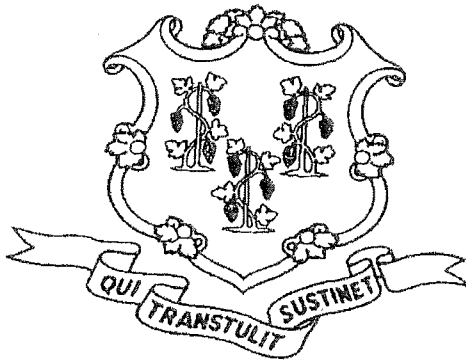


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion	
Address (No. & Street, City, State, Zip Code) 2028 Bridgeport Ave, Milford, CT 06460	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2410	RHNS	(Specify)	Medicare Provider 07-5213
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Medicaid Provider Numbers:	CCNH 8896	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 Milford B, dba Golden Hill Re	License No. 2410	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 Milford B, dba Golden Hill Rehab Pavilion [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) Yong Crandall			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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion	Period Covered:	From 10/1/2018	To 9/30/2019	
Address of Facility 2028 Bridgeport Ave, Milford, CT 06460				
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. <b>Total Wages Paid</b> \$				
7. Total salaries paid \$				
8. <b>Total Wages and Salaries Paid</b> (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 203-877-0371		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavi		Address (No. & Street, City, State, Zip) 2028 Bridgeport Ave, Milford, CT 06460		
License Numbers:	CCNH 2410	RHNS (Specify)	Medicare Provider No. 07-5213	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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				
<b>Administrator</b>				
Name of Administrator Yong Crandall		Nursing Home Administrator's License No.:	2055	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				





### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hil	2410	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 Milford B, dba Golden Hill Reh	License No. 2410	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?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
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	586,780	586,780
Senior Philanthropy of Cheshire, LLC dba Cheshire	745 Highland Avenue, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Admissions	Various	14,476	14,476
Senior Philanthropy of Stamford, LLC dba Long	710 Long Ridge Road, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Shared Legal Fees	Various	49	49
Senior Philanthropy of Newington, LLC dba	240 Church St, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees,	Various	1,464,717	1,464,717
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Page 16 / Line m12	298,312	298,312
Senior Philanthropy of Danbury, LLC dba Western	107 Osborne St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Consulting Fees	Various	3,575	3,575
Senior Philanthropy of Danbury, LLC dba Western	107 Osborne St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Consulting Fees	Various	51,014	51,014
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	434,847	434,847
		<input type="radio"/>	<input checked="" type="radio"/>					

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden H	2410	9/30/2019	5	37

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)
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.

Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rehab Pa			License No. 2410		Report for Year Ended 9/30/2019		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<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"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Total ***</b>

\* 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.

**Annual Report of Long-Term Care Facility**

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**General Information and Questionnaire  
Accounting Basis**

Name of Facility Senior Philanthropy of Milford B,	License No. 2410	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	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
2 Barbara Clark & Company	PO Box 13723, St. Petersburg, FL 33733
3 Roy & Pape, LLC	419 Center Street, Manchester, CT 06040
4 Eagle Lake Foundation	24641 US HWY 19, Clearwater, FL 33763

Services Provided by This Firm (*describe fully*)

1 Postage	\$ 9
2 Accrued Accounting Expense	\$ 57,253
3	\$
4	\$
	Charge for Services Provided
	\$ 57,262

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	Telephone Number
1 See page 7A	
2	
3	
4	
5	

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1 See page 7A	\$ 42,282
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 42,282

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 Constangy, Brooks & Smith, LLP	PO Box 10476, Atlanta, GA 30368-0476	
2 CT Corporation	P.O. Box 10476, Atlanta, GA 30368	
3 Goldman Gruder & Woods	PO Box 4349, Carol Stream, IL 60197	
4 Sedgwick CMS Inc	200 Connecticut Ave, Norwalk, CT 06854	
5 Eagle Lake Foundation	24641 US HWY 19, Clearwater, FL 33763	
6 Little Mendelson PC	PO Box 45547, San Fransico, CA 94145	
7 Milford Probate Court	70 W River St. Milford, CT 06460	

Services Provided by This Firm	Charge for Service Provided	
1 Printing Vendor	\$	5
2 FMLA Consult	\$	28
3 Domestic Representation (Self-disallow)	\$	235
4 Resident Lawsuits - collections /Conservatorship consulting (Self-disallow)	\$	3,506
8 Loan Renewal Legal Fees (Self-disallow)	\$	219
9 Accrued Legal Fees - client will provide detail during audit	\$	34,500
## Various Cases (Self-Disallow)	\$	110
## Resident Settlement (100% Self-Disallow)	\$	750
## No description ( Self-Disallow)	\$	12
## Conservator Fees (Self-Disallow)	\$	2,917
Total	\$	42,282

Schedule of Resident Statistics

Name of Facility				License No.		Report for Year Ended				Page		of	
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion				2410		9/30/2019				8		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													
A. On last day of PREVIOUS report period	120	120			120	120			120	120			
B. On last day of THIS report period	120	120			120	120			120	120			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	101	101			101	101			102	102			
B. As of midnight of THIS report period	108	108			102	102			108	108			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,754	2,754			2,274	2,274			480	480			
B. Medicaid (Conn.)	31,130	31,130			22,653	22,653			8,477	8,477			
C. Medicaid (other states)													
D. Private Pay	1,990	1,990			1,678	1,678			312	312			
E. State SSI for RCH													
F. Other (Specify)	1,886	1,886			1,467	1,467			419	419			
G. Total Care Days During Period (3A thru F)	37,760	37,760			28,072	28,072			9,688	9,688			
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)	37,760	37,760			28,072	28,072			9,688	9,688			

### Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Milford B, dba Golden			License No. 2410			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(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	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		94		9								
Per Diem Rate													
a. One bed rm.	Various		235.00		564.00								
b. Two bed rms.	Various		235.00		526.07								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,885	3,885				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								2,482	2,482				
2. Restorative Treatments													
C. Other								7,312	7,312				
D. <b>Total Physical Therapy Treatments</b>								13,679	13,679				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								549	549				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								962	962				
2. Restorative Treatments													
C. Other								1,825	1,825				
D. <b>Total Speech Therapy Treatments</b>								3,336	3,336				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,115	3,115				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								2,473	2,473				
2. Restorative Treatments													
C. Other								6,543	6,543				
D. <b>Total Occupational Therapy Treatments</b>								12,131	12,131				

Annual Report of Long-Term Care Facility

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pa	2410	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(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)	97,959	2,110				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	121,437	4,602				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	355,207	19,723				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	148,463	9,377				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	30,521	1,913				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	52,778	3,170				
9. Barber and Beautician Services						
10. Protective Services	51,275	2,519				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	202,003	4,404				
b. RN						
1. Direct Care	664,662	8,991				
2. Administrative**	128,596	2,040				
c. LPN						
1. Direct Care	1,104,872	38,386				
2. Administrative**						
d. Aides and Attendants	1,250,624	75,866				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	121,398	4,866				
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	79,139	3,279				
n. Marketing						
o. Other (Specify) See Attached Schedule	123,539	3,969				
<i>A-13. Total Salary Expenditures</i>	4,532,473	185,215				

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

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

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



Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	2,799					
Salaries Respiratory Therapist	\$ 73,891	2,040				
Salaries Admissions Coordinator	\$ 46,849	1,929				
<b>Total</b>	\$ 123,539	3,969	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

**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 Milford B, dba Golden Hill Rehab Pavilion				2410	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)							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion				2410	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)							
<b>Section III - Administrators***</b>										
Carla Dunford (2/5/18-3/28/19)	51,905			Non-Discrim	Administrator	1,118	A2			
Crandall, Yong (3/26/19-Current)	46,054			Non-Discrim	Administrator	992	A2			
<b>Section IV - Assistant Administrators</b>										

\*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	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Milford B, dba Golden Hill B	2410	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	25,792	478				
2. Dentist	5,100	26				
3. Pharmacist	26,585	180				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	272,343	3,979				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	43,731	480				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	199	1				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Consultant	5,000	20				
9. Speech Therapist						
a. Resident Care	100,700	1,255				
b. Other						
10. Occupational Therapist						
a. Resident Care	168,153	3,158				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	6,086	2,861				
2. Administrative***	78,337	1,044				
b. LPN						
1. Direct Care	8,636	624				
2. Administrative***						
c. Aides	84,561	628				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>825,223</b>	<b>14,734</b>				

\* 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		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba Golden Hill Reha		2410	9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Dr. Anuruddha Walaliyada, 12 Cook Road, Wallingford, CT 06492	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Dr. Allan Rodrigues Chapel Pulmonary and Critical Care, LLC, 136 Sherman Avenue #205	Physician Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Northeast Medical, 226 Mill Hill Ave., Bridgeport, CT 06610	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>			
Worldwide Staffing, 2222 Sedwick Road, Durahm, NC 27713	Staffing Agency-RN	<input type="radio"/>	<input checked="" type="radio"/>			
Worldwide Staffing, 2222 Sedwick Road, Durahm, NC 27713 & ReadyNurse Staffing, PO	Staffing Agency-LPN	<input type="radio"/>	<input checked="" type="radio"/>			
Worldwide Staffing, 2222 Sedwick Road, Durahm, NC 27713 & ReadyNurse Staffing, PO	Staffing Agency-C.N.A	<input type="radio"/>	<input checked="" type="radio"/>			
Encore Rehabilitation Services, 33533 W 12 Mile Road Suite 290, Farmington Hills, MI 48331	Physical Therapy - Outside Contract	<input type="radio"/>	<input checked="" type="radio"/>			
Encore Rehabilitation Services, 33533 W 12 Mile Road Suite 290, Farmington Hills, MI 48331	Occupational Therapy - Outside Contract	<input type="radio"/>	<input checked="" type="radio"/>			
Encore Rehabilitation Services, 33533 W 12 Mile Road Suite 290, Farmington Hills, MI 48331	Speech Therapist - Outside Contract	<input type="radio"/>	<input checked="" type="radio"/>			
LTC Management 174 Scott Road Prospect, CT 06712-1300	Dental Consultants	<input type="radio"/>	<input checked="" type="radio"/>			
Healthcare Service Group, 3220 Tillman Dr Suite 300, Bensalem, PA 19020	Consultant-Dietary	<input type="radio"/>	<input checked="" type="radio"/>			
Healthcare Service Group, 3220 Tillman Dr Suite 300, Bensalem, PA 19020	Contracted Maintenance	<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 Milford B, dba Golden Hill	2410	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 266,396	266,396		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 123,617	123,617		
4. Social Security (F.I.C.A.)	\$ 334,279	334,279		
5. Health Insurance	\$ 770,038	770,038		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,053	3,053		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 18,381	18,381		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 5,526	5,526		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 1,647,305	1,647,305		
d. Accounting and Auditing	\$ 57,252	57,252		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 42,282	42,282		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 13,437	13,437		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 58,805	58,805		
2. Cellular Phones	\$ 1,568	1,568		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 723,278	723,278		
<b>Subtotal</b>	<b>\$ 4,065,217</b>	<b>4,065,217</b>		

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

(Carry Subtotals forward to next page)

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

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	0		
Employee Settlement (Self-Disallow)	\$ 2,250		
Petty Cash	\$ 349		
Drug Free Expense-Nursing	\$ 908		
Employee Food (Self-Disallow)	\$ 764		
Holiday Funds (Self-Disallow)	\$ 826		
Staff Appreciation (Self-Disallow)	\$ 429		
<b>Total</b>	<b>\$ 5,526</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	0		
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill Reh	2410	9/30/2019	16	37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>	4,065,217	4,065,217		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 226	226		
3. Gifts to Staff and Residents	\$ 38	38		
4. Employee Travel	\$ 2,643	2,643		
5. Education Expenses Related to Seminars and Conventions	\$ 534	534		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 636	636		
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 9,157	9,157		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 736	736		
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	\$ 2,245	2,245		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 9,936	9,936		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 9,512	9,512		
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> )	\$ 203,170	203,170		
12. Administrative Management Services**	\$ 298,312	298,312		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 67,010	67,010		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 4,669,372	4,669,372		

\* 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		
<b>Total Other Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Special Events-Mkt	\$ 736		
<b>Total Other Advertising</b>	<b>\$ 736</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT Association of Health Care Facilities Membership Dues	\$ 8,534		
Milford Chamber of Commerce	\$ 639		
Long Term Care Mutual Aid Dues	\$ 763		
<b>Total Dues</b>	<b>\$ 9,936</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
<b>Total Contributions</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

## Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Software Expense - Nursing Adm	\$ 6,308		
Licenses/Permits-Nursing Admn	\$ 516		
Background Checks-Nursing	\$ 1,379		
Background Checks-Dietary	\$ 210		
Licenses/Permits-Dietary	\$ 480		
Background Checks-Admin	\$ 106		
Licenses/Permits	\$ 320		
Non-Reimbursable Expense	\$ 4		
Patient Trust Bond	\$ 756		
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 3,360		
Equipment Minor-Adm	\$ 1,581		
Internet Access-Adm	\$ 17,594		
Records Storage - Adm	\$ 3,295		
Equipment Rental-Adm	\$ 1,004		
Collection Fees/Credit Card Fees (Self-disallow)	\$ 1,657		
Late Fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 21,560		
Bank Service Charges-Adm	\$ 3,671		
Employee/Guest meals (Self-disallow)	\$ 797		
Dishwasher Rental - Dietary	\$ 2,187		
Uniforms	\$ 225		
<b>Total Other Administrative and General</b>	<b>\$ 67,010</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule C-1 - Management Services\***

Name of Facility Senior Philanthropy of Milford B, dba Gol	License No. 2410	Report for Year Ended 9/30/2019	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Tranditions Senior Management, 24641 US Highway 19 North-Clearwater FL, 33763	298,312	All operation and financial functions directly related to 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 Milford B, dba Golden Hill Reh	2410	9/30/2019	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 283,442	283,442		
2. Non-Food Supplies	\$ 46,638	46,638		
3. Other ( <i>Specify</i> ) _____	\$ _____			
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$ 176,926	176,926		
c. Other ( <i>Specify</i> ) _____ Other Dietary Supplies	\$ 746	746		
<b>2D. Total Dietary Expenditures</b> (2a + b + c + d)	\$ 507,752	507,752		
Item	Total	CCNH	RHNS	(Specify)
2E. Dietary Questionnaire				
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		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill Reha		2410	9/30/2019	19	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. \$	112	112		
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> )	\$	161,347	161,347		
c. Other ( <i>Specify</i> ) Laundry	\$	570	570		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>	\$	162,029	162,029		
<b>3E. Laundry Questionnaire</b>					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.  
 All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba Golden H		2410	9/30/2019		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$				
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel Amt. \$	92,004	92,004		
C.	Other ( <i>Specify</i> ) Cleaning Supplies	\$	2,652	2,652		
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c )	\$	94,656	94,656		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Pharmacy-RX	\$	136,090	136,090		
b.	Medicine Cabinet Drugs	\$	20,842	20,842		
c.	Medical and Therapeutic Supplies	\$	169,567	169,567		
d.	Ambulance/Limousine***	\$	7,938	7,938		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	24,785	24,785		
f.	X-rays and Related Radiological Procedures***	\$	8,483	8,483		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	24,806	24,806		
i.	Recreation	\$	16,325	16,325		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	140,640	140,640		
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	549,476	549,476		

\* 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	\$ 4,293		
IV Supplies - Medicaid	\$ 13,263		
IV Drugs - Medicare (Self-disallow)	\$ 7,896		
Medical Equipment Rental	\$ 64,494		
Minor Equipment - Nursing	\$ 32,042		
IV Drugs - Managed Care (Self-disallow)	\$ 15,506		
IV Drugs - Medicaid	\$ 977		
Medical Waste Disposal	\$ 2,169		
<b>Total Other Resident Care</b>	<b>\$ 140,640</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility			License No.		Report for Year Ended			Page of		
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion			2410		9/30/2019			21	37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Department Management	176,922			18	3b
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	92,001			20	4b
Rinaldi Linen Service	47 Commons Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	151,706			19	4b
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Department Management	12,993			22	6f
Total Lawn Care & More, LLC	15 Clark St., Apt 1, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Ground Maintenance	18,904			22	6f
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal Services	37,581			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Senior Philanthropy of Milford B, dba Golden	2410	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 32,056	32,056				
b. Heat	\$ 9,999	9,999				
c. Light & Power	\$ 118,044	118,044				
d. Water	\$ 12,505	12,505				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 101,718	101,718				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 274,322	274,322				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 32,116	32,116				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 91,485	91,485				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 123,601	123,601				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 769,487	769,487				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 73,341	73,341				
c. Personal property taxes	\$ 1,307	1,307				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 967,736	967,736				

\* 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		
Contracted Maintenance	\$ 12,990		
Electrical-Maint	\$ 446		
Plumbing-Maint	\$ 1,065		
HVAC/Boiler Maint	\$ 2,030		
Paint-Maint	\$ 300		
Alarm Monitoring-Maint	\$ 171		
Alarm Inspection-Maint	\$ 4,688		
Alarm Repairs-Maint	\$ 480		
Grounds Maintenance-Maint	\$ 25,574		
Sprinklers-Maint	\$ 2,159		
Elevator-Maint	\$ 7,639		
Pest Control-Maint	\$ 2,244		
Maint Contracts- Generator	\$ 871		
Waste Disposal -Grease/Trash	\$ 35,353		
Copier- Maintenance Agreement	\$ 5,708		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 101,718</b>	<b>\$ -</b>	<b>\$ -</b>

### Depreciation Schedule

Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion				License No. 2410			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		
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period				477,103		477,103	71,229	S/L	Various	31,806			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				7,750		7,750		S/L	Various	310			
B-4. Subtotal											32,116		
<b>C. Non-Movable Equipment</b>													
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	Totals
Yes	No	Month	Year										
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2015 Ford Transit 250 - 10 Passenger						40,257		40,257	28,179	S/L	5	8,051	
b. Coporate Fleet - Taxable Value						1,110		1,110	666	S/L	5	222	
c. Coporate Fleet - Taxable Value						1,693		1,693	678	S/L	5	339	
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	1,027,824		1,027,824	626,840	S/L	Various	68,285	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)				Var	Var	72,945		72,945		S/L	Various	14,588	
D-3. Subtotal													91,485
<b>E. Total Depreciation</b>													123,601

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
	Piping Under Foundation	\$ 7,750	25	\$ 310
<b>Total additions for Building Improvements</b>		\$ 7,750		\$ 310 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
	Video Monitor System	\$ 6,370	5	\$ 1,274
	Generator Transfer Switch	\$ 15,907	5	\$ 3,181
	Nurse Call Station Addition	\$ 5,637	5	\$ 1,127
	Copiers	\$ 30,171	5	\$ 6,034
	Cable Equipment	\$ 14,860	5	\$ 2,972
<b>Total additions for Movable Equipment</b>		<b>\$ 72,945</b>		<b>\$ 14,588</b>
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</b>

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pav			2410		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
<b>D. Total Amortization</b>									

\* 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 Milford B, LLC  
 Cost Report Year 2019  
 Medicaid Cost Report - Depreciation Summary

	Date Acquired	Method	Life	Historical Cost	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	9/30/2019 Expense	9/30/2019 Accum Deprec.	Net Book Value
<b>Building Improvements</b>											
<i>2015 Additions</i>											
Doors	6/10/2015	S/L	15	5,728	382	955	382	1,337	382	1,719	4,009
				<u>5,728</u>	<u>382</u>	<u>955</u>	<u>382</u>	<u>1,337</u>	<u>382</u>	<u>1,719</u>	<u>4,009</u>
<i>2016 Additions</i>											
Bathroom Renovation	11/12/2015	S/L	15	59,800	3,987	7,973	3,987	11,960	3,987	15,947	43,853
Elevator Repairs	11/15/2015	S/L	15	7,351	490	980	490	1,470	490	1,960	5,391
Doors	11/22/2015	S/L	15	8,100	540	1,080	540	1,620	540	2,160	5,940
New Electronic Door Edge	2/12/2016	S/L	15	4,852	323	647	323	970	323	1,293	3,559
Elevator Repairs	2/12/2016	S/L	15	1,894	126	253	126	379	126	505	1,389
Replace Sill of Elevator	2/16/2016	S/L	15	5,792	386	772	386	1,158	386	1,544	4,247
Elevator Packing	6/21/2016	S/L	15	2,873	192	383	192	575	192	767	2,106
3 Fire Dampers & Doors	4/22/2015	S/L	15	1,250	83	167	83	250	83	333	917
Outlets & Circuits	2/13/2015	S/L	15	762	51	102	51	153	51	204	558
3rd Floor Renovation	8/1/2016	S/L	15	24,833	1,656	3,311	1,656	4,967	1,656	6,623	18,210
Replace Tanks	9/30/2016	S/L	15	7,125	475	950	475	1,425	475	1,900	5,225
	9/30/2016	S/L	15	1,098	73	146	73	219	73	292	805
				<u>125,729</u>	<u>8,382</u>	<u>16,764</u>	<u>8,382</u>	<u>25,146</u>	<u>8,382</u>	<u>33,528</u>	<u>92,201</u>
<i>2017 Additions</i>											
Asbestos Removal	10/1/2016	S/L	15	41,926	2,795	2,795	2,795	5,590	2,795	8,385	33,541
Building Reno	10/1/2016	S/L	15	190,744	12,716	12,716	12,716	25,432	12,716	38,148	152,596
Roof Hatch	3/30/2017	S/L	15	6,785	452	452	452	904	452	1,356	5,429
Lighting	3/1/2017	S/L	15	86,122	5,741	5,741	5,741	11,482	5,741	17,223	68,899
				<u>325,577</u>	<u>21,705</u>	<u>21,705</u>	<u>21,704</u>	<u>43,409</u>	<u>21,704</u>	<u>65,113</u>	<u>260,464</u>
<i>2018 Additions</i>											
Shower Room Reno	4/16/2018	S/L	15	12,000	-	-	800	800	800	1,600	10,400
Shower Room Reno	4/18/2018	S/L	15	230	-	-	15	15	15	30	200
Shower Room Reno	4/30/2018	S/L	15	174	-	-	12	12	12	24	150
Lighting	12/31/2017	S/L	15	7,665	-	-	511	511	511	1,022	6,643
				<u>20,069</u>	<u>-</u>	<u>-</u>	<u>1,338</u>	<u>1,338</u>	<u>1,338</u>	<u>2,676</u>	<u>17,393</u>
<i>2019 Additions</i>											
Replace Piping Under Foundation	3/1/2019	S/L	25	7,750	-	-	-	-	310	310	7,440
				<u>7,750</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>310</u>	<u>310</u>	<u>7,440</u>
<b>Total Building Improvements</b>				<u>484,853</u>	<u>30,469</u>	<u>39,424</u>	<u>31,806</u>	<u>71,230</u>	<u>32,116</u>	<u>103,346</u>	<u>381,507</u>
<b>Vehicles</b>											
<i>2015 Additions</i>											
2015 Ford Transit 250 -10 Passenger Wagon	5/1/2015	S/L	5	40,257	8,051	20,129	8,051	28,180	8,051	36,231	4,026

					40,257	8,051	20,129	8,051	28,180	8,051	36,231	4,026
<i>2016 Additions</i>												
Corporate Fleet -taxable value	5/16/2016	S/L	5		1,110	222	444	222	666	222	888	222
<i>2017 Additions</i>												
Corporate Fleet - taxable value	5/1/2017	S/L	5		1,693	339	339	339	678	339	1,017	676
<b>Total Vehicles</b>					<b>43,060</b>	<b>8,612</b>	<b>20,912</b>	<b>8,612</b>	<b>29,524</b>	<b>8,612</b>	<b>38,136</b>	<b>4,925</b>
<b>Moveable Equipment</b>												
Prior Owners Moveable Equipment (Fully Depreciation Assets Removed)	Various	S/L	Various		701,227	31,006	476,060	24,395	500,455	20,861	521,316	179,911
Asset Additions 10/1/2014-3/31/2015	Various	S/L	Various		25,570	1,816	6,356	1,816	8,172	1,816	9,988	15,582

2015 Additions

Sonic Wall	4/30/2015	S/L	15	3,609	241	601	241	842	241	1,083	2,525
Canon Copiers @2	5/30/2015	S/L	5	20,722	4,144	10,361	4,144	14,505	4,144	18,649	2,073
Slings	6/1/2015	S/L	5	9,647	1,929	4,824	1,929	6,753	1,929	8,682	965
HVAC @ 2	6/19/2015	S/L	10	13,000	1,300	3,250	1,300	4,550	1,300	5,850	7,150
AHT Software	7/1/2015	S/L	3	3,022	1,007	2,519	503	3,022	-	3,022	0
Kitchen AC	7/24/2015	S/L	10	3,485	349	871	349	1,220	349	1,569	1,916
Bladder Scanner	8/25/2015	S/L	5	7,300	1,460	3,650	1,460	5,110	1,460	6,570	730
				60,785	10,430	26,076	9,926	36,002	9,423	45,425	15,360

2016 Additions

Fire Control Panel	11/30/15	S/L	10	3,520	352	704	352	1,056	352	1,408	2,112
Scale	2/24/15	S/L	5	1,329	266	532	266	798	266	1,064	265
Laptop	1/20/15	S/L	5	739	148	296	148	444	148	592	147
HVAC	12/15/15	S/L	10	(6,500)	(650)	(1,300)	(650)	(1,950)	(650)	(2,600)	(3,900)
TV & Wall Mount	11/23/15	S/L	5	790	158	316	158	474	158	632	158
TVs	12/18/15	S/L	5	1,258	252	503	252	755	252	1,007	251
Laptop Computer Cart	11/12/15	S/L	5	1,536	307	614	307	921	307	1,228	308
Snow Blower	11/4/15	S/L	5	656	131	262	131	393	131	524	132
Thermopatch Name Tagging Clothing	2/11/15	S/L	10	1,495	150	299	150	449	150	599	896
Computer	1/9/15	S/L	5	861	172	345	172	517	172	689	173
Printer	9/3/15	S/L	5	928	186	371	186	557	186	743	185
Computer	1/28/15	S/L	5	996	199	398	199	597	199	796	200
Cards & Card Printer	1/15/15	S/L	5	1,142	228	457	228	685	228	913	229
Computers	1/14/15	S/L	5	3,109	622	1,244	622	1,866	622	2,488	621
Nurse Call Box	10/28/15	S/L	10	600	60	120	60	180	60	240	360
Kiosks/Computers	1/25/16	S/L	5	2,136	427	854	427	1,281	427	1,708	428
Therapy Equipment	1/25/16	S/L	5	14,680	2,936	5,872	2,936	8,808	2,936	11,744	2,936
2 Beds	2/1/16	S/L	10	3,712	371	742	371	1,113	371	1,484	2,227
Mattress	2/10/16	S/L	10	1,344	134	269	134	403	134	537	807
Shower Gurney	2/19/15	S/L	10	741	74	148	74	222	74	296	445
Dig Scale	6/1/15	S/L	5	550	110	220	110	330	110	440	110
Wheelchair Scale	10/1/15	S/L	10	1,383	138	277	138	415	138	553	831
Mattresses	3/8/16	S/L	10	1,043	104	209	104	313	104	417	626
Mattress Package	12/1/15	S/L	10	1,274	127	255	127	382	127	509	765
Computer Touch Screen Kiosk	2/9/16	S/L	5	1,984	397	794	397	1,191	397	1,588	396
Ice Maker	3/21/16	S/L	5	1,737	347	695	347	1,042	347	1,389	348
Vital Machine	4/1/16	S/L	5	3,890	778	1,556	778	2,334	778	3,112	778
Walk In Cooler Door	4/15/16	S/L	10	3,350	335	670	335	1,005	335	1,340	2,010
Repipe Lines & Floor around Dishwasher	4/26/16	S/L	5	6,600	1,320	2,640	1,320	3,960	1,320	5,280	1,320
Dishwasher Hood	4/26/16	S/L	5	1,385	277	554	277	831	277	1,108	277
Phone System Maintenance	5/3/16	S/L	5	1,005	201	402	201	603	201	804	201
APC Smart-Ups	5/3/16	S/L	5	1,154	231	462	231	693	231	924	231
Mechanical Chair Scale	6/1/16	S/L	10	543	54	109	54	163	54	217	326
Telephone Set up/Equip	3/31/16	S/L	5	5,191	1,038	2,076	1,038	3,114	1,038	4,152	1,038
Telephone Equip	6/23/16	S/L	5	2,283	457	913	457	1,370	457	1,827	456
Fire Smoke Door Mait	7/27/15	S/L	15	4,742	316	632	316	948	316	1,264	3,478
Replace/Fix Hot Water Tank	2/26/15	S/L	15	1,617	108	216	108	324	108	432	1,185
AC Units	7/8/15	S/L	15	997	66	133	66	199	66	265	732



Access Doors	8/21/15	S/L	10	970	97	194	97	291	97	388	582
New Wires 7 Contactor for AC in Kitchen	9/28/15	S/L	5	829	166	332	166	498	166	664	165
Double Sided Signs	4/1/15	S/L	5	1,375	275	550	275	825	275	1,100	275
Replace Outlets	3/29/15	S/L	5	693	139	277	139	416	139	555	138
Replaced Lamps in Parking Lot	7/12/15	S/L	5	1,257	251	503	251	754	251	1,005	252
New amp sub panel for new copy machine circuits	9/21/15	S/L	5	1,233	247	493	247	740	247	987	246
Fixed broken conduit for trash compactor	9/21/15	S/L	5	1,096	219	438	219	657	219	876	219
New Outlets for air cleaners	10/22/15	S/L	5	1,356	271	542	271	813	271	1,084	271
Condensor	7/22/16	S/L	10	3,403	340	681	340	1,021	340	1,361	2,043
Domestic Recir Pump	7/22/16	S/L	10	1,098	110	220	110	330	110	440	658
Sink, Faucet & Piping	9/30/16	S/L	10	1,269	126.90	254	127	381	127	508	761
				90,376	15,170	30,340	15,169	45,509	15,169	60,678	29,698
<i>2017 Additions</i>											
Resident Room Furniture	10/1/16	S/L	7	100,905	14,415	14,415	14,415	28,830	14,415	43,245	57,660
Ice Maker	11/17/16	S/L	5	6,365	1,273	1,273	1,273	2,546	1,273	3,819	2,546
				107,270	15,688	15,688	15,688	31,376	15,688	47,064	60,206
<i>2018 Additions</i>											
Bed Package - 7 Beds	2/1/18	S/L	10	8,846	-	-	885	885	885	1,770	7,076
3 Vital Machines	2/12/18	S/L	5	5,309	-	-	1,062	1,062	1,062	2,124	3,185
10 Computers	4/4/18	S/L	5	5,363	-	-	1,073	1,073	1,073	2,146	3,217
Nurse Call Station	8/2/18	S/L	10	23,078	-	-	2,308	2,308	2,308	4,616	18,462
				42,596	-	-	5,327	5,327	5,328	10,655	31,941
<i>2019 Additions</i>											
Video Monitor System	4/11/19	S/L	5	6,370	-	-	-	-	1,274	1,274	5,096
Generator Transfer Switch	7/31/19	S/L	5	15,907	-	-	-	-	3,181	3,181	12,726
Nurse Call Station Addition	10/1/18	S/L	5	5,637	-	-	-	-	1,127	1,127	4,510
Copiers	12/1/18	S/L	5	30,171	-	-	-	-	6,034	6,034	24,137
Cable Equipment	12/1/18	S/L	5	14,860	-	-	-	-	2,972	2,972	11,888
				72,945	-	-	-	-	14,588	14,588	58,357
<b>Total Moveable Equipment</b>				<b>1,100,768</b>	<b>74,110</b>	<b>554,520</b>	<b>72,321</b>	<b>626,840</b>	<b>82,873</b>	<b>709,713</b>	<b>391,055</b>
<b>Total for 2019</b>				<b>1,628,681</b>	<b>113,191</b>	<b>614,855</b>	<b>112,739</b>	<b>727,594</b>	<b>123,601</b>	<b>851,195</b>	<b>777,487</b>

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

Name of Facility Senior Philanthropy of Milford B, dba	License No. 2410	Report for Year Ended 9/30/2019	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
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.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity		120			
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		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					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
2028 Bridgeport Ave LLC	Building	04/01/15	123 months	769,487	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba		2410	9/30/2019		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. <b>Total Building Interest Expense</b> (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
Senior Philanthropy of Milford B, d		2410		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)				\$	252,770	252,770	
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	252,770	252,770	
14. Insurance							
a. Insurance on Property (buildings only)				\$	19,817	19,817	
b. Insurance on Automobiles				\$	4,035	4,035	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	55,335	55,335	
2. Fire and Extended Coverage				\$			
3. Other (Specify) Crime Insurance				\$	8,178	8,178	
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	87,365	87,365	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	12,923,174	12,923,174	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavil				2410	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 199	199		
6.	13	B10a	Occupational Therapy	\$ 168,153	168,153		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 1,647,305	1,647,305		
10.	15	1e	Accounting	\$			
10a.			Legal	\$ 7,749	7,749		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 128	128		
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 *	\$ 736	736		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 40,327	40,327		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 32,282	32,282		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,896,879	1,896,879		

\* 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)
<b>Total Other Salaries Adjustment</b>			\$ -	\$ -	\$ -

## Schedule of Fees Adjustments

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

## Schedule of Other A&amp;G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a9	Employee Settlement (Self-Disallow)	\$ 2,250		
15	1a9	Employee Food (Self-Disallow)	\$ 764		
15	1a9	Holiday Funds (Self-Disallow)	\$ 826		
15	1a9	Staff Appreciation (Self-Disallow)	\$ 429		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-Disallow)	\$ 3,360		
16	m13	Collection Fees/Credit Card Fees (Self-Disallow)	\$ 1,657		
16	m13	Late Fees/Fines/Finance Charges-Adm (Self-Disallow)	\$ 21,560		
16	m13	Employee/Guest Meals (self-Disallow)	\$ 797		
16	m8	Milford Chamber of Commerce Dues	\$ 639		
<b>Total Other A&amp;G Adjustments</b>			\$ 32,282	\$ -	\$ -

Senior Philanthropy of Milford B, LLC  
 Calculation of Allowable Management Fee  
 9/30/2019

<u>Description</u>	<u>Amount</u>
Management fees Charged	298,312 **
Patient Days	<u>37,760</u> Page 8 of C/R
<b>Amount Per Patient Day</b>	<b>\$ 7.9002</b>
PPD Allowance Per Rate Agreement	6.74
2018 CPI Increase	<u>0.09</u> J.01a
PPD Allowance 9/30/2019	<u>6.83</u>
<b>Amount over (Under)</b>	<b>\$ 1.0680</b>
Total Days	37,760 Page 8 of C/R
<b>Part 1 Disallowed Management Fee</b>	<b>\$ 40,327</b>
Management fees Charged (Pg. 16 / Line m12)	298,312
Actual Costs to the Related Party - Allowable Expense	<u>298,312</u>
<b>Part 2 Disallowed Management Fee</b>	<b>\$ -</b>
<b>Total Disallowed Mangement Fee</b>	<b><u>\$ 40,327</u></b> Pg. 28 / line 21

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

**Senior Philanthropy of Milford B, LLC**  
**Calculation of Allowable Cell Phone Expense**  
**September 30, 2019**

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

Total Bed Capacity	120
# of Allowable Cell Phones	4

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

<b>Page 15 Line 1h2</b>	<u><b>Amount</b></u>
Cell Phone expense per TB	\$ 1,568
Allowable Cell Phone expense	\$ 1,440
<b>Disallowed Cell Phone expense</b>	<u><u><b>\$ 128</b></u></u> <b>Page 28 Line 12</b>



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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pav				2410	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,896,879	1,896,879		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 136,090	136,090		
28.	20	5d	Ambulance/Limousine	\$ 7,938	7,938		
29.	20	5f	X-rays, etc	\$ 8,483	8,483		
30.	20	5h	Laboratory	\$ 24,806	24,806		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 24,785	24,785		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 26,535	26,535		
<b>Page 22 - Maintenance and Property</b>							
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	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 1,608	1,608		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 2,127,124	2,127,124		

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

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Cable TV in Excess	\$ 3,133		
20	51	IV Drugs - Medicare (Self-disallow)	\$ 7,896		
20	51	IV Drugs - Managed Care (Self-disallow)	\$ 15,506		
<b>Total Other Ancillary Costs</b>			\$ 26,535	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ -

**Schedule of Other - Indirect Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)

<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Vending Machine Revenue (Self-Disallow)	\$ 546		
27	14c3	D&O Insurance	\$ 1,062		
<b>Total Other Adjustments</b>			\$ 1,608	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

**Senior Philanthropy of Milford B, LLC  
Disallowance Schedule for Cable TV  
September 30, 2019**

	<u>Amount</u>	
Total Cable TV Expense acct #560717	\$ 6,733	TB Linked
Monthly Allowable amount	\$ 300	
Months in Cost Report Year	<u>12</u>	
Total Allowable Cost	\$ 3,600	
<b>Disallowed Cable TV</b>	<b><u><u>\$ 3,133</u></u></b>	

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Senior Philanthropy of Milford B, dba Gc 2410		9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 13,920,490	13,920,490				
b. Medicaid Room and Board Contractual Allowance **	\$ (6,239,485)	(6,239,485)				
2. a. Medicaid ( <i>All other states</i> )	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 1,210,170	1,210,170				
b. Medicare Room and Board Contractual Allowance **	\$ 465,268	465,268				
4. a. Private-Pay Residents and Other	\$ 1,879,466	1,879,466				
b. Private-Pay Room and Board Contractual Allowance **	\$ (264,099)	(264,099)				
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$ 108,822	108,822				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 69,081	69,081				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 1,470	1,470				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 3,500	3,500				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 678,209	678,209				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 296,096	296,096				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 328,600	328,600				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 244,660	244,660				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 588,730	588,730				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 285,288	285,288				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (1,473,106)	(1,473,106)				
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (833,477)	(833,477)				
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 11,269,683	11,269,683				
<b>IV. Other Revenue*</b>						
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> )	\$ (16)	(16)				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 148,296	148,296				
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 148,280	148,280				
<b>VI. Total All Revenue</b> (III +V)	\$ 11,417,963	11,417,963				

\* 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)
		0		
30II6a	Laboratory- MCR A-SNF	\$ 16,182		
30II6a	IV Therapy-MCR A-SNF	\$ 11,167		
30II6a	XRy MRA	\$ 5,881		
30II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (1,157,919)		
30II6a	Sequestration - MCR B	\$ (4,215)		
30II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (317,917)		
30II6a	VBP-Medicare A	\$ (26,285)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (1,473,106)	\$ -	\$ -

## Schedule of Other Non-Medicare Resident Revenue

## Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30II6b	Laboratory	\$ 257		
30II6b	Laboratory- MCD- SNF	\$ 75		
30II6b	IV Therapy-MCD-SNF	\$ 20,982		
30II6b	Other Service- MCD-SNF	\$ (559,831)		
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ 60		
30II6b	Laboratory-Hospice-SNF	\$ 44		
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (783)		
30II6b	Lab HMO	\$ 7,600		
30II6b	IV THERAPY	\$ 23,183		
30II6b	Radiology HMO	\$ 2,860		
30II6b	Evercare Revenue - A	\$ 3,015		
30II6b	Sequestration - HMO	\$ (1,012)		
30II6b	Contractual Adj Ancillary HMO	\$ (330,487)		
30II6b	IV Therapy - SNF PVT	\$ 263		
30II6b	Other Services-SNF PVT	\$ 99		
30II6b	X-Ray - MCD	\$ 198		
<b>Total Other Resident Revenue</b>		\$ (833,477)	\$ -	\$ -

## Interest Income

## Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30IV5	Interest Income		\$ (16)		
<b>Total Interest Income</b>			\$ (16)	\$ -	\$ -

## Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30IV8	Vending Machine Revenue (Self-Disallow)	\$ 546		
30IV8	Miscellaneous Operating Income-Admin	\$ 61		
30IV8	Foreign Exchange Profit/Loss	\$ 126,311		
30IV8	Credit for Prior Period Expense-No current disallowance	\$ 5,382		
30IV8	LPN Agency Write Off Cost Prior Period	\$ 15,996		
<b>Total Other Revenue</b>		\$ 148,296	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba C	2410	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	138,665
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,520,133
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	44,947
a. _____				
b. _____				
c. _____				
d. See Schedule	44,947			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	4,280
_____				
_____				
See Schedule	4,280			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	<b>2,708,025</b>
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>484,853</u>		\$	381,508
	Accum. Depreciation <u>103,345</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>399,542</u>		\$	211,145
	Accum. Depreciation <u>188,397</u>	Net		
7. Motor Vehicles	*Historical Cost <u>43,060</u>		\$	4,925
	Accum. Depreciation <u>38,135</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(28,041)
F/S vs. C/R Cost Basis Adjustment	(28,041)			
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	<b>569,537</b>

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

(Carry Total forward to next page)



Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ 2,873
31	A5	Prepaid Taxes and Licenses	\$ 27,177
31	A5	Prepaid Uniforms	\$ 4,688
31	A5	Prepaid Other	\$ 10,209
<b>Total Prepaid Expenses</b>			<b>\$ 44,947</b>

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

Page Ref	Line Ref	Description	
31	A8	Due from Cheshire	\$ 1,070
31	A8	Due from Long Ridge	\$ 1,070
31	A8	Due from Western	\$ 1,070
31	A8	Due from Westport	\$ 1,070
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 4,280</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ -</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
33	A2	Notes Payable - Current	\$ 17,795
33	A2	Notes Payable - TSM	\$ 550,084
33	A2	Notes Payable	\$ 2,524
<b>Total Notes Payable</b>			<b>\$ 570,403</b>

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

Page Ref	Line Ref	Description	
33	A12	Employee Deductions	\$ 4,210
33	A12	Resident Trust	\$ 40,117
33	A12	Long Term Capital Lease - Current	\$ 14,515
33	A12	Uncleared Checks	\$ 234,609
33	A12	Accrued Workers Comp	\$ 246,622
33	A12	Accrued Legal Fees	\$ 38,000
33	A12	Accrued Accounting/Audit Fees	\$ 33,596
33	A12	Accrued Personal Property Taxes	\$ 2,103
33	A12	Due to Eagle Lake Foundation	\$ 353,652
33	A12	Due to - Newington	\$ 1,289,219
33	A12	Due to - West River	\$ 276,930
33	A12	Due to Sahara	\$ 1,541,539
33	A12	Due to Medicaid - Bed Fees	\$ 190,127
33	A12	Accrued Insurance	\$ 62,412
33	A12	Due to Medicaid - Copays	\$ 9,377
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 4,337,028</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Long-Term Liabilities (Itemize)</b>			<b>\$ -</b>

**G. Balance Sheet (cont'd)**

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba G	2410	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	3,277,562
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 701,227	
Accum. Depreciation 521,317			Net	\$ 179,910
6. Motor Vehicles			*Historical Cost _____	
Accum. Depreciation _____			Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$	179,910
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$ 333,973	
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. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$	333,973
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$	3,791,445

\* 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 Milford B, dba Golden I		2410	9/30/2019	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,060,793
2. Notes Payable ( <i>itemize</i> )				\$	570,403
_____					
_____					
See Schedule					570,403
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> )				\$	186,046
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	53,779
7. Medicare Final Settlement Payable				\$	2,164
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> )				\$	4,337,028
_____					
_____					
_____					
See Schedule					4,337,028
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$	<b>8,210,213</b>

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

(Carry Total forward to next page)

**G. Balance Sheet (cont'd)**

Name of Facility Senior Philanthropy of Milford B, dba Gold		License No. 2410	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				8,210,213	
<b>Liabilities (cont'd)</b>					
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> )				\$	
Long Term Capital Lease		16,340			
See Schedule					
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 16,340	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 8,226,553	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba	2410	9/30/2019	35	37
Account			Amount	
<b>A. Reserves</b>				
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> )			\$	179,911
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			\$	179,911
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,134,054)
6. Gain or Loss for Period			\$	(1,480,965)
	10/1/2018	thru 9/30/2019		
7. Total Net Worth			\$	(4,615,019)
<b>C. Total Reserves and Net Worth</b>			\$	(4,435,108)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,791,445

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**H. Changes in Total Net Worth**

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Go		2410	9/30/2019	36	37
Account				Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018				\$	(3,207,373)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )				\$	11,417,963
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )				\$	12,898,928
D. Net Income or Deficit				\$	(1,480,965)
E. Balance				\$	(4,688,338)
F. Additions					
1. Additional Capital Contributed ( <i>itemize</i> )					
Total Expenditures Pg. 27		\$12,913,041			
Depreciation Adjustment		\$(14,113)			
Rounding		\$12,898,928			
Total Expenditures Line C					
2. Other ( <i>itemize</i> )					
Prior Period Adjustment from Fiscal to Calendar Y		253,230			
F-3. Total Additions				\$	253,230
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. <b>Balance at End of Period</b>		09/30/19	\$	(4,435,108)	

### I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Milford B, dba		License No. 2410	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
<b>Preparer/Reviewer Certification</b>					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title PRINCIPAL		Date Signed 2/3/20	
Printed Name of Preparer Matthew S. Bovolack					
Address 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					