,796	
3E. Laundry Questionnaire				
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K. Where is the revenue received reported in the Cost Report?			(Page/Line Item)	

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility Senior Philanthropy of Stamford, D/B/A Long R	License No. 2408	Report for Year Ended 9/30/2019		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care	Amt. \$				
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	Sq. Ft. Serviced by Personnel				
	Amt. \$	73,290	73,290		
C. Other (<i>Specify</i>) Supplies	\$	161	161		
4D. Total Housekeeping Expenditures (4a + b + c)	\$	73,451	73,451		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$	205,158	205,158		
b. Medicine Cabinet Drugs	\$	31,187	31,187		
c. Medical and Therapeutic Supplies	\$	138,542	138,542		
d. Ambulance/Limousine***	\$	347	347		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	19,453	19,453		
f. X-rays and Related Radiological Procedures***	\$	13,088	13,088		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	17,792	17,792		
i. Recreation	\$	22,612	22,612		
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	146,315	146,315		
5M. Total Resident Care Expenditures (5a - 5j)	\$	594,494	594,494		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	0		
Minor Equipment & Supplies - Therapy	\$ 707		
IV Supplies - Medicaid	\$ 6,651		
IV Drugs - Medicare (Self-disallow)	\$ 65,978		
Medical Equipment Rental	\$ 38,618		
Minor Equipment - Nursing	\$ 17,717		
IV Drugs - Managed Care (Self-disallow)	\$ 13,162		
IV Drugs - Medicaid	\$ 2,588		
Medical Waste Disposal	\$ 894		
Total Other Resident Care	\$ 146,315	\$ -	\$ -

Report of Expenditures

* List all contracted services over \$10,000. Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

*** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	46,101	46,101			
b. Heat	\$	48,341	48,341			
c. Light & Power	\$	125,821	125,821			
d. Water	\$	91,280	91,280			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$	165,057	165,057			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	476,600	476,600			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	28,819	28,819			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	97,155	97,155			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	125,974	125,974			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	1,406,077	1,406,077			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	110,901	110,901			
c. Personal property taxes	\$	3,980	3,980			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,646,932	1,646,932			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
	0		
Electrical-Maint	\$ 3,855		
Plumbing-Maint	\$ 11,810		
HVAC/Boiler Maint	\$ 15,232		
Paint-Maint	\$ 238		
Alarm Inspection-Maint	\$ 9,190		
Alarm Repairs-Maint	\$ 15,868		
Grounds Maintenance-Maint	\$ 43,171		
Sprinklers-Maint	\$ 4,767		
Elevator-Maint	\$ 7,135		
Pest Control-Maint	\$ 2,324		
Maint Contracts- Generator	\$ 17,475		
Equipment Rental-Maint	\$ (1,979)		
Waste Disposal -Grease/Trash	\$ 31,463		
Copier- Maintenance Agreement	\$ 4,508		
Total Other Repairs and Maintenance	\$ 165,057	\$ -	\$ -

Depreciation Schedule

Name of Facility Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care				License No. 2408			Report for Year Ended 9/30/2019				Page 23	of 37
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
A. Land Improvements												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal												
B. Building and Building Improvements				335,652		335,652	37,658	S/L	Various	20,403		
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				140,888		140,888		S/L	Various	8,416		
B-4. Subtotal											28,819	
C. Non-Movable Equipment												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year		
	Yes	No	Month	Year								
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)			7 15	40,257		40,257	28,179	S/L	5	8,051		
a. 2015 Ford Transit 250-10 Passenger												
b. Corporate Fleet - Taxable Sales Tax			5 16	1,110		1,110	666	S/L	5	222		
c. Corporate Fleet - Taxable Sales Tax			9 17	1,693		1,693	678	S/L	5	339		
d. Transfer of Van to BR			7 15	(43,060)		(43,060)	(8,612)	S/L	5	(8,612)		
2. Movable Equipment												
a. Acquired prior to this report period	Var	Var		1,319,709		1,319,709	1,103,597	S/L	Various	81,126		
b. Disposals (attach schedule)	Var	Var										
c. Acquired during this report period (attach schedule)				80,150				S/L	Various	16,029		
D-3. Subtotal											97,155	
E. Total Depreciation											125,974	

Schedule of Land Improvements Acquired during this report period

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	2nd Floor Call Bell System	\$ 26,588	20	\$ 1,329
	3rd Floor Call Bell System - Not Complete Yet	\$ 31,905	20	\$ 1,595
	HVAC Valves	\$ 5,132	15	\$ 342
	A/C Carrier- NOT COMPLETE	\$ 59,237	15	\$ 3,949
	Fire Pump	\$ 3,450	15	\$ 230
	Fire Doors	\$ 8,992	15	\$ 599
	New Piping	\$ 5,584	15	\$ 372
Total additions for Building Improvements		\$ 140,888		\$ 8,416 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Copier Lease	\$ 37,336	5	\$ 7,467
	Cable Equipment	\$ 37,572	5	\$ 7,514
	Computers	5242	5	1048
Total additions for Movable Equipment		\$ 80,150		\$ 16,029 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Ac			License No. 2408		Report for Year Ended 9/30/2019			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

Senior Philanthropy of Stamford, LLC

Cost Report Year 2019

Medicaid Cost Report - Depreciation Summary

Historical Cost	Date Placed in Service	Cost	Method	Life	9/30/2017 Depreciation Amount	9/30/2017 Accumulated Depreciation	9/30/2018 Depreciation Amount	9/30/2018 Accumulated Depreciation	9/30/2019 Depreciation Amount	9/30/2019 Accumulated Depreciation	Net Book Value
Building Improvements											
Prior Owner's Assets		6,795	S/L	VAR	340	1,190	340	1,530	340	1,870	4,925
Total Prior to 2015		<u>6,795</u>			<u>340</u>	<u>1,190</u>	<u>340</u>	<u>1,530</u>	<u>340</u>	<u>1,870</u>	<u>4,925</u>
<i>2015 Additions</i>											
Elevator Board Replacement	4/7/2015	12,312	S/L	20	616	1,539	616	2,155	616	2,771	9,541
Kitchen Floor	7/17/2015	2,975	S/L	20	149	372	149	521	149	670	2,306
Total Additions 2015		<u>15,287</u>			<u>764</u>	<u>1,911</u>	<u>765</u>	<u>2,676</u>	<u>765</u>	<u>3,441</u>	<u>11,846</u>
<i>2016 Additions</i>											
Elevator Board Replacement	4/7/2015	782	S/L	20	39	78	39	117	39	156	626
Building Improvements	9/13/2015	30,044	S/L	20	1,502	3,004	1,502	4,506	1,502	6,008	24,036
Elevator Processor Board	8/12/2015	17,993	S/L	20	900	1,799	900	2,699	900	3,599	14,394
Glass Window	6/14/2016	7,925	S/L	15	528	1,057	528	1,585	528	2,113	5,812
Dynalock Sys	6/30/2016	3,775	S/L	15	252	503	252	755	252	1,007	2,768
Elevator Capacitor rebuild	8/23/2016	2,450	S/L	20	123	245	123	368	123	491	1,959
Fire Pump	9/2/2006	7,801	S/L	15	520	1,040	520	1,560	520	2,080	5,721
Fire Pump	9/2/2016	5,688	S/L	15	379	758	379	1,137	379	1,516	4,172
Total Additions 2016		<u>76,459</u>			<u>4,243</u>	<u>8,486</u>	<u>4,243</u>	<u>12,729</u>	<u>4,243</u>	<u>16,972</u>	<u>59,487</u>
<i>2017 Additions</i>											
Fire Barriers	10/16/2016	11,018	S/L	15	735	735	735	1,470	735	2,205	8,813
New Facility Lighting	4/15/2017	74,013	S/L	15	4,934	4,934	4,934	9,868	4,934	14,802	59,211
Total Additions 2017		<u>85,031</u>			<u>5,669</u>	<u>5,669</u>	<u>5,669</u>	<u>11,338</u>	<u>5,669</u>	<u>17,007</u>	<u>68,024</u>
<i>2018 Additions</i>											
Driveway Restoration	8/23/2018	13,836	S/L	20	-	-	692	692	692	1,384	12,452
New Facility Lighting	12/1/2017	83,993	S/L	15	-	-	5,600	5,600	5,600	11,200	72,793
Water Heater	1/29/2018	17,851	S/L	15	-	-	1,190	1,190	1,190	2,380	15,471
1st Floor Call Bell System	8/15/2018	31,373	S/L	20	-	-	1,569	1,569	1,569	3,138	28,235
Condensor	7/23/2018	5,026	S/L	15	-	-	335	335	335	670	4,356
Total Additions 2018		<u>152,079</u>			<u>-</u>	<u>-</u>	<u>9,386</u>	<u>9,386</u>	<u>9,386</u>	<u>18,772</u>	<u>133,307</u>
<i>2019 Additions</i>											
2nd Floor Call Bell System	10/1/2018	26,588	S/L	20	-	-	-	-	1,329	1,329	25,259
3rd Floor Call Bell System - Not Complete Yet	11/16/2018	31,905	S/L	20	-	-	-	-	1,595	1,595	30,310
HVAC Valves	11/19/2018	5,132	S/L	15	-	-	-	-	342	342	4,790
A/C Carrier- NOT COMPLETE	6/17/2019	59,237	S/L	15	-	-	-	-	3,949	3,949	55,288
Fire Pump	9/1/2019	3,450	S/L	15	-	-	-	-	230	230	3,220
Fire Doors	9/1/2019	8,992	S/L	15	-	-	-	-	599	599	8,393
New Piping	2/4/2019	5,584	S/L	15	-	-	-	-	372	372	5,212
Total Additions 2019		<u>140,888</u>			<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,416</u>	<u>8,416</u>	<u>132,472</u>
Total Building Improvements											
		476,539			11,016	17,255	20,403	37,658	28,819	66,477	410,062

Vehicles
2015 Additions

2015 Ford Transit 250 -10 Passenger Wagon	7/3/2015	40,257	S/L	5	8,051	20,129	8,051	28,180	8,051	36,231	4,026
		<u>40,257</u>			<u>8,051</u>	<u>20,129</u>	<u>8,051</u>	<u>28,180</u>	<u>8,051</u>	<u>36,231</u>	<u>4,026</u>

2016 Additions

Corporate Fleet- Taxable sales tax	5/16/2016	1,110	S/L	5	222	444	222	666	222	888	222
------------------------------------	-----------	-------	-----	---	-----	-----	-----	-----	-----	-----	-----

2017 Additions

Corporate Fleet- Taxable sales tax	9/30/2017	1,693	S/L	5	339	339	339	678	339	1,017	676
------------------------------------	-----------	-------	-----	---	-----	-----	-----	-----	-----	-------	-----

2018 Additions

Transfer of Van to BR	7/3/2015	(40,257)	S/L	5	-	-	(8,051)	(8,051)	(8,051)	(16,102)	(24,155)
Corporate Fleet- Taxable sales tax	5/16/2016	(1,110)	S/L	5	-	-	(222)	(222)	(222)	(444)	(666)
Corporate Fleet- Taxable sales tax	9/30/2017	(1,693)	S/L	5	-	-	(339)	(339)	(339)	(678)	(1,015)
Total Additions 2018		<u>(43,060)</u>			<u>-</u>	<u>-</u>	<u>(8,612)</u>	<u>(8,612)</u>	<u>(8,612)</u>	<u>(17,224)</u>	<u>(25,836)</u>

Total Vehicles		-			8,612	20,912	(0)	20,911	-	20,911	(20,911)
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Moveable Equipment

					34,200						
--	--	--	--	--	---------------	--	--	--	--	--	--

Landlord's Moveable Equipment (Fully Depreciation Assets Removed)					1,056,759						
--	--	--	--	--	------------------	--	--	--	--	--	--

Prior Owner's Assets	Various	40,773			1,420	4,970	1,420	6,390	1,420	7,810	32,963
Total Prior to 2015		<u>40,773</u>			<u>1,420</u>	<u>4,970</u>	<u>1,420</u>	<u>6,390</u>	<u>1,420</u>	<u>7,810</u>	<u>32,963</u>

2015 Additions

Sonic Wall	4/30/2015	3,609	S/L	15	241	601	241	842	241	1,083	2,526
Canon Copiers @2	5/30/2015	29,124	S/L	5	5,825	14,562	5,825	20,387	5,825	26,212	2,912
Washer	4/1/2015	11,375	S/L	15	758	1,896	758	2,654	758	3,412	7,963
Slings	6/1/2015	13,645	S/L	5	2,729	6,823	2,729	9,552	2,729	12,281	1,364
Wheelchairs scales	7/6/2015	5,019	S/L	5	1,004	2,510	1,004	3,514	1,004	4,518	501
HVAC	7/6/2015	3,495	S/L	10	350	874	350	1,224	350	1,574	1,921
AHT Software	7/1/2015	3,022	S/L	3	1,007	2,519	503	3,022	-	3,022	0
Tilting Skillet	8/19/2015	13,400	S/L	5	2,680	6,700	2,680	9,380	2,680	12,060	1,340
Total Additions 2015		<u>82,689</u>			<u>14,593</u>	<u>36,484</u>	<u>14,090</u>	<u>50,574</u>	<u>13,587</u>	<u>64,161</u>	<u>18,528</u>

2016 Additions

Floor Model Mixer	7/24/2015	2,955	S/L	10	296	591	296	887	296	1,183	1,772
Replace Water Heater Burner	12/4/2015	3,108	S/L	10	311	622	311	933	311	1,244	1,864
Alarm Monitors & Pads	1/26/2015	986	S/L	10	99	197	99	296	99	395	591
Electronic Thermometer	3/28/2015	625	S/L	5	125	250	125	375	125	500	125
Pressure Mattress	6/28/2015	2,957	S/L	5	591	1,183	591	1,774	591	2,365	592
Alarm Monitors & Pads	7/1/2015	671	S/L	10	67	134	67	201	67	268	403
Alarm Monitors & Pads	8/13/2015	919	S/L	10	92	184	92	276	92	368	551
Alarm Monitors & Pads	9/4/2015	919	S/L	10	92	184	92	276	92	368	551
Refrigerator	6/3/2015	662	S/L	10	66	132	66	198	66	264	398
Alarm Clock Radio	6/18/2015	78	S/L	5	16	31	16	47	16	63	15
Refrigerator	7/29/2015	688	S/L	10	69	138	69	207	69	276	413
Window AC Units	8/3/2015	1,312	S/L	10	131	262	131	393	131	524	788
Window AC Units	6/30/2015	656	S/L	10	66	131	66	197	66	263	393
TV Package- Electrical	8/27/2015	1,710	S/L	5	342	684	342	1,026	342	1,368	342

Mattresses	8/10/2015	1,873	S/L	5	375	749	375	1,124	375	1,499	374
Attendant Floor Pad	9/19/2015	996	S/L	5	199	398	199	597	199	796	200
Wheelchair	9/14/2015	375	S/L	10	37	75	37	112	37	149	226
Computer Cart	11/12/2015	2,048	S/L	5	410	819	410	1,229	410	1,639	409
Alarm Monitors & Pads	11/30/2015	617	S/L	10	62	123	62	185	62	247	369
Computer Equipment	1/14/2015	3,109	S/L	5	622	1,244	622	1,866	622	2,488	621
Computer Server	2/20/2015	575	S/L	5	115	230	115	345	115	460	115
Plastic Card Printer	1/15/2015	1,132	S/L	5	226	453	226	679	226	905	227
Desktop Computer	2/27/2015	996	S/L	5	199	398	199	597	199	796	200
Printer	10/14/2015	913	S/L	5	183	365	183	548	183	731	182
Printer	11/11/2015	913	S/L	5	183	365	183	548	183	731	182
Phone Switchboard	8/26/2015	1,539	S/L	5	308	616	308	924	308	1,232	307
Linen Carts	5/29/2015	1,346	S/L	10	135	269	135	404	135	539	807
Computers/Kiosk	1/9/2015	848	S/L	5	170	339	170	509	170	679	169
Equipment Buy Out	10/1/2015	22,935	S/L	5	4,587	9,174	4,587	13,761	4,587	18,348	4,587
Digital Scales	6/1/2015	1,650	S/L	5	330	660	330	990	330	1,320	330
Mattresses	9/2/2015	4,291	S/L	5	858	1,716	858	2,574	858	3,432	859
Easy Lifts	9/15/2015	4,421	S/L	10	442	884	442	1,326	442	1,768	2,653
Snow Blower	11/4/2015	783	S/L	10	78	157	78	235	78	313	471
Bed	12/8/2015	3,194	S/L	10	319	639	319	958	319	1,277	1,917
Canon	12/15/2015	3,017	S/L	5	603	1,207	603	1,810	603	2,413	604
Bed	1/12/2016	3,197	S/L	10	320	639	320	959	320	1,279	1,917
Medical Equip	1/25/2016	14,680	S/L	5	2,936	5,872	2,936	8,808	2,936	11,744	2,936
Equipment Buy Out	2/1/2016	6,690	S/L	5	1,338	2,676	1,338	4,014	1,338	5,352	1,338
Bladder Scanner	4/6/2016	3,212	S/L	5	642	1,285	642	1,927	642	2,569	643
Cat 6 wire	4/20/2015	2,730	S/L	10	273	546	273	819	273	1,092	1,638
Kitchen Equip	3/30/2016	5,108	S/L	5	1,022	2,043	1,022	3,065	1,022	4,087	1,021
Mattress	5/1/2016	1,426	S/L	5	285	571	285	856	285	1,141	286
System set up	6/23/2016	5,191	S/L	5	1,038	2,076	1,038	3,114	1,038	4,152	1,038
Phone Switchboard system	6/23/2016	5,408	S/L	5	1,082	2,163	1,082	3,245	1,082	4,327	1,081
PT Station	7/1/2015	1,364	S/L	10	136	273	136	409	136	545	819
Mattress	7/7/2016	2,913	S/L	5	583	1,165	583	1,748	583	2,331	582
BCM System	8/31/2016	1,149	S/L	10	115	230	115	345	115	460	689
Refrigerator	9/1/2016	2,472	S/L	10	247	494	247	741	247	988	1,483
Total Additions 2016		131,356			22,819	45,638	22,821	68,459	22,821	91,280	40,076

2017 Additions											
Int per Cap Leases - Audit adj	12/1/2016	(6,225)	S/L	5	(1,245)	(1,245)	(1,245)	(2,490)	(1,245)	(3,735)	(2,490)

2018 Additions											
Electric Body Lift	11/9/2017	4,863	S/L	10	-	-	486	486	486	972	3,891
Slings for Electric Body Lift	11/9/2017	3,427	S/L	10	-	-	343	343	343	686	2,741
Trays/Domes	3/23/2018	6,067	S/L	5	-	-	1,213	1,213	1,213	2,426	3,641
Total 2018 Additions		14,356			-	-	2,042	2,042	2,042	4,084	10,272

2019 Additions											
Copier Lease	12/1/2018	37,336	S/L	5	-	-	-	-	7,467	7,467	29,859
Cable Equipment	12/1/2018	37,572	S/L	5	-	-	-	-	7,514	7,514	30,058
Computers	9/1/2019	5,242	S/L	5	-	-	-	-	1,048	1,048	4,194
Total 2019 Additions		80,150			-	-	-	-	16,029	16,029	64,121

Total Moveable Equipment	1,399,858		80,088	1,021,968		81,629	1,103,597		97,155	1,200,752	199,106
Total for 2019	1,876,397		99,716	1,060,135		102,032	1,162,167		125,974	1,288,141	588,256

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

Name of Facility Senior Philanthropy of Stamford, D/B/A	License No. 2408	Report for Year Ended 9/30/2019	Page 25	of 37																																					
11. Property Questionnaire																																									
Part A Is the property either owned by the Facility or leased from a Related Party?* <input type="radio"/> Yes <input checked="" type="radio"/> No <p>*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.</p>																																									
<table border="1"> <tr> <th>Description</th> <th>Total</th> </tr> <tr> <td>1. Date Land Purchased</td> <td></td> </tr> <tr> <td>2. Date Structure Completed</td> <td></td> </tr> <tr> <td>3. If NOT Original Owner, Date of Purchase</td> <td></td> </tr> <tr> <td>4. Date of Initial Licensure</td> <td></td> </tr> <tr> <td>5. Total Licensed Bed Capacity</td> <td></td> </tr> <tr> <td>6. Square Footage</td> <td></td> </tr> <tr> <td>7. Acquisition Cost</td> <td></td> </tr> <tr> <td> a. Land</td> <td></td> </tr> <tr> <td> b. Building</td> <td></td> </tr> </table>		Description	Total	1. Date Land Purchased		2. Date Structure Completed		3. If NOT Original Owner, Date of Purchase		4. Date of Initial Licensure		5. Total Licensed Bed Capacity		6. Square Footage		7. Acquisition Cost		a. Land		b. Building																					
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b. Building																																									
Part B - Owner and Related Parties <table border="1"> <tr> <th></th> <th>1st Mortgage</th> <th>2nd Mortgage</th> <th>3rd Mortgage</th> <th>4th Mortgage</th> </tr> <tr> <td>1. Financing</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> a. Type of Financing (e.g., fixed, variable)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> b. Date Mortgage Obtained</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> c. Interest Rate for the Cost Year</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> d. Term of Mortgage (number of years)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> e. Amount of Principal Borrowed</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> f. Principal balance outstanding as of</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	1. Financing					a. Type of Financing (e.g., fixed, variable)					b. Date Mortgage Obtained					c. Interest Rate for the Cost Year					d. Term of Mortgage (number of years)					e. Amount of Principal Borrowed					f. Principal balance outstanding as of				
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Complete if Mortgage was Refinanced During Current Cost Year <table border="1"> <tr> <td>g. Type of Financing (e.g., fixed, variable)</td> <td></td> </tr> <tr> <td>h. Date of Refinancing</td> <td></td> </tr> <tr> <td>i. New Interest Rate</td> <td></td> </tr> <tr> <td>j. Term of Mortgage (number of years)</td> <td></td> </tr> <tr> <td>k. Amount of Principal Borrowed</td> <td></td> </tr> <tr> <td>l. Principal Outstanding on Note Paid-Off</td> <td></td> </tr> </table>		g. Type of Financing (e.g., fixed, variable)		h. Date of Refinancing		i. New Interest Rate		j. Term of Mortgage (number of years)		k. Amount of Principal Borrowed		l. Principal Outstanding on Note Paid-Off																													
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Part C - Arms-Length Leases for Real Property Improvements Only <table border="1"> <thead> <tr> <th>Name and Address of Lessor</th> <th>Property Leased</th> <th>Date of Lease</th> <th>Term of Lease</th> <th>Annual Amount of Lease</th> </tr> </thead> <tbody> <tr> <td>710 Long Ridge Rd LLC</td> <td>710 Long Ridge Road, Stamford, CT 06902</td> <td>04/01/15</td> <td>10 Years</td> <td>1,406,077</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	710 Long Ridge Rd LLC	710 Long Ridge Road, Stamford, CT 06902	04/01/15	10 Years	1,406,077																											
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease																																					
710 Long Ridge Rd LLC	710 Long Ridge Road, Stamford, CT 06902	04/01/15	10 Years	1,406,077																																					

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

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

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page of 26 37
Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$				

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
		9/30/2019			27	37
Item			Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify)		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)		\$				
12. D. Other Interest Expense (Specify)		\$	60,009	60,009		
LOC Interest and other Interest						
13. Total All Interest Expense (12B7 + 12C3 + 12D)		\$	60,009	60,009		
14. Insurance						
a. Insurance on Property (buildings only)		\$	13,536	13,536		
b. Insurance on Automobiles		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)		\$	55,335	55,335		
2. Fire and Extended Coverage		\$				
3. Other (Specify)		\$	8,904	8,904		
D&O Insurance and Crime Insurance						
14d. Total Insurance Expenditures (14a + b + c)		\$	77,775	77,775		
15. Total All Expenditures (A-13 thru C-14)		\$	16,034,143	16,034,143		

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.		2408	9/30/2019	28	37
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 21,041	21,041		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 585,443	585,443		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 356,665	356,665		
10.			Accounting	\$			
10a.			Legal	\$ 285	285		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 1,558	1,558		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 1,647	1,647		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 45,410	45,410		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 3,386	3,386		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)			\$ 1,015,435	\$ 1,015,435			

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Senior Philanthropy of Stamford, LLC
Calculation of Allowable Cell Phone Expense
September 30, 2019

Beds	# of Allowable Cell Phones
1-100	3
101-200	4
201-300	5
301-400	6

Total Bed Capacity	120
# of Allowable Cell Phones	4

<u>Allowable Cell Phone Expense (per cell phone):</u>		
per month	\$	30
per year	\$	360

Page 15 Line 1h2	Amount
Cell Phone expense per TB	\$ 2,998
Allowable Cell Phone expense	\$ 1,440
Disallowed Cell Phone expense	\$ <u>1,558</u> Page 28 Line 12

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-29 Rev. 9/2018

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

Name of Facility			License No.	Report for Year Ended		Page of
Item No.	Page No.	Line No.		2408	9/30/2019	29 37
				Total Amount of Decrease	CCNH	RHNS
		Item Description				(Specify)
		Subtotals Brought Forward		\$ 1,015,435	1,015,435	
<i>Page 20 - Resident Care Supplies***</i>						
27.	20	5a2	Prescription Drugs	\$ 205,158	205,158	
28.	20	5d	Ambulance/Limousine	\$ 347	347	
29.	20	5f	X-rays, etc	\$ 13,088	13,088	
30.	20	5h	Laboratory	\$ 17,792	17,792	
31.			Medical Supplies	\$		
32.	20	5e2	Oxygen (non emergency)	\$ 19,453	19,453	
33.			Occupational Therapy	\$		
34.			Other - See Attached Schedule	\$ 90,327	90,327	
<i>Page 22 - Maintenance and Property</i>						
35.			Excess Movable Equipment Depreciation			
			See Attached Schedule	\$		
36.			Depreciation on Unallowable Motor Vehicles	\$		
37.			Unallowable Property and Real Estate Taxes	\$		
38.			Rental of Building Space or Rooms	\$		
39.			Other - See Attached Schedule	\$		
<i>Page 27 - Insurance</i>						
40.			Mortgage Insurance	\$		
41.			Property Insurance	\$		
<i>Other - Miscellaneous</i>						
42.			Other - Indirect	\$		
43.			Interest Income on Account Rec.	\$		
44.			Other - Miscellaneous Administrative	\$		
45.			Management Fees Direct	\$		
46.			Management Fees Indirect	\$		
47.			Other - Direct	\$ 1,226	1,226	
<i>Not For Profit Providers Only</i>						
48.			Building/Non Movable Eq. Depreciation			
			Unallowable Building Interest - See Attached Schedule	\$		
49.			<i>Total Amount of Decrease (Items 1 - 48)</i>	\$ 1,362,826	1,362,826	

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

Schedule of Other Ancillary Costs

Schedule of Excess Movable Equipment Depreciation

Schedule of Other Property Adjustments

Schedule of Other - Indirect Adjustments

Total Other Adjustments	\$	-	\$	-	\$	-

age 29

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref **Line Ref** **Description**

CCNH RHNS (Specify)

Schedule of Other - Direct Adjustments

Attachment Page 29

Schedule of Unallowable Building Interest

Senior Philanthropy of Stamford, LLC
Disallowance Schedule for Cable TV
September 30, 2019

Pg. 29b

	<u>Amount</u>
Total Cable TV Expense acct #560717	\$ 14,787 TB Linked

Monthly Allowable amount	\$ 300
Months in Cost Report Year	12
Total Allowable Cost	<hr/> \$ 3,600

Disallowed Cable TV	<hr/> <u>\$ 11,187</u>
----------------------------	------------------------

<u>Description</u>	<u>Amount</u>
Management fees Charged	318,924 **
Patient Days	<u>57,990</u> Page 8 of C/R
Amount Per Patient Day	\$ 5.4996
PPD Allowance Per Rate Agreement	6.74
2019 CPI Increase	0.07
PPD Allowance 9/30/2019	<u>6.81</u>
Amount over (Under)	\$ (1.3066)
Total Days	57,990 Page 8 of C/R
Part 1 Disallowed Management Fee	\$ (75,770)
Management fees Charged (Pg. 16 / Line m12)	318,924
Actual Costs to the Related Party - Allowable Expense	<u>318,924</u>
Part 2 Disallowed Management Fee	\$ -
Total Disallowed Mangement Fee	\$ - Pg. 28 / line 21

**Per as filed 12/31/19 Medicare cost report

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended 9/30/2019			Page 30	of 37
		Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 17,217,976	17,217,976				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,595,776)	(7,595,776)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,202,769	2,202,769				
b. Medicare Room and Board Contractual Allowance **	\$ 899,961	899,961				
4. a. Private-Pay Residents and Other	\$ 1,836,318	1,836,318				
b. Private-Pay Room and Board Contractual Allowance **	\$ (365,432)	(365,432)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 195,206	195,206				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 84,388	84,388				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 3,290	3,290				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 2,590	2,590				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,363,818	1,363,818				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 419,972	419,972				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 407,105	407,105				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 174,200	174,200				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,647,008	1,647,008				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 511,144	511,144				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (2,989,190)	(2,989,190)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (1,168,229)	(1,168,229)				
III. Total Resident Revenue (Section I. thru Section II.)		\$ 14,847,118	14,847,118			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 3,386	3,386				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 7	7				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 282,865	282,865				
V. Total Other Revenue (1 thru 8)		\$ 286,258	286,258			
VI. Total All Revenue (III +V)		\$ 15,133,376	15,133,376			

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

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

Schedule of Other Resident Revenue - Medicare**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30II6a	Laboratory- MCR A-SNF	\$ 15,167		
30II6a	IV Therapy-MCR A-SNF	\$ 97,385		
30II6a	XRay MRA	\$ 8,077		
30II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (2,303,359)		
30II6a	Sequestration - MCR B	\$ (10,207)		
30II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (796,253)		
Total Other Resident Revenue - Medicare		\$ (2,989,190)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30II6b	Routine Revenue Adjustment-SNF PVT	\$ (50,142)		
30II6b	Laboratory- MCD- SNF	\$ 737		
30II6b	IV Therapy-MCD-SNF	\$ 7,642		
30II6b	Other Service- MCD-SNF	\$ 334		
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (435,579)		
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (497)		
30II6b	Contractual Allowance-Ins. R/S	\$ (891)		
30II6b	Contractual Allowance Ancillary INS	\$ (1,945)		
30II6b	Laboratory VA	\$ 69		
30II6b	Cont Adjmt Ancillary VA	\$ (3,506)		
30II6b	Lab HMO	\$ 5,073		
30II6b	IV THERAPY	\$ 2,245		
30II6b	Radiology HMO	\$ 2,024		
30II6b	Sequestration - HMO	\$ (968)		
30II6b	Contractual Adj Ancillary HMO	\$ (692,825)		
Total Other Resident Revenue		\$ (1,168,229)	\$ -	\$ -

Interest Income**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30 IV5	Interest Income	N/A	\$ 7		
Total Interest Income		\$ 7	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30IV8	VBP - Medicare A	\$ 9,127		
30IV8	X-Ray - MCD	\$ 792		
30IV8	Lab Rev-Ins	\$ 25		
30IV8	Donations	\$ 100		
30IV8	Copier Lease-Adm	\$ 6,660		
30IV8	Shared Nursing Cost	\$ 266,161		
Total Other Revenue		\$ 282,865	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of			
Senior Philanthropy of Stamford, D/B/A	2408	9/30/2019	31	37			
Account				Amount			
Assets							
A. Current Assets							
1. Cash (<i>on hand and in banks</i>)				\$ 158,840			
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				\$ 1,675,585			
3. Other Accounts Receivable (Excluding Owners or Related Parties)				\$			
4. Inventories				\$			
5. Prepaid Expenses				\$ 39,885			
a. _____							
b. _____							
c. _____							
d. See Schedule				39,885			
6. Interest Receivable				\$			
7. Medicare Final Settlement Receivable				\$			
8. Other Current Assets (<i>itemize</i>)				\$ 1,700,260			

See Schedule				1,700,260			
A-9. Total Current Assets (Lines A1 thru 8)				\$ 3,574,570			
B. Fixed Assets							
1. Land				\$			
2. Land Improvements	*Historical Cost	\$					
Accum. Depreciation	Net						
3. Buildings	*Historical Cost	476,540	\$ 410,063				
Accum. Depreciation	Net						
4. Leasehold Improvements	*Historical Cost	\$					
Accum. Depreciation	Net						
5. Non-Movable Equipment	*Historical Cost	\$					
Accum. Depreciation	Net						
6. Movable Equipment	*Historical Cost	343,099	\$ 163,471				
Accum. Depreciation	Net						
7. Motor Vehicles	*Historical Cost	\$ (20,911)					
Accum. Depreciation	Net						
8. Minor Equipment-Not Depreciable				\$			
9. Other Fixed Assets (<i>itemize</i>)				\$ (77,783)			
F/S vs. C/R	(77,781)						
See Schedule	(2)						
B-10. Total Fixed Assets (Lines B1 thru 9)				\$ 474,840			

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

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

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

Schedule of Other Assets Page 32 Line D7

Schedule of Notes Payable (Itemize) Page 33 Line A2

Schedule of Other Current Liabilities (Items) Page 33 [Line A12]

Set - Item #500001 Long Term Inhibition (Itemite) Page 34 Line B4

State of Connecticut

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A	2408	9/30/2019	32	37
Account				Amount
Total Brought Forward:				\$ 4,049,410
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements	*Historical Cost _____	Accum. Depreciation _____	Net	\$
3. Buildings	*Historical Cost _____	Accum. Depreciation _____	Net	\$
4. Non-Movable Equipment	*Historical Cost _____	Accum. Depreciation _____	Net	\$
5. Movable Equipment	*Historical Cost 1,056,759	Accum. Depreciation 1,021,124	Net	\$ 35,635
6. Motor Vehicles	*Historical Cost _____	Accum. Depreciation _____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	35,635
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense	*Historical Cost _____	Accum. Depreciation _____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	4,085,045

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Long	2408	9/30/2019	33	37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 2,020,344
2. Notes Payable (<i>itemize</i>)				\$ 134,553
Long Term Capital Lease - Current				10,184
Notes Payable - Current				12,267
Note Payable - TSM				112,102
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$
Name of Lender		Purpose	Amount	Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$ 190,535
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 46,151
7. Medicare Final Settlement Payable				\$
8. Medicare Current Financing Payable				\$
9. Mortgage Payable (<i>Current Portion</i>)				\$
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities (<i>itemize</i>)				\$ 3,663,509
See Schedule				3,663,509
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 6,055,092

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

State of Connecticut

Annual Report of Long-Term Care Facility

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G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Stamford, D/B/A Lo	License No. 2408	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount
Total Brought Forward:				6,055,092
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>itemize</i>)				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$
C. Total All Liabilities (Lines A-13 + B-5)				\$ 6,055,092

G. Balance Sheet (cont'd)

Reserves and Net Worth

Name of Facility Senior Philanthropy of Stamford, D/B/A	License No. 2408	Report for Year Ended 9/30/2019	Page 35	of 37
Account		Amount		
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	35,635
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	35,635
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,120,202)
6. Gain or Loss for Period	10/1/2018	thru	9/30/2019	\$ (885,480)
7. Total Net Worth			\$	(2,005,682)
C. Total Reserves and Net Worth			\$	(1,970,047)
D. Total Liabilities, Reserves, and Net Worth			\$	4,085,045

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Stamford, D/B/A I	2408	9/30/2019	36 37
Account			Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$ (1,232,915)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 15,133,376
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 16,018,756
D. Net Income or Deficit			\$ (885,380)
E. Balance			\$ (2,118,295)
F. Additions			
1. Additional Capital Contributed (<i>itemize</i>)			
Total Expenditures Pg.27		\$16,034,143	
Depreciation Amount		\$(15,387)	
Total Expenditures		\$16,018,756	
2. Other (<i>itemize</i>)			
Prior Period Adjustment		112,613	
F-3. Total Additions			\$ 112,613
G. Deductions			
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount
2. Other Withdrawings (<i>Specify</i>)			\$
Purpose		Amount	
3. Total Deductions			\$
H. Balance at End of Period			\$ (2,005,682)

I. Preparer's/Reviewer's Certification

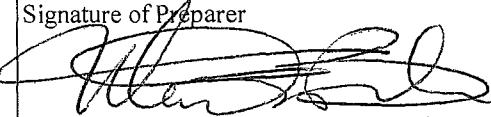
Name of Facility Senior Philanthropy of Stamford, D/B/A	License No. 2408	Report for Year Ended 9/30/2019	Page 37	of 37
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Check appropriate category

<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)
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Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer 	Title Principal	Date Signed 2/4/20
Printed Name of Preparer		
Matthew S. Bavolack		
Address 555 Long Wharf Drive, New Haven, CT 06511	Phone Number 203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report Manuel Lemus	Phone Number 727-210-0781	
Contact Email Address mlemus@Traditionsmanagement.net		