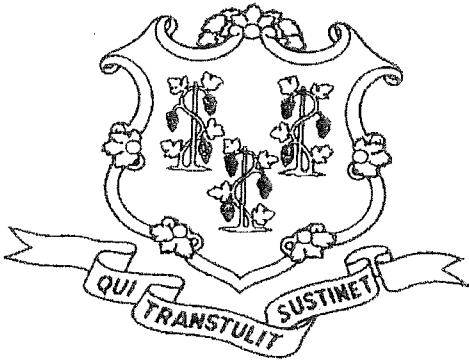


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Senior Philanthropy of Newington, LLC dba Newington Rapid Recovery Rehab Center				
Address (No. & Street, City, State, Zip Code) 240 Church St, Newington, CT 06111				
Type of Facility				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		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 2406	RHNS	(Specify)	Medicare Provider 07-5286
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Medicaid Provider Numbers:	CCNH 10397	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Senior Philanthropy of Newington, LLC dba Newingt	License No. 2406	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 Newington, LLC dba Newington Rapid Recovery Rehab Center [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) Renata Cocozza		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 Newington, LLC dba Newington Rapid Recovery Rehab Center	Period Covered: From 10/1/2018	To 9/30/2019		
Address of Facility 240 Church St, Newington, CT 06111				
Report Prepared By Marcum LLP	Phone Number 203-781-9600	Date 12/16/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility 860-667-2256	Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Newington, LLC dba Newington Rapid		Address (No. & Street, City, State, Zip) 240 Church St, Newington, CT 06111	
License Numbers: Type of Facility (Check appropriate box(es))	CCNH 2406	RHNS	(Specify) <input checked="" type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)
Type of Ownership (Check appropriate box)		<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust	
If this facility opened or closed during report year provide:		Date Opened	Date Closed
Has there been any change in ownership or operation during this report year?		<input type="radio"/> Yes <input checked="" type="radio"/> No	If "Yes," explain fully. N/A
Administrator Name of Administrator Renata Cocozza Nursing Home Administrator's License No.: 1533			
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 Newington, LLC dba N	License No. 2406	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 Newington, LLC dba Newington Rapid Recovery Rehab Center	240 Church St, Newington, CT 06111	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, Treasurer	
RB Bridges	24641 US Hwy 19 N., Clearwater, FL 33763-5007	COO	
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 Newington, LLC dba New	2406	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 Newington, LLC dba Newington	License No. 2406	Report for Year Ended 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?	<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.
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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	1,320,700	1,320,700
Senior Philanthropy of Cheshire, LLC dba Cheshire	745 Highland Ave, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Admissions	Various	14,397	14,397
Senior Philanthropy of Stamford, LLC dba Long	710 Long Ridge Rd, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Shared Legal Fees	Various	327	327
Senior Philanthropy of Milford, B, LLC dba Golden	2028 Bridgeport Ave, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Respiratory Therapist	Various	13,226	13,226
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Internet, recruitment, IT support	Various	145,276	145,276
Senior Philanthropy of Danbury, LLC dba Western	107 Osborne St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Legal Fees	Various	20	20
Senior Philanthropy of Milford O, LLC dba West	245 Orange Ave, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Educator	Various	18,508	18,508
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Page 16/ Line m12	458,224	458,224
Senior Philanthropy of Westport, LLC dba Westport	1 Burr Rd, Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		Shared Legal Fees	Various	402	402

* 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 Newington, LLC dba Ne	License No. 2406	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 Newington,	License No. 2406	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 Yes If "No," explain.
previous period? No

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 Thru 10/18	\$ 2,869
3 Accrued Accounting Expense	\$ 49,545
4	\$
	Charge for Services Provided \$ 52,423

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 page 7a 2 3 4 5	Telephone Number
--	------------------

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

1 2 3 4 5	
-----------------------	--

Services Provided by This Firm (*describe fully*)

1	\$ 73,762
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 73,762

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

Yes No | Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Newington, LLC dba Newington Rapid Recovery			License No. 2406				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					180	180			180	180		
A. On last day of PREVIOUS report period	180	180							180	180		
B. On last day of THIS report period	180	180			180	180			180	180		
2. Number of Residents					163	163			148	148		
A. As of midnight of PREVIOUS report period	163	163							148	148		
B. As of midnight of THIS report period	157	157			148	148			157	157		
3. Total Number of Days Care Provided During Period					2,133	2,133			588	588		
A. Medicare	2,721	2,721										
B. Medicaid (Conn.)	47,882	47,882			36,017	36,017			11,865	11,865		
C. Medicaid (other states)												
D. Private Pay	2,513	2,513			1,985	1,985			528	528		
E. State SSI for RCH												
F. Other (Specify)	4,874	4,874			3,247	3,247			1,627	1,627		
G. Total Care Days During Period (3A thru F)	57,990	57,990			43,382	43,382			14,608	14,608		
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)	57,990	57,990			43,382	43,382			14,608	14,608		

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Newington, LLC dba	License No. 2406	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.

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

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

Item	Medicare	Medicaid		Self-Pay			Other State Assisted	
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	5	126		26				
Per Diem Rate								
a. One bed rm.	Various	244.00		580.39				
b. Two bed rms.	Various	244.00		531.54				
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH	RHNS	(Specify)
		5,936	5,936	
A. Medicare - Part B				
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,242	1,242		
2. Restorative Treatments				
C. Other	10,154	10,154		
D. Total Physical Therapy Treatments	17,332	17,332		

8. Total Number of Speech Therapy Treatments	902	902	
		902	
A. Medicare - Part B			
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	364	364	
2. Restorative Treatments			
C. Other	1,892	1,892	
D. Total Speech Therapy Treatments	3,158	3,158	

9. Total Number of Occupational Therapy Treatments	6,847	6,847	
		6,847	
A. Medicare - Part B			
B. Medicaid (Exclusive of Part B)			
1. Maintenance Treatments	1,300	1,300	
2. Restorative Treatments			
C. Other	10,225	10,225	
D. Total Occupational Therapy Treatments	18,372	18,372	

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	(Specify)
A. Salaries and Wages*					Hours
1. Operators/Owners (Complete also Sec. I of Schedule A1)					
2. Administrator(s) (Complete also Sec. III of Schedule A1)	124,774	2,080			
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)					
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	129,869	5,017			
5. Dietary Service					
a. Head Dietitian	7,323				
b. Food Service Supervisor					
c. Dietary Workers	487,192	26,761			
6. Housekeeping Service					
a. Head Housekeeper					
b. Other Housekeeping Workers	283,917	17,048			
7. Repairs & Maintenance Services					
a. Engineer or Chief of Maintenance					
b. Other Maintenance Workers	96,005	4,018			
8. Laundry Service					
a. Supervisor					
b. Other Laundry Workers	172,968	8,640			
9. Barber and Beautician Services					
10. Protective Services	81,177	4,396			
11. Accounting Services					
a. Head Accountant					
b. Other Accountants					
12. Professional Care of Residents					
a. Directors and Assistant Director of Nurses	201,273	4,090			
b. RN					
1. Direct Care	1,460,850	26,509			
2. Administrative**	465,112	8,320			
c. LPN					
1. Direct Care	1,492,410	46,607			
2. Administrative**					
d. Aides and Attendants	2,152,845	135,796			
e. Physical Therapists	1,762	139			
f. Speech Therapists	321	25			
g. Occupational Therapists	15,301	460			
h. Recreation Workers	132,299	6,815			
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	160,593	5,711			
n. Marketing					
o. Other (Specify)					
See Attached Schedule	141,856	4,280			
<i>A-13. Total Salary Expenditures</i>	7,607,847	306,712			

* 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 Newington, LLC dba Newington Rapid Recovery			2406		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) Senior Philanthropy of Newington, LLC dba Newington Rapid Recovery			License No. 2406		Report for Year Ended 9/30/2019			Page 12	of 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***										
Cocozza, Renata	124,774			Non-Discrim	Administrator	2,080	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 Newington, LLC dba Newin	License No. 2406	Report for Year Ended 9/30/2019		Page 13	of 37
Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)					
1. Dietitian	112,068	2,075			
2. Dentist	17,448	87			
3. Pharmacist	29,180	180			
4. Podiatrist					
5. Physical Therapy					
a. Resident Care	339,254	5,719			
b. Other					
6. Social Worker					
7. Recreation Worker					
8. Physicians					
a. Medical Director (entire facility)	47,629	200			
b. Utilization Review (Title 18 and 19 only) monthly meeting					
c. Resident Care**	82,548	329			
d. Administrative Services facility					
1. Infection Control Committee (Quarterly meetings)					
2. Pharmaceutical Committee (Quarterly meetings)					
3. Staff Development Committee (Once annually)					
e. Other (Specify)					
9. Speech Therapist					
a. Resident Care	135,937	2,125			
b. Other					
10. Occupational Therapist					
a. Resident Care	359,182	7,347			
b. Other					
11. Nurses and aides and attendants					
a. RN					
1. Direct Care	17,085	509			
2. Administrative***					
b. LPN					
1. Direct Care	28,795	519			
2. Administrative***					
c. Aides	371	7			
d. Other					
12. Other (Specify)					
See Attached Schedule					
B-13 Total Fees Paid in Lieu of Salaries	1,169,497	19,097			

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

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

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

Report of Expenditures

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

Name of Facility Senior Philanthropy of Newington, LLC dba Newington	License No. 2406	Report for Year Ended 9/30/2019		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Newington Internal Medican 365 Willard Ave, Suite 2-D Newington CT 06111	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Partners Pharmacy P.O.Box 9689 Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental Group 888 Worcester St #130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
DR Jeffrey Kagan 365 Willard Ave, Newington CT 06111	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Consulting Cardiologists 305 Western Boulevard Glastonbury CT 06033	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Stephen Milewski, MD 50 Market Square, Newington CT 06111	PHY Consulting	<input type="radio"/>	<input checked="" type="radio"/>		
Angelina Jacobs, MD, 15 Two Buck Ring, Burlington, CT 06031	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Services Group, Inc., 3220 Tillman Drive, Suite 300, Bensalem, PA 19020	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Encore Rehabilitation Services, 33533 W 12 Mile Road, Suite 290, Farmington Hills, MI 48331	PT, ST, & OT	<input type="radio"/>	<input checked="" type="radio"/>		
ReadyNurse Staffing, PO Box 301076, Dallas, TX 75303	RN, LPN, & Aides	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Staffing Solutions, 12558 Collections Center Drive, Chicago IL 60693	RN, LPN & Aides	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* 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
Senior Philanthropy of Newington, LLC dba Newi	2406	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 533,998	533,998		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 116,481	116,481		
4. Social Security (F.I.C.A.)	\$ 535,059	535,059		
5. Health Insurance	\$ 1,492,411	1,492,411		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,604	4,604		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 455,263	455,263		
8. Uniform Allowance	\$ 40,662	40,662		
9. Other (Specify) See Attached Schedule	\$ 7,961	7,961		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 708,950	708,950		
d. Accounting and Auditing	\$ 52,423	52,423		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 73,763	73,763		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 16,604	16,604		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 60,295	60,295		
2. Cellular Phones	\$ 2,102	2,102		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,098,126	1,098,126		
Subtotal	\$ 5,198,702	5,198,702		

* 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 Expense - Hskp (Self-disallow)	\$ 0		
Employee Food (Self-disallow)	\$ 62		
Holiday Fund (Self-disallow)	\$ 602		
Employee Drug Testing	\$ 1,740		
Employee Assistance Program	\$ 931		
Petty Cash (Self-disallow)	\$ 2,219		
Employee FSA	\$ 1,311		
	\$ 1,096		
Total	\$ 7,961	\$ -	\$ -

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>		5,198,702	5,198,702		
I. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	1,127	1,127		
5. Education Expenses Related to Seminars and Conventions	\$	844	844		
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$	114	114		
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$	9,662	9,662		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$	21,266	21,266		
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	\$	5,635	5,635		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$	12,632	12,632		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	5,861	5,861		
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>)	\$	246,870	246,870		
12. Administrative Management Services**	\$	458,224	458,224		
13. Other (<i>Specify</i>) See Attached Schedule	\$	94,946	94,946		
C-14 Total Administrative & General Expenditures	\$	6,055,883	6,055,883		

* 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	\$ 9,572		
Special Events-Mkt	\$ 11,183		
Promo Items-Mkt	\$ 511		
Total Other Advertising	\$ 21,266	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT Association of Health Care Facilities - Membership Dues	\$ 12,632		
Total Dues	\$ 12,632	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Software Expense - Nursing Adm	\$ 6,398		
Licenses/Permits-Nursing Admin	\$ 672		
Background Checks-Nursing	\$ 1,169		
Orientation-Cooks	\$ 68		
Background Checks-Dietary	\$ 632		
Licenses/Permits-Trans	\$ 509		
Dues/Subscriptions-Maint	\$ 9,000		
License&Permits-Trans	\$ 284		
Forms/Printing-Activities-SNF	\$ 43		
Holiday Decorations-Activities SNF (Self-Disallow)	\$ 523		
Licenses/Permits	\$ 320		
Non-Reimbursable Expense	\$ 34		
Patient Trust Bond	\$ 2,345		
Resident Reimbursement on Lost Stolen Items (Self-Disallow)	\$ 473		
Equipment Minor-Admin	\$ 2,873		
Internet Access-Adm	\$ 17,185		
Records Storage-Adm	\$ 3,232		
Equipment Rental-Adm	\$ 1,004		
Misc Decor-Adm (Self-Disallow)	\$ 107		
Collection Fees/Credit Card Fees (Self-Disallow)	\$ 6,330		
Law Fees/Fines/Finance Charges Adm (Self-Disallow)	\$ 33,299		
Bank Service Charge-Adm	\$ 6,343		
Employee Guest Meals (Self-Disallow)	\$ 2,103		
Total Other Administrative and General	\$ 94,946	\$ -	\$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Newington, LLC d/b/a	2406	9/30/2019	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	458,224	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 Newington, LLC dba Newington	2406	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 494,080	494,080		
2. Non-Food Supplies	\$ 50,064	50,064		
3. Other (Specify) _____	\$ _____			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 100,745	100,745		
c. Other (Specify) _____ Other Dietary Supplies	\$ _____			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 644,889	644,889		
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 Newington, LLC dba Newington	License No. 2406	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>) <i>(Complete Schedule C-2 att. Page 21)</i>	\$	79,491	79,491		
c. Other (<i>Specify</i>)	\$	10	10		
3D. Total Laundry Expenditures (3a + b + c)	\$	79,501	79,501		
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 Newington, LLC dba Ney	License No. 2406	Report for Year Ended 9/30/2019	Page 20	of 37
Item		Total	CCNH	RHNS
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. \$	82,072	82,072	
C. Other (<i>Specify</i>)	\$	697	697	
4D. Total Housekeeping Expenditures (4a + b + c)	\$	82,769	82,769	
5. Resident Care (Supplies)**				
a. Prescription Drugs***				
1. Own Pharmacy	\$			
2. Purchased from	\$	226,961	226,961	
b. Medicine Cabinet Drugs	\$	31,910	31,910	
c. Medical and Therapeutic Supplies	\$	213,339	213,339	
d. Ambulance/Limousine***	\$	13,088	13,088	
e. Oxygen				
1. For Emergency Use	\$			
2. Other***	\$	40,583	40,583	
f. X-rays and Related Radiological Procedures***	\$	15,818	15,818	
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$			
h. Laboratory***	\$	49,828	49,828	
i. Recreation	\$	21,210	21,210	
j. Direct Management Services*	\$			
k. Indirect Management Services*	\$			
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	180,070	180,070	
5M. Total Resident Care Expenditures (5a - 5j)	\$	792,807	792,807	

* 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

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).

State of Connecticut

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CSP-22 Rev. 6/95

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

Name of Facility Senior Philanthropy of Newington, LLC dba N	License No. 2406	Report for Year Ended 9/30/2019			Page 22	of 37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	60,895	60,895			
b. Heat	\$	49,250	49,250			
c. Light & Power	\$	122,274	122,274			
d. Water	\$	129,721	129,721			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$	143,884	143,884			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	506,024	506,024			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	55,636	55,636			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	106,296	106,296			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	161,932	161,932			
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	\$	1,206,785	1,206,785			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	155,540	155,540			
c. Personal property taxes	\$	1,917	1,917			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,526,174	1,526,174			

* 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		
Interco Contracted Services-Maint	\$ 634		
Electrical-Maint	\$ 1,404		
Plumbing-Maint	\$ 8,128		
HVAC/Boiler Maint	\$ 16,860		
Paint-Maint	\$ 735		
Alarm Repairs-Maint	\$ 7,218		
Grounds Maintenance-Maint	\$ 41,667		
Elevator-Maint	\$ 9,427		
Pest Control-Maint	\$ 3,735		
Maint Contracts- Generator	\$ 6,023		
Waste Disposal -Grease/Trash	\$ 42,344		
Copier- Maintenance Agreement	\$ 5,709		
Total Other Repairs and Maintenance	\$ 143,884	\$ -	\$ -

Depreciation Schedule

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:				
	Water Main	\$ 20,011	20	\$ 1,001
	Drywall Work	\$ 6,983	10	\$ 698
	Fire Doors	\$ 17,743	5	\$ 3,549
	Doors	\$ 14,156	5	\$ 2,831
	2nd Storage Compressor Tane	\$ 5,100	5	\$ 1,020
Total additions for Building Improvements		\$ 63,993		\$ 9,099 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

*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

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Amortization Schedule*

Name of Facility Senior Philanthropy of Newington, LLC dba Newington Rapi			License No. 2406		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.

Newington Health Care Center
Senior Philanthropy of Newington, LLC

Cost Report Year 2019

Medicaid Cost Report - Depreciation Summary

	Date Acquired	Life	Method	Historical Cost	9/30/2017	9/30/2017	9/30/2018	9/30/2018	9/30/2019	9/30/2019	Net Book Value
					Expense	Accum Deprec.	Expense	Accum Deprec.	Expense	Accum Deprec.	
Building Improvements											
Prior Owner's Assets	Various	Various	S/L	18,199	404	1,414	404	1,818	404	2,222	15,977
<i>2015 Additions</i>											
Lounge repairs	4/4/2105	15	S/L	1,565	104	261	104	365	104	469	1,096
New doors	4/6/2015	15	S/L	4,942	329	824	329	1,153	329	1,482	3,460
New doors	4/23/2015	15	S/L	7,200	480	1,200	480	1,680	480	2,160	5,040
New doors	5/8/2015	15	S/L	4,650	310	775	310	1,085	310	1,395	3,255
New doors	5/27/2015	15	S/L	24,514	1,634	4,085	1,634	5,719	1,634	7,353	17,160
<i>Total 2015 Additions</i>				42,871	2,858	7,145	2,857	10,002	2,857	12,859	30,012
<i>2016 Additions</i>											
New Doors	5/27/2015	15	S/L	(280)	(19)	(37)	(19)	(56)	(19)	(75)	(205)
New Doors	12/11/2015	15	S/L	3,064	204	409	204	613	204	817	2,247
New Flooring*	2/22/2016	15	S/L	4,452	297	594	297	891	297	1,188	3,264
Roof Maint*	6/24/2016	15	S/L	4,329	289	577	289	866	289	1,155	3,174
Glass Windows	6/15/2016	15	S/L	6,929	462	924	462	1,386	462	1,848	5,081
New Ceiling*	6/28/2016	15	S/L	3,256	217	434	217	651	217	868	2,388
LED Exit Lights*	7/8/2016	15	S/L	1,292	86	172	86	258	86	344	948
Entry Vestibule	8/29/2016	15	S/L	2,163	144	288	144	432	144	576	1,587
Main Lobby & Reception	8/29/2016	15	S/L	11,780	785	1,571	785	2,356	785	3,141	8,639
Main Entry Corridor	8/29/2016	15	S/L	15,684	1,046	2,091	1,046	3,137	1,046	4,183	11,501
Main Corridor	8/29/2016	15	S/L	35,452	2,363	4,727	2,363	7,090	2,363	9,453	25,999
Nurses Station (1 EA)	8/29/2016	15	S/L	3,124	208	417	208	625	208	833	2,291
Elevator Lobby	8/29/2016	15	S/L	2,808	187	374	187	561	187	748	2,060
Lounge (2 EA)	8/29/2016	15	S/L	36,505	2,434	4,867	2,434	7,301	2,434	9,735	26,770
Resident Room - 2 Bed (10 EA)	8/29/2016	15	S/L	54,489	3,633	7,265	3,633	10,898	3,633	14,531	39,958
ResidentBathroom (10 EA)	8/29/2016	15	S/L	17,425	1,162	2,323	1,162	3,485	1,162	4,647	12,778
Main Corridor 2	8/29/2016	15	S/L	81,046	5,403	10,806	5,403	16,209	5,403	21,612	59,434
Nurses Station (2 EA)	8/29/2016	15	S/L	9,427	628	1,257	628	1,885	628	2,513	6,914
Elevator Lobby	8/29/2016	15	S/L	1,079	72	144	72	216	72	288	791
Shower Room (2 EA)	8/29/2016	15	S/L	73,012	4,867	9,735	4,867	14,602	4,867	19,469	53,543
Door Refinishing	8/29/2016	15	S/L	48,411	3,227	6,455	3,227	9,682	3,227	12,909	35,502
Baseboard Heater Covers	8/29/2016	15	S/L	3,902	260	520	260	780	260	1,040	2,862
Window Blinds	8/29/2016	15	S/L	5,670	378	756	378	1,134	378	1,512	4,158
MedicationRoom	8/29/2016	15	S/L	12,188	813	1,625	813	2,438	813	3,251	8,937
Nourishment Room	8/29/2016	15	S/L	2,338	156	312	156	468	156	624	1,714
Nurses Station	8/29/2016	15	S/L	4,620	308	616	308	924	308	1,232	3,388
Soiled Utility Room	8/29/2016	15	S/L	4,185	279	558	279	837	279	1,116	3,069
MedicationRoom (2 EA)	8/29/2016	15	S/L	22,863	1,524	3,048	1,524	4,572	1,524	6,096	16,767
Nourishment Room (2 EA)	8/29/2016	15	S/L	4,575	312	623	312	935	312	1,247	3,428
Nurses Station (2 EA)	8/29/2016	15	S/L	13,951	930	1,860	930	2,790	930	3,720	10,231
Soiled Utility Room (2 EA)	8/29/2016	15	S/L	8,369	558	1,116	558	1,674	558	2,232	6,137
Paint doors and frames	8/29/2016	15	S/L	8,910	594	1,188	594	1,782	594	2,376	6,534
Remove & replace base cabinet & sink	8/29/2016	15	S/L	3,763	251	502	251	753	251	1,004	2,759
<i>Total 2016 Additions</i>				510,881	34,059	68,117	34,058	102,175	34,058	136,233	374,647
<i>2017 Additions</i>											
New Flooring (Asset Expensed)	2/22/2016	15	S/L	(4,452)	(297)	(594)	(297)	(891)	(297)	(1,188)	(3,264)

Roof Maint (Asset Expensed)	6/24/2016	15	S/L	(4,329)	(289)	(577)	(289)	(866)	(289)	(1,155)	(3,174)
New Ceiling (Asset Expensed)	6/28/2016	15	S/L	(3,256)	(217)	(434)	(217)	(651)	(217)	(868)	(2,388)
LED Exit Lights (Asset Expensed)	7/8/2016	15	S/L	(1,292)	(86)	(172)	(86)	(258)	(86)	(344)	(948)
Paint Parking Lot	11/1/2016	15	S/L	5,674	378	378	756	378	1,134	4,540	
Facility Lighting	1/1/2017	15	S/L	62,694	4,180	4,180	8,360	4,180	12,540	50,154	
<i>Total 2017 Additions</i>				55,039	3,669	2,781	3,669	6,450	3,669	10,119	44,920
<i>2018 Additions</i>											
Facility Lighting	12/31/2017	15	S/L	83,229	-	-	5,549	5,549	5,549	11,098	72,131
<i>Total 2018 Additions</i>				83,229	-	-	5,549	5,549	5,549	11,098	72,131
<i>2019 Additions</i>											
Water Main	1/15/2019	20	S/L	20,011	-	-	-	-	1,001	1,001	19,010
Drywall Work	5/16/2019	10	S/L	6,983	-	-	-	-	698	698	6,285
Fire Doors	5/2/2019	5	S/L	17,743	-	-	-	-	3,549	3,549	14,194
Doors	6/9/2019	5	S/L	14,156	-	-	-	-	2,831	2,831	11,325
2nd Stage Compressor Tane	6/21/2019	5	S/L	5,100	-	-	-	-	1,020	1,020	4,080
<i>Total 2019 Additions</i>				63,993	-	-	-	-	9,099	9,099	54,894
Total Building Improvements				774,211	40,990	79,457	46,537	125,994	55,636	181,630	592,581
Vehicles											
<i>2015 Additions</i>											
2015 Ford Transit 250 -10 Passenger Wagon	5/1/2015	5	S/L	40,257	8,051	20,128	8,051	28,179	8,051	36,230	4,027
<i>2016 Additions</i>											
Corporate Fleet -taxable value	5/16/2016	5	S/L	1,110	222	444	222	666	222	888	222
<i>2017 Additions</i>											
Corporate Fleet -taxable value	4/1/2017	5	S/L	1,693	339	339	339	678	339	1,017	676
Total Vehicles				43,060	8,612	20,911	8,612	29,523	8,612	38,135	4,925

Major Moveable:

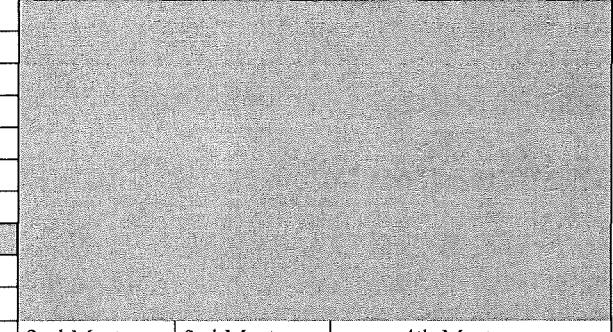
Additions:With Remaining Life:

Moveable Equipment											
Prior Owners Moveable Equipment (Fully Depreciation Assets Removed)	Various	Various	S/L	642,358	32,201	436,630	25,726	462,356	25,726	488,082	180,002
Asset Additions 10/1/2014-3/31/2015	Various	Various	S/L	20,891	3,274	11,459	3,274	14,733	3,274	18,007	2,884
<i>2015 Additions</i>											
Sonic Wall	4/30/2015	15	S/L	3,609	241	601	241	842	241	1,083	2,526
Canon Copiers @2	5/30/2015	5	S/L	20,221	4,044	10,111	4,044	14,155	4,044	18,199	2,023
Signag	4/2/2015	15	S/L	2,950	197	491	197	688	197	885	2,065
Shields	4/20/2015	5	S/L	2,885	577	1,443	577	2,020	577	2,597	288
Chairs	5/1/2015	5	S/L	3,819	764	1,910	764	2,674	764	3,438	381
HVAC	6/23/2015	10	S/L	2,700	270	675	270	945	270	1,215	1,485
AHT Software	7/1/2015	3	S/L	3,022	1,007	2,519	503	3,022	-	3,022	0
Tables	5/13/2015	5	S/L	1,685	337	843	337	1,180	337	1,517	168
Ice Machine	5/14/2015	5	S/L	4,072	814	2,036	814	2,850	814	3,664	408
Stove	7/29/2015	10	S/L	10,025	1,003	2,506	1,003	3,509	1,003	4,512	5,513
Gas Stove	9/1/2015	10	S/L	5,419	542	1,355	542	1,897	542	2,439	2,980

Total 2015 Additions			60,407	9,795	24,489	9,292	33,781	8,789	42,570	17,837
2016 Additions										
Cross trainer	10/13/2015	5	S/L	3,855	771	1,542	771	2,313	771	3,084
Washer and base	5/1/2015	5	S/L	14,368	2,874	5,747	2,874	8,621	2,874	11,495
Touch Screen Kiosk	10/31/2015	5	S/L	5,190	1,038	2,076	1,038	3,114	1,038	4,152
Printer	2/4/2015	5	S/L	455	91	182	91	273	91	364
Computer	1/28/2015	5	S/L	996	199	398	199	597	199	796
Cards & Card Printer	1/15/2015	5	S/L	1,142	228	457	228	685	228	913
Computer	1/12/2015	5	S/L	1,275	255	510	255	765	255	1,020
Laptop Computer Cart	11/17/2015	5	S/L	2,048	410	819	410	1,229	410	1,639
Housekeeping Equipment	5/29/2015	5	S/L	2,157	431	863	431	1,294	431	1,725
Conveyer Toaster	7/30/2015	5	S/L	942	188	377	188	565	188	753
Patio Furniture	5/22/2015	10	S/L	1,912	191	382	191	573	191	764
32" TV	12/15/2015	5	S/L	500	100	200	100	300	100	400
32" TVs	12/22/2015	5	S/L	659	132	263	132	395	132	527
Wall AC Units	6/23/2015	15	S/L	2,128	142	284	142	426	142	568
Shower Gurney	7/1/2015	15	S/L	1,359	91	181	91	272	91	363
Alternating Pressure Mattress	8/7/2015	10	S/L	1,243	124	249	124	373	124	497
Pulsation Blower Mattress	8/14/2015	10	S/L	2,434	243	487	243	730	243	973
Alternating Pressure Mattress	7/1/2015	10	S/L	6,116	612	1,223	612	1,835	612	2,447
Computers & Kiosks	5/30/2015	5	S/L	2,094	419	838	419	1,257	419	1,676
Sonic Wall	1/8/2016	15	S/L	4,421	295	589	295	884	295	1,179
Therapy Equipment	1/25/2016	5	S/L	14,680	2,936	5,872	2,936	8,808	2,936	11,744
Computer Equipment	1/29/2016	5	S/L	3,507	701	1,403	701	2,104	701	2,805
Rebuild Mixing Valve HVAC	12/8/2015	10	S/L	1,843	184	369	184	553	184	737
Bed Package	9/1/2015	10	S/L	2,278	228	456	228	684	228	912
Stand Up Lift	9/2/2015	10	S/L	2,674	267	535	267	802	267	1,069
Replace Mixing Valve HVAC	2/23/2016	10	S/L	4,587	459	917	459	1,376	459	1,835
6 Drawer Cart	5/1/2016	10	S/L	3,823	382	765	382	1,147	382	1,529
Pressure Mattress	5/1/2016	10	S/L	624	62	125	62	187	62	249
Pressure Mattress	5/9/2016	10	S/L	644	64	129	64	193	64	257
Valve/Safety Pilot in Oven	1/5/2015	15	S/L	706	47	94	47	141	47	188
Carpeting	5/4/2015	15	S/L	1,770	118	236	118	354	118	472
Ceiling Tiles	6/12/2015	15	S/L	1,490	99	199	99	298	99	397
Sink Fixtures	11/3/2015	15	S/L	1,470	98	196	98	294	98	392
PTAC Heat Pump	11/2/2015	15	S/L	3,445	230	459	230	689	230	919
5 button keypad	12/18/2015	10	S/L	800	80	160	80	240	80	320
Electromag Lock for door	11/30/2015	10	S/L	1,350	135	270	135	405	135	540
Radiator Covers	4/30/2015	10	S/L	1,080	108	216	108	324	108	432
Radiator Covers	4/30/2015	10	S/L	1,050	105	210	105	315	105	420
Telephone Set up/Equipment	3/31/2016	5	S/L	5,191	1,038	2,076	1,038	3,114	1,038	4,152
Telephone Set up/Equipment	6/23/2016	5	S/L	4,948	990	1,979	990	2,969	990	3,959
ID Card Printer	6/20/2016	5	S/L	1,048	210	419	210	629	210	839
LAL Pressure Mattress	6/24/2016	10	S/L	1,359	136	272	136	408	136	544
Reclining Wheelchair	7/5/2016	5	S/L	2,096	419	838	419	1,257	419	1,676
Bariatric Bed	7/7/2016	10	S/L	3,376	338	675	338	1,013	338	1,351
PT/INR Monitoring System	7/8/2016	5	S/L	2,267	453	907	453	1,360	453	1,813
Generator Switch & Disconnect on Dishwasher	7/15/2016	5	S/L	3,065	613	1,226	613	1,839	613	2,452
Reliant Lift Battery Pack	7/8/2016	10	S/L	2,090	209	418	209	627	209	836
Compressor	7/8/2016	10	S/L	3,970	397	794	397	1,191	397	1,588
Wander Tags	2/18/2016	10	S/L	1,430	143	286	143	429	143	572
Magnetic Door Lock System	6/20/2016	10	S/L	4,254	425	851	425	1,276	425	1,701
Emergency Stop Switch on Generator	8/2/2016	10	S/L	1,170	117	234	117	351	117	468
OEM Control Power Transformer	8/24/2016	10	S/L	3,580	358	716	358	1,074	358	1,432

Workstation/Cubicles	8/22/2016	10	S/L	11,670	1,167	2,334	1,167	3,501	1,167	4,668	7,002
Carpeting	9/7/2016	15	S/L	2,820	188	376	188	564	188	752	2,068
Resident Room Furniture	8/1/2016	15		81,270	5,418	10,836	5,418	16,254	5,418	21,672	59,598
<i>Total 2016 Additions</i>				238,717	27,757	55,515	27,756	83,271	27,756	111,027	127,691
<i>2017 Additions</i>											
Boiler	12/12/2016	10	S/L	5,812	581	581	581	1,162	581	1,743	4,069
Resident Room Chairs	10/1/2016	5	S/L	50,644	10,129	10,129	10,129	20,258	10,129	30,387	20,257
1st Fl Nurse Call System completed in Apr	2/22/2017	10	S/L	26,375	2,638	2,638	2,638	5,276	2,638	7,914	18,462
2nd Fl Nurse Call System	2/22/2017	10	S/L	26,162	2,616	2,616	2,616	5,232	2,616	7,848	18,314
2nd Fl Chateaux Nurse Call System	2/22/2017	10	S/L	25,418	2,542	2,542	2,542	5,084	2,542	7,626	17,792
Bladder Scanner	5/1/2017	5	S/L	7,200	1,440	1,440	1,440	2,880	1,440	4,320	2,880
Rooftop AC Unit	8/8/2017	15	S/L	12,214	814	814	814	1,628	814	2,442	9,772
<i>Total 2017 Additions</i>				153,825	20,760	20,760	20,760	41,520	20,760	62,280	91,545
<i>2018 Additions</i>											
Bed Package/mattress	11/9/2017	10	S/L	6,099	-	-	610	610	610	1,220	4,879
Telephone Cabling	1/8/2018	5	S/L	6,157	-	-	1,231	1,231	1,231	2,462	3,694
34 PTAC Cord Sets	2/9/2018	5	S/L	7,535	-	-	1,507	1,507	1,507	3,014	4,521
<i>Total 2018 Additions</i>				19,790	-	-	3,348	3,348	3,348	6,696	13,094
<i>2019 Additions</i>											
Copier	3/1/2016	5	S/L	40,155	-	-	-	14,638	8,031	22,669	17,486
<i>Total 2019 Additions</i>				40,155	-	-	-	14,638	8,031	22,669	17,486
Total Moveable Equipment				1,176,144	93,788	548,852	90,156	653,646	97,684	751,330	450,540
Total for 2019				1,993,415	143,390	649,220	145,305	809,163	161,932	971,095	1,048,046

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

Name of Facility Senior Philanthropy of Newington, LLC	License No. 2406	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	If "Yes," complete Part B. If "No," complete Part C.	
<small>*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.</small>					
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					
Part B - Owner and Related Parties		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					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor 240 Church Street LLC	Property Leased Building	Date of Lease 04/01/15	Term of Lease 123 mo.	Annual Amount of Lease 1,206,785	

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 26	of 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 9/30/2019			Page 27	of 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) Interest on Line of Credit and other interest	\$	269,578	269,578			
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	269,578	269,578			
14. Insurance						
a. Insurance on Property (buildings only)	\$	13,566	13,566			
b. Insurance on Automobiles	\$	3,213	3,213			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)	\$	83,013	83,013			
2. Fire and Extended Coverage	\$					
3. Other (Specify)	\$	37,264	37,264			
D&O Insurance						
14d. Total Insurance Expenditures (14a + b + c)	\$	137,056	137,056			
15. Total All Expenditures (A-13 thru C-14)	\$	18,872,025	18,872,025			

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended		Page	of
Item No.	Page No.	Line No.		2406	9/30/2019	28	37
Page 10 - Salaries and Wages			Total Amount of Decrease		CCNH	RHNS	(Specify)
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 15,301	15,301		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 82,548	82,548		
6.	13	B10a	Occupational Therapy	\$ 359,182	359,182		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 708,950	708,950		
10.			Accounting	\$			
10a.	15	1e	Legal	\$ 2,249	2,249		
11.			Telephone	\$			
12.			Cellular Telephone	\$ 662	662		
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 *	\$ 21,266	21,266		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 63,533	63,533		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 46,584	46,584		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)			\$ 1,300,275		1,300,275		

* 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

Schedule of Fees Adjustments

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1A9	Employee Expense - Hskp (Self-disallow)	\$ 62		
15	1A9	Employee Food (Self-disallow)	602		
15	1A9	Holiday Fund (Self-disallow)	1,740		
15	1A9	Petty Cash (Self-disallow)	1,311		
16	m13	Holiday Decorations-Activities SNF (Self-Disallow)	523		
16	m13	Resident Reimbursement on Lost Stolen Items (Self-Disallow)	473		
16	m13	Misc Decor-Adm (Self-Disallow)	107		
16	m13	Collection Fees/Credit Card Fees (Self-Disallow)	6,330		
16	m13	Late Fess/Fines/Finance Charges Adm (Self-Disallow)	33,299		
16	m13	Employee Guest Meals (Self-Disallow)	2,103		
16	m13	Non-Reimbursable Expense	34		
Total Other A&G Adjustments			\$ 46,584	\$ -	\$ -

<u>Description</u>	<u>Amount</u>
Management fees Charged	458,224 **
Patient Days	57,990 Page 8 of C/R
Amount Per Patient Day	\$ 7.9018
PPD Allowance Per Rate Agreement	6.74
2019 CPI Increase	0.07
PPD Allowance 9/30/2019	6.81
Amount over (Under)	\$ 1.0956
Total Days	57,990 Page 8 of C/R
Part 1 Disallowed Management Fee	\$ 63,533
Management fees Charged (Pg. 16 / Line m12)	458,224
Actual Costs to the Related Party - Allowable Expense	458,224
Part 2 Disallowed Management Fee	\$ -
Total Disallowed Mangement Fee	\$ 63,533 Pg. 28 / line 21

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

Senior Philanthropy of Newington, 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	180
# of Allowable Cell Phones	4

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

Page 15 Line 1h2	Amount
Cell Phone expense per TB	\$ 2,102
Allowable Cell Phone expense	\$ 1,440
Disallowed Cell Phone expense	\$ 662 <u>Page 28 Line 12</u>

State of Connecticut

Annual Report of Long-Term Care Facility

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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.		2406	9/30/2019	29 37	
			Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$ 1,300,275	1,300,275		
<i>Page 20 - Resident Care Supplies ***</i>							
27.	20	5a2	Prescription Drugs	\$ 226,961	226,961		
28.	20	5d	Ambulance/Limousine	\$ 13,088	13,088		
29.	20	5f	X-rays, etc	\$ 15,818	15,818		
30.	20	5h	Laboratory	\$ 49,828	49,828		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 40,583	40,583		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 40,100	40,100		
<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	\$ 1,676	1,676		
<i>Not For Profit Providers Only</i>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,688,329	1,688,329		

*** 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	\$ -	\$ -	\$ -	

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

Attachment Page 29

Schedule of Unallowable Building Interest

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

Pg. 29b

	<u>Amount</u>
Total Cable TV Expense acct #560717	\$ 12,388 TB Linked
Monthly Allowable amount	\$ 300
Months in Cost Report Year	<u>12</u>
Total Allowable Cost	\$ 3,600
 Disallowed Cable TV	 <u><u>\$ 8,788</u></u>

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>)	\$	22,150,736	22,150,736			
b. Medicaid Room and Board Contractual Allowance **	\$	(10,902,335)	(10,902,335)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$	1,237,949	1,237,949			
b. Medicare Room and Board Contractual Allowance **	\$	346,640	346,640			
4. a. Private-Pay Residents and Other	\$	3,555,651	3,555,651			
b. Private-Pay Room and Board Contractual Allowance **	\$	(642,992)	(642,992)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$	87,339	87,339			
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$	158,951	158,951			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$	2,730	2,730			
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$	9,198	9,198			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$	557,200	557,200			
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$	578,445	578,445			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	281,530	281,530			
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$	282,680	282,680			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$	616,290	616,290			
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$	593,735	593,735			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$	(1,294,477)	(1,294,477)			
b. Other (<i>Specify</i>) - Non-Medicare	\$	(1,358,935)	(1,358,935)			
III. Total Resident Revenue (Section I. thru Section II.)		\$ 16,260,335	16,260,335			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$	42,589	42,589			
V. Total Other Revenue (1 thru 8)		\$ 42,589	42,589			
VI. Total All Revenue (III +V)		\$ 16,302,924	16,302,924			

* 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	\$ 30,965		
30II6a	IV Therapy-MCR A-SNF	\$ 5,993		
30II6a	XRay MRA	\$ 8,607		
30II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (1,101,748)		
30II6a	Sequestration - MCR B	\$ (4,093)		
30II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (234,201)		
Total Other Resident Revenue - Medicare		\$ (1,294,477)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30II6b	Laboratory	\$ 945		
30II6b	IV Therapy-SNF-PVT	\$ 45		
30II6b	Other Services-SNF PVT	\$ 99		
30II6b	VBP-Medicare A	\$ (23,108)		
30II6b	Labatory-MCD-SNF	\$ 10,145		
30II6b	IV Therapy-MCD-SNF	\$ 9,209		
30II6b	X-Ray-MCD	\$ 99		
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (296,350)		
30II6b	Laboratory-Hospice-SNF	\$ 247		
30II6b	IV Therapy-Hospice-SNF	\$ 154		
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (1,949)		
30II6b	Lab Rev-Ins	\$ 71		
30II6b	XRAY-INS	\$ 315		
30II6b	Contractual Allowance-Ins. R/S	\$ 49		
30II6b	Lab HMO	\$ 32,339		
30II6b	IV THERAPY	\$ 48,095		
30II6b	Evercare Revenue - A	\$ 5,200		
30II6b	Sequestration - HMO	\$ 13,275		
30II6b	Sequestration - HMO	\$ (1,419)		
30II6b	Contractual Adj Ancillary HMO	\$ (1,310,303)		
30II6b	Interco Contracted Services -Nurse Admin	\$ 153,907		
Total Other Resident Revenue		\$ (1,358,935)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
Total Interest Income		\$ -	\$ -	\$ -	

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30IV8	Other Service-MCD-SNF	\$ 1,871		
30IV8	Foreign Exchange Profit/Loss	\$ 33,555		
30IV8	Credit For Prior Period Expense - No current disallowance	\$ 7,163		
Total Other Revenue		\$ 42,589	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
		9/30/2019	31	37
		Account	Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	266,431
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,798,853
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	17,822
a. _____				
b. _____				
c. _____				
d. See Schedule		17,822		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	5,742,509
See Schedule		5,742,509		
A-9. Total Current Assets (Lines A1 thru 8)			\$	8,825,615
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
3. Buildings	*Historical Cost	774,212	\$	592,581
	Accum. Depreciation	181,631	Net	
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net		
6. Movable Equipment	*Historical Cost	533,786	\$	270,538
	Accum. Depreciation	263,248	Net	
7. Motor Vehicles	*Historical Cost	43,060	\$	4,925
	Accum. Depreciation	38,135	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(20,213)
F/S vs. C/R		(20,213)		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	847,831

* 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

Page Ref	Line Ref	Description	
31	A8	Due from TSM	\$ 63,029
31	A8	Due from Cheshire	\$ 2,559,519
31	A8	Due from Golden Hill	\$ 2,552,491
31	A8	Due from Long Ridge	\$ 186,202
31	A8	Due from Western	\$ 31,241
31	A8	Due from Westport	\$ 340,988
31	A8	Due from Buildings-General	\$ 9,039
Total Other Current Assets (Itemize)			\$ 5,742,509

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

Page Ref	Line Ref	Description	
33	A2	Long Term Capital Lease - Current	\$ 14,351
33	A2	Notes Payable - Current	\$ 1,047
33	A2	Note Payable - TSM	\$ 491,651
33	A2	Notes Payable	\$ 662,177
Total Notes Payable			\$ 1,169,226

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

Page Ref	Line Ref	Description	
33	A12	Medicaid Remittance Adjustment	\$ 2,012
33	A12	Medicare Remittance Adjustment	\$ 6,856
33	A12	Employee Deductions	\$ 8,573
33	A12	Resident Trust	\$ 105,695
33	A12	Unleared Checks	\$ 308,128
33	A12	Accrued Workers Comp	\$ 355,969
33	A12	Accrued Real Estate Taxes	\$ 9,425
33	A12	Accrued Interest Payable	\$ 54,850
33	A12	Unclaimed Property	\$ 73
33	A12	Accrued Legal Fees	\$ 34,973
33	A12	Accrued Accounting/Audit Fees	\$ 38,308
33	A12	Accrued Personal Property Taxes	\$ 4,446
33	A12	Accrued Other	\$ 67,410
33	A12	Due to Eagle Lake Foundation	\$ 1,157,723
33	A12	Due to - West River	\$ 1,220,376
33	A12	Due to Sahara	\$ 409,519
33	A12	Due to Medicaid - Bed Fees	\$ 272,524
33	A12	Due to Members	\$ 2,905,530
33	A12	Accrued Insurance	\$ 130,283
Total Other Current Liabilities (Itemize)			\$ 7,092,673

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

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC	2406	9/30/2019	32	37
Account		Amount		
		Total Brought Forward:		
		\$ 9,673,446		
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Depreciation	Net	\$	
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation	Net	\$	
4. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net	\$	
5. Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation	Net	\$	
6. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	434,737
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)			\$	434,737
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	10,108,183

* 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 Newington, LLC dba Ne	2406	9/30/2019	33 37								
Account			Amount								
Liabilities											
A. Current Liabilities											
1. Trade Accounts Payable			\$ 3,696,715								
2. Notes Payable (<i>itemize</i>)			\$ 1,169,226								
See Schedule			1,169,226								
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; padding: 2px;">Name of Lender</th> <th style="text-align: left; padding: 2px;">Purpose</th> <th style="text-align: left; padding: 2px;">Amount</th> <th style="text-align: left; padding: 2px;">Date Due</th> </tr> </thead> <tbody> <tr><td style="height: 100px; vertical-align: top; padding: 2px;"></td><td style="height: 100px; vertical-align: top; padding: 2px;"></td><td style="height: 100px; vertical-align: top; padding: 2px;"></td><td style="height: 100px; vertical-align: top; padding: 2px;"></td></tr> </tbody> </table>				Name of Lender	Purpose	Amount	Date Due				
Name of Lender	Purpose	Amount	Date Due								
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$ 199,011								
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$								
6. Accrued Payroll Taxes Payable			\$ 53,452								
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>)			\$ 7,092,673								
See Schedule			7,092,673								
A-13. Total Current Liabilities (Lines A1 thru 12)			\$ 12,211,077								

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

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC dba	2406	9/30/2019	34	37
Account				Amount
Total Brought Forward:				12,211,077
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>)				\$ 416,623
<hr/> <hr/> <hr/>				
See Schedule				416,623
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 416,623
C. Total All Liabilities (Lines A-13 + B-5)				\$ 12,627,700

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC	2406	9/30/2019	35	37
Account				Amount
A. Reserves				
1. Reserve for value of leased land				\$
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				\$
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)				\$
4. Reserve for leasehold real properties on which fair rental value is based				\$
5. Reserve for funds set aside as donor restricted				\$
6. Total Reserves				\$
B. Net Worth				
1. Owner's Capital				\$
2. Capital Stock				\$
3. Paid-in Surplus				\$
4. Treasury Stock				\$
5. Cumulated Earnings				\$ 29,983
6. Gain or Loss for Period		10/1/2018	thru	9/30/2019
				\$ (2,549,500)
7. Total Net Worth				\$ (2,519,517)
C. Total Reserves and Net Worth				\$ (2,519,517)
D. Total Liabilities, Reserves, and Net Worth				\$ 10,108,183

H. Changes in Total Net Worth

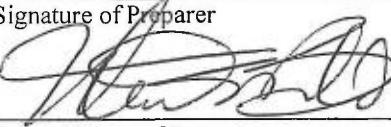
Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Newington, LLC d/b/a	2406	9/30/2019	36 37
Account			Amount
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$ (135,092)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$ 16,302,924
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$ 18,852,424
D. Net Income or Deficit			\$ (2,549,500)
E. Balance			\$ (2,684,592)
F. Additions			
1. Additional Capital Contributed (<i>itemize</i>)			
Total Expenditures Pg. 27	\$18,872,025		
Depreciation Adjustment	\$(19,601)		
Total Expenditures Pg. 27	\$18,852,424		
2. Other (<i>itemize</i>)			
Prior Period Adjustment		165,075	
F-3. Total Additions			\$ 165,075
G. Deductions			
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$
Purpose	Amount		
3. Total Deductions			\$
H. Balance at End of Period	09/30/19		\$ (2,519,517)

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Newington, LLC	License No. 2406	Report for Year Ended 9/30/2019	Page of 37 37
<i>Check appropriate category</i>			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

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. Bavlack		
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		