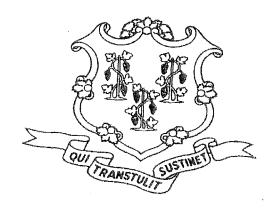
State of Connecticut



Annual Report of Long-Term Care Facility

Cost Year 2019

Name of Facility (as	licensed)							
Senior Philanthropy	of Stamford, D/I	B/A Long Rid	ge Post-Acute Ca	are				
Address (No. & Street	et, City, State, Z	Cip Code)			A30 0000			
710 Long Ridge Roa	d, Stamford, CT	06902						
Type of Facility								
Chronic and Convalescent Nursing Home only (CCNH)			Rest Home with Nursing Supervision only □ (Specify) (RHNS)					
Report for Year Begi	nning		Report for Year	Ending				
10/1/2018			9/30/2019					
License Numbers:		CCNH 2408	RHNS		(Specify)	ı		icare Provider 07-5394
Medicaid Provider N	umbers:	CC 21197	CNH	RF	INS		ICF-	-IID
For Department Us	e Only							
Sequence Number	Signed and	Date	Sequence Nu	ımber	Signed	nd Notarized		Date Received
Assigned	Notarized	Received	Assigne	d	Signed a		<u>'</u>	Date Received
							\top	
			L		<u> </u>			

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General Information

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

Administrator's/Owner's Certification

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

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

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

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

{a} Subject to Desk Audit

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

(Notary Seal)

State of Connecticut **Department of Social Services**

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	tm	ent		Page	of
				1A	37
Name of Facility	_	Period Cov	ered:	From	То
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care				10/1/2018	9/30/2019
Address of Facility					
710 Long Ridge Road, Stamford, CT 06902					
Report Prepared By		Phone Nun		Date	
Marcum LLP		203-781-96	500	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

	Pho	one No. of Fac	ility	Report for Ye	ar Ended	Page		of
	(20	3) 329-4026	·	9/30/2019		2		37
Name of Facility (as shown on license)		Address (No	o. & S	Street, City, Sta	ite, Zip)	<u> </u>		
Senior Philanthropy of Stamford, D/B/A Long Ridge Pos	t-Acı			•	- /	902		
CCNH		RHNS		(Specify)		Medicare P	rovid	er No.
License Numbers: 2408	3					07-5394		
Type of Facility (Check appropriate box(es))								
Chronic and Convalescent		st Home with I			(Specify)			
Nursing Home only (CCNH)	Sup	pervision only	(RH	NS)	(Bpecity)	l.		
Type of Ownership (Check appropriate box)								
O Proprietorship O LLC O Partnership	•	Profit Corp.	0	Non-Profit Corp	р. О	Government	0	Trust
			Date	e Opened	Date Clo	sed		
If this facility opened or closed during report year provide	: :							
Has there been any change in ownership		14						
or operation during this report year?	0	Yes	•	No	If "Yes,"	explain fully	,	
N/A								
Administrator							AND 100	
Name of Administrator				Nursing Ho	ome			
Marion Najamy				Administrat	or's	1548		
				License N	lo.:			
Other Operators/Owners who are assistant administrators	(full	or part time)	of thi					
Name				License N	lo.:			
N/A								
								_
					ĺ			

General Information and Questionnaire Partners/Members

Name of Facility	1 D/D/A 1 D'1 D		Report for Y	ear Ended	Page	of
Senior Philanthropy of Stamfor	d, D/B/A Long Ridge P	2408	9/30/2019		3	37
Local Name of Dout	noughin/LLC	Business A	\ ddmass	State(s) and/	or Town(legistered	
Legal Name of Parti	nership/LLC	Dusiness F	Audress	WINCH	egistered	
IN/A						
Name of Partners/Members	Business Ac	ldress		Title	% Ov	vned
N/A						
				•		
			, and			
			1			

General Information and Questionnaire Corporate Owners

Name of Facility	License No. Report for Year End		ded	Page of	
Senior Philanthropy of Stamford, D/B/A Long		9/30/2019		3A 37	
If this facility is owned or operated as a corpo					
Legal Name of Corporation		ss Address	State(s) in Which Incorporated		
Senior Philanthropy of Stamford,	-	Road, Stamford, CT	Florida		
D/B/A Long Ridge Post-Acute	06902				
Care					
Name of Directors, Officers	Busines	ss 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 FL 33763-5007	9 N., Clearwater,	VP, Director		
Gene Rensch	24641 US Hwy 1 FL 33763-5007	9 N., Clearwater,	VP, Secretary		
Chris Pape	24641 US Hwy 1 FL 33763-5007	9 N., Clearwater,	CFO		
RB Bridges	24641 US Hwy 1 FL 33763-5007	9 N., Clearwater,	CEO		
Names of Stockholders Owning at Least 10% of Shares					
N/A					

State of Connecticut

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Long Ric	2408	9/30/2019	3B	37
If this facility is owned or operated as an individua		provide the following informa	ation:	
	ner(s) of Facility			
	•			
N/A				
				
<u> </u>				

General Information and Questionnaire Related Parties*

Name of Facility		License	No.		Report for Year Ended		Page	of
Senior Philanthropy of S	tamford, D/B/A Long Ridge P		2408		9/30/2019		4	37
Are any individuals recei	iving compensation from the fac	cility rel	ated thre	ough		If "Yes," provide th	e Name/Ado	dress and
1 *	ol, ownership, family or busines	-		-		complete the inform		
marriage, abinty to contr	oi, ownership, family or susme.	35 45500			100 0 110			80 11 01 01 01 0 1 0 p 0 1 0 1
A ma anny individuals an ac	ompanies which provide goods of	or corvi	200					
•			•					
	operty or the loaning of funds to							
	ssociation, common ownership,			ness	• Yes • No			
association to any of the	owners, operators, or officials of	of this f	acility?			If "Yes," provide th	e following	information:
		Als	o Provio	les		Indicate Where		
			ls/Servic			Costs are Included		
Name of Related	Business		Related F		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
marvidual of Company	24641 US Hwy 19 N., Clearwater,	1 03		70	Trovided	1 age # / Line #	Reported	
Eagle Lake Foundation, Inc.	FL 33763-5007	0	•		AHT Fees, Health Ins, Acctg Fees	Various	1,155,593	1,155,593
Senior Philanthropy of	745 Highland Avenue, Cheshire, CT	0	0					
Cheshire, LLC d/b/a	06410	0			Shared Staff - Regional Admissions	Various	14,397	14,397
Senior Philanthropy of	107 Osborne St. Danbury, CT	0	$ \circ $					
Danbury, LLC d/b/a Western					Note Interest	Various	28,884	28,884
Traditions Senior	24641 US Highway 19 North -	0	0		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	**	101.500	101.520
Management	Clearwater FL, 33763	_			Internet, Recruitment, IT Support	Various	101,530	101,530
Senior Philanthropy of Newington, LLC d/b/a	240 Church St, Newington, CT 06111	0	0		Loan Interest, MDS Shared Staff, Bank Fees,	Various	1,462,322	1,462,322
Senior Philanthropy of	00111				Loan Interest, WID'S Shared Start, Bank Fees,	various	1,402,322	1,402,322
Milford O, LLC dba West	245 Orange Ave, Milford, CT 06461	0	0		Shared Staff- Admin, Nursing	Various	17,379	17,379
Senior Philanthropy of	2028 Bridgeport Ave, Milford, CT						, , , ,	· · · · · · · · · · · · · · · · · · ·
Milford B, dba Golden Hill	06460	0	0		Shared Staff - Respiratory Therapist	Various	13,370	13,370
Senior Philanthropy of		0	0					
Westport, LLC, d/b/a	1 Burr Rd, Westport, CT 06880				AR Resident Refund	Various	1,007	1,007
Traditions Senior	24641 US Highway 19 North -	0	0					
Management	Clearwater FL, 33763				Management Fees	Page 16/ Line m12	318,923	318,924

^{*} Use additional sheets if necessary.

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

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	License No		Report for Year Ended	Page	of			
Senior Philanthropy of Stamford, D/B/A Long R	2408		9/30/2019	5	37			
If the facility is licensed as CDH and/or RCH or	provides A	[DS or TB]	services with special Medicaid	rates, cost	S			
must be allocated to CCNH and RHNS as follow	vs:		-					
Item			Method of Allocation					
Dietary								
Laundry		Number of	f pounds processed					
Housekeeping		Number of square feet serviced						
	ı		•	•				
Nursing	ŀ			_				
	i i	_		ses, Aides	and			
Direct Resident Care Consultants				. by EACH				
Senior Philanthropy of Stamford, D/B/A Long R 2408 9/30/2019 5 3 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: Method of Allocation								
	O Yes	O No		allocation	was			
	- 105		not made.					
N/A								
	enses and at	tach copy	of appropriate supporting data.					
N/A								
				e cost cente	ers?			
(e.g., Assisted Living, Home Health, Outpatie	nt Services,	Adult Day	Care Services, etc.)					
	O Yes	⊙ No		allocation	was			
Registered Nurses, Licensed Practical Nurses, Aid Attendants Direct Resident Care Consultants Number of hours of resident care provided by EAC specialist (See listing page 13) Maintenance and operation of plant 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 one 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 ce (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.) O Yes No No If "No," explain fully why such allocate and self-disallow direct and indirect costs to non-nursing home cost ce (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)		· · · · · · · · · · · · · · · · · · ·						
					ŀ			

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.

lame of Facility			License No.	Report for Y	ear Ended		Page of
enior Philanthropy of Stamford, D/B/A L	ong Ridge	Post-A	2408	9/30/2019			6 3'
	į.	ed * to					
	1	ners,					
	1 "	ators,				Annual	
		icers		Date of	Term of	Amount	Amount
Name and Address of Lessor	Yes	No	Description of Items Leased	Lease**	Lease	of Lease	Claimed
	0	0					
	0	0					
	0	0					
	0	•					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					

a Mileage Log Book Maintained for All Leased Vehicles?

^{*} 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	License No.	9/30/2019		7 37
Senior Philanthropy of Stamford,				7 37
·		were maintained on the following basis:		
	Modified Cash			
Is the accounting basis for this		TOID ! II I !		
	Yes	If "No," explain.		
1	No			
N/A				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)	
1 Marcum LLP		555 Long Wharf Drive, New Haven, CT		
2 NEHCEHPF		_		
3				
4				
Services Provided by This Firm (a	lescribe fully)	-		
l Postage			\$	9
2 Pension Int			\$	2,869
3 Accrued Accounting Expense			\$	43,310
4			\$	
			Charge for	Services Provided
			\$	46,188
Are These Charges Reflected in the Expen	nditure Portion of This Report? If Ye	es, Specify Expense Classification and Line No.		
O Yes O No	Page 15, Line 1d			
Legal Services Information				
Name of Legal Firm or Independe	nt Attorney		Telephone	Number
1 See Attached Page 7a				
2				
3				
4				
5				
Address (No. & Street, City, State	e, Zip Code)			
1				
2				
3				
4				
5 Services Provided by This Firm (a	describe fully)			
1	V V /		\$ S	ee Attached Page 7a
2			\$	
3			\$	
4			\$	
·			\$	
5				· Services Provided
			\$	
Are These Charges Reflected in the Exper	nditure Portion of This Report? If Yo	es, Specify Expense Classification and Line No.		
	Page 15, Line 1e			
• Yes O No				

Senior Philanthropy of Stamford, LLC Pg. 7 Legal Services Attachment September 30, 2019

Name of Legal Firm or Independent Attorney	Address Telephone Number
1 Cook and Sadorf	
2 Littler Mendelson PC	PO Box 45547, San Francisco, CA 94145
3 Constangy, Brooks & Smith, LLP	PO Box 10476, Atlanta, GA 30368
4 Goldman, Gruder & Woods	200 Connecticut Ave, Norwalk, CT 06854
5 CT Corporation	PO Box 4349, Carol Stream, IL 60197
5 Traditions Senior Management	
Services Provided by This Firm	Charge for Service Provided
1 EEOC Charges/Pay rates changes	31,379
2 FMLA Consult	28
3 Resident Legal Matters	5,748
4 Polsinelli Encore Rehab	363
5 Domestic Representation (Self-disallow)	235
6 Conservator Fees (Self-disallow)	50
7 Accrued Legal Fees (provider will provide detail during audit)	23,250
8 No Description	13
Total	61,066

Schedule of Resident Statistics

Name of Facility		License No. Rej			Report for Year Ended			Page	of			
Senior Philanthropy of Stamford, D/B/A Long Ridge	Post-Acu	te Care	2	408			9/30/2019	9			8	37
]	Period 10/	1 Thru 6/1	30		Period 7/1	1 Thru 9/3	0
		Total	Total									
	Total All	CCNH	RHNS	Total		G (2) 11 1	DIDIG	(0 10)		CCM	DINIG	(0 10)
	Levels	Level	Level	(Specify)	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	111	111			111	111			113	113		
B. As of midnight of THIS report period	110	110			113	113			110	110		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,393	4,393			3,293	3,293			1,100	1,100		
B. Medicaid (Conn.)	32,730	32,730			24,449	24,449			8,281	8,281		
C. Medicaid (other states)												
D. Private Pay	971	971			671	671			300	300		
E. State SSI for RCH												
F. Other (Specify)	2,311	2,311			1,855	1,855			456	456		
G. Total Care Days During Period (3A thru F)	40,405	40,405			30,268	30,268			10,137	10,137		
Total Number of Days Not Included in Figures in 4. 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	40,405	40,405			30,268	30,268			10,137	10,137		

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licer	ise No.				Report	t for Year	Ended		Page	of .
Senior Philan	thropy o	of Stamf	ord, D/B/A Lon		2408					9/30/201	9		9	37
Name of Facility Senior Philanthropy of Stamford, D/B/A Lon 4. Were there any changes in the certified bed capacity during the report year? 9 Yes O Yes O If "YES", provide the following information: Place of Change CCNH RHNS (Specify) Lost Gained Change (1) (2) (3) (1) (2) (3) (1) (2) (3) (1) (2) (3) CCNH RHNS (Specify) 5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the nur RESIDENT DAYS for 90 days following the change. Change The change and change and change The change and change and change and change and change The change and change							No							
						nange	in Red	9		Ca	nacity Aft	er Change	T	
Date of						larige			1	Ca	pacity 711t	Change	1	
Date of	CCNI	KHINS	(Specify)		LUST		'		1	1				
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason f	or Change
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	00/11/	Territo	(вресиу)	reason 1	or enumber
			-											
	•	-		•		the re	eport y	ear (as	report	ed in iten	14 above)	provide the nur	nber of	
RESIDE	N (1 2 1)	15 101	o days following	8 the	change.									
			Change in Re	esider	it Dave					CC	'NH	RHNS	(Sne	ecify)
1st chang	ze		Change in 10	osidei.	it Days					- 00	21111	IGINS	(3)	, (1.17)
6. Number	of Resid	lents an		mber			ar							
			Medicare		Medi	caid				Se	lf-Pay	1	Other Sta	te Assisted
	Item		CCNH	C	CNH	RI	INS	CC	NH	RI	INS	(Specify)	R.C.H.	ICF-MR
No. of Re			9		89				12					
Per Diem														
a. One b			Various Various		290.00 290.00				617.29 549.86					
c. Three			various		290.00				349,80					
bed r		-												
bed I	1115.				<u> </u>			L		_,,				
														,
7. Total Nu	mber of	Physica	al Therapy Treati	nents						ТО	ΓAL	CCNH	RHNS	(Specify)
	Medica	•									6,743	6,743		`
			usive of Part B)					-						
			e Treatments								1,925	1,925		
		torative '	Treatments											
	Other										16,035	16,035		
			Therapy Treatm		·						24,703	24,703		
	mber of Medica		Therapy Treatm	ents							983	983		
			usive of Part B)								763	983		
Б.			e Treatments								365	365		
			Treatments											
	Other										1,442	1,442		
		peech T	Therapy Treatme	ents							2,790	2,790		
9. Total Nu	mber of	Оссира	tional Therapy T	reatn	nents									
	Medica										10,480	10,480		
			usive of Part B)											
			e Treatments								2,191	2,191		
		orative '	Treatments								17.370	17.370		
	Other Total C	loour ad	onal Therapy T	ragtes	ionts						17,378 30,049	17,378 30,049		
<u>υ.</u>	rotat C	ессиран	onai i nerapy i	reath	ienis						30,049	30,049	<u> </u>	

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Saidil	Report for Yea		Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-A	2408		9/30/2019		10	37
Are time records maintained by all individuals receiving con	pensation?	•	Yes	0	No	
			Total Cost a	nd 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)	144,251	2,079				
3. Assistant Administrator (Complete also Sec. IV					- March	
of Schedule A1)						
4. Other Administrative Salaries (telephone	196 049	(726				
operator, clerks, receptionists, etc.) 5. Dietary Service	186,048	6,736				
a. Head Dietitian				1		
b. Food Service Supervisor						
c. Dietary Workers	637,347	30,202				
6. Housekeeping Service						
a. Head Housekeeper b. Other Housekeeping Workers	357,239	21,155				
7. Repairs & Maintenance Services	307,237	21,100				
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	107,412	4,067				
8. Laundry Service						
a. Supervisor b. Other Laundry Workers	121,247	6,663				
Barber and Beautician Services	121,217	0,002				
10. Protective Services	106,599	5,275				
11. Accounting Services	100					
a. Head Accountant b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	323,562	6,330				
b. RN	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1. Direct Care	1,167,678	20,110			We the second se	
2. Administrative**	210,462	3,557				
c. LPN	1,172,690	42,240				
Direct Care Administrative**	1,172,090	42,240				
d. Aides and Attendants	1,732,235	102,386				
e. Physical Therapists	6,038	431				
f. Speech Therapists	682					
g. Occupational Therapists	21,041	524				
h. Recreation Workers i. Physicians	68,731	3,651				
i. Physicians 1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
i. Dentists			<u> </u>			
k. Pharmacists						
Podiatrists						
m. Social Workers/Case Management	120,438	3,358				
n. Marketing						
o. Other (Specify) See Attached Schedule	72,919	2,140				
A-13. Total Salary Expenditures	6,556,619					

^{*} 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)

		CCI	NH	I	RHNS	(Specify)		
Position		\$	Hours	\$	Hours	\$	Hours	
		0						
Salaries-Admissions Coordinator	\$	72,919	2,140					
ALAMA ALAMA								
A STATE OF THE STA	 							
- Laboratoria de la constantina della constantin								
	-							
						- 		
Total	\$	72,919	2,140	\$ -	-	\$ -	. -	

Schedule of Other Fees (Page 13)

	CCN	NH	RH	NS	(Specify)		
Service	\$	Hours	\$	Hours	\$	Hours	
	0						
A CONTRACTOR OF THE PROPERTY O							
		-1					
AND THE STREET S							
The state of the s							
A CONTRACT C		***************************************					
						e e de la companya de	
Total	\$ -	-	\$ -	-	\$ -	-	

CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility				License No.		Report for Year Ended			Page	of
Senior Philanthropy of Stamford,	D/B/A Lon	g Ridge Pos	st-Acute Car	2408		9/30/2019			11	37
		Salary Pai	d							
Name	CCNH	RHNS	(Specify)	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
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.

CSP-12 Rev. 10/2005

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

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

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

^{**} Include <u>all</u> other employment worked during the cost year.

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

CSP-13 Rev. 9/2002

B. Report of Expenditures - Professional Fees

Name of Facility	License No.		Report for Y		Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridg	24	08	9/30/2019		13	37
		T	Total Cost	and Hours		T
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee					1	
for service basis in lieu of salary			4			
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,402	57				
3. Pharmacist	24,750	120				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	467,883	6,919				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,000	184				
b. Utilization Review			1			
(Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee				4 1000000000000000000000000000000000000		
(Quarterly meetings)						
Pharmaceutical Committee (Quarterly meetings)						
3 Staff Development Committee						
(Once annually)						
e. Other (Specify)						
	13,340	53				
9. Speech Therapist	1 100					
a. Resident Care	130,140	1,429				
b. Other						
10. Occupational Therapist						
a. Resident Care	585,443	8,095				
b. Other						
11. Nurses and aides and attendants						
a. RN					100	
1. Direct Care			and the second s		TO MAKE SHOWN AND STORY OF CHALLOG CARLIER MICH. BEST NOT AND	4300000 mills 000 00 mills 000 000 mills 000 000 000 000 000 000 000 000 000
2. Administrative***						
b. LPN						
1. Direct Care					,,,,,,	
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify)						
See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,250,958	16,857				
		D 16 it M 1				

^{*} 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 Y	ear Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Lo	ong Ridge Pos 2408		9/30/2019		14	37
		I	* to Owners,			
Name & Address of Individual	Full Explanation of Service		rs, Officers	Expla	nation of R	elationship
MIL 15 MD 20 M 20 M 20 M	V. 1. 1. D.	Yes	No			
Michael Fusco MD, 90 Morgan Street Suite 304, Stamford, CT 06905	Medical Director	0	•			
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555	Pharmacist	0	•			
Pact Physicians Alliance of CT LLC, 322 East Main Street Suite 1B, Branford CT 06405	Nursing Consultant	0	•			
Health Drive Dental Group, 888 Worcester St., Suite 130, Wellesley, MA 02482	Dental Consultant	0	·			
Encore Rehabilitation Services, 33533 W 12 Mile Road Suite 290, Farmington Hills, MI 48331	PT, ST, & OT	0	0			
Pact Physicians Alliance of CT LLC, 322 East Main Street Suite 1B, Branford CT 06405	Pulmonologist	0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			
		0	•			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Report for Year Ended Page of Senior Philanthropy of Stamford, D/B/A Long Rid 2408 9/30/2019 15 37 37	of
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation \$ 519,547 519,547 2. Disability Insurance \$ 3. Unemployment Insurance \$ 97,597 97,597 4. Social Security (F.I.C.A.) \$ 476,505 476,505 5. Health Insurance \$ 1,353,332 1,353,332 6. Life Insurance (employees only) (not-owners and not-operators) \$ 5,098 5,098 7. Pensions (Non-Discriminatory) (not-owners and not-operators) \$ 411,761 411,761 8. Uniform Allowance \$ 31,781 31,781 9. Other (Specify) See Attached Schedule \$ 13,791 13,791 b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 356,665 356,665	37
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation \$ 519,547 519,547 2. Disability Insurance \$ 3. Unemployment Insurance \$ 97,597 97,597 4. Social Security (F.I.C.A.) \$ 476,505 476,505 5. Health Insurance \$ 1,353,332 1,353,332 6. Life Insurance (employees only) (not-owners and not-operators) \$ 5,098 5,098 7. Pensions (Non-Discriminatory) (not-owners and not-operators) \$ 411,761 411,761 8. Uniform Allowance \$ 31,781 31,781 9. Other (Specify) See Attached Schedule \$ 13,791 13,791 b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 356,665 356,665	
1. Administrative and General a. Employee Health & Welfare Benefits 1. Workmen's Compensation \$ 519,547 519,547 2. Disability Insurance \$ 3. Unemployment Insurance \$ 97,597 97,597 4. Social Security (F.I.C.A.) \$ 476,505 476,505 5. Health Insurance \$ 1,353,332 1,353,332 6. Life Insurance (employees only) (not-owners and not-operators) \$ 5,098 5,098 7. Pensions (Non-Discriminatory) (not-owners and not-operators) \$ 411,761 411,761 8. Uniform Allowance \$ 31,781 31,781 9. Other (Specify) See Attached Schedule \$ 13,791 13,791 b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 356,665 356,665	
a. Employee Health & Welfare Benefits 1. Workmen's Compensation \$ 519,547	ecify)
1. Workmen's Compensation \$ 519,547 519,547 2. Disability Insurance \$ 3. Unemployment Insurance \$ 97,597 97,597 4. Social Security (F.I.C.A.) \$ 476,505 476,505 5. Health Insurance \$ 1,353,332 1,353,332 6. Life Insurance (employees only) (not-owners and not-operators) \$ 5,098 5,098 7. Pensions (Non-Discriminatory) (not-owners and not-operators) \$ 411,761 411,761 8. Uniform Allowance \$ 31,781 31,781 9. Other (Specify) (Specify) (See Attached Schedule) \$ 13,791 13,791 b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 356,665 356,665	
2. Disability Insurance \$ 3. Unemployment Insurance \$ 4. Social Security (F.I.C.A.) \$ 5. Health Insurance \$ 6. Life Insurance (employees only) (not-owners and not-operators) \$ 7. Pensions (Non-Discriminatory) (not-owners and not-operators) \$ 8. Uniform Allowance \$ 9. Other (Specify) (Specify) (See Attached Schedule) \$ b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ c. Bad Debts* \$	
3. Unemployment Insurance \$ 97,597 97,597 4. Social Security (F.I.C.A.) \$ 476,505 476,505 5. Health Insurance \$ 1,353,332 1,353,332 6. Life Insurance (employees only) (not-owners and not-operators) \$ 5,098 5,098 7. Pensions (Non-Discriminatory) (not-owners and not-operators) \$ 411,761 411,761 8. Uniform Allowance \$ 31,781 31,781 9. Other (Specify) See Attached Schedule \$ 13,791 13,791 b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 356,665 356,665 c. Bad Debts* \$ 356,665 356,665	
4. Social Security (F.I.C.A.) \$ 476,505 476,505 5. Health Insurance \$ 1,353,332 1,353,332 6. Life Insurance (employees only) (not-owners and not-operators) \$ 5,098 5,098 7. Pensions (Non-Discriminatory) \$ 411,761 411,761 (not-owners and not-operators) \$ 8. Uniform Allowance \$ 31,781 31,781 9. Other (Specify) \$ 13,791 13,791 See Attached Schedule \$ b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* \$ 356,665 356,665	
5. Health Insurance \$ 1,353,332 1,353,332 6. Life Insurance (employees only) \$ 5,098 5,098 7. Pensions (Non-Discriminatory) \$ 411,761 411,761 (not-owners and not-operators) \$ 31,781 31,781 9. Other (Specify) \$ 13,791 13,791 See Attached Schedule \$ Personal Retirement Plans, Pensions, and Operators (Discriminatory)* \$ 356,665 c. Bad Debts* \$ 356,665 356,665	
6. Life Insurance (employees only)	
(not-owners and not-operators) \$ 5,098 5,098 7. Pensions (Non-Discriminatory) \$ 411,761 411,761 (not-owners and not-operators) 8. Uniform Allowance \$ 31,781 31,781 9. Other (Specify) \$ 13,791 13,791 See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 356,665 356,665	
7. Pensions (Non-Discriminatory) (not-owners and not-operators) 8. Uniform Allowance 9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 411,761 411,761 411,761 411,761 411,761 5 13,791 13,791 5 2 356,665	
(not-owners and not-operators) 8. Uniform Allowance \$ 31,781 31,781 9. Other (Specify) \$ 13,791 13,791 See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 356,665 356,665	
8. Uniform Allowance \$ 31,781 31,781 9. Other (Specify) \$ 13,791 13,791	
9. Other (Specify) See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 13,791 13,791 \$ 356,665	
See Attached Schedule b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 356,665	
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 356,665	
Profit Sharing Plans for Owners and Operators (Discriminatory)* c. Bad Debts* \$ 356,665	
Operators (Discriminatory)* c. Bad Debts* \$ 356,665 356,665	
c. Bad Debts* \$ 356,665 356,665	
1 4 11 14 11 11 11 11 11 11 11 11 11 11	
d. Accounting and Auditing \$ 46,188 46,188	
e. Legal (Services should be fully described on Page 7) \$ 61,066 61,066	
f. Insurance on Lives of Owners and \$	
Operators (Specify)*	
g. Office Supplies \$ 8,585 8,585	
h. Telephone and Cellular Phones	
1. Telephone & Pagers \$ 81,550 81,550	
2. Cellular Phones \$ 2,998 2,998	
i. Appraisal (Specify purpose and \$	
attach copy)*	
j. Corporation Business Taxes (franchise tax) \$	
k. Other Taxes (Not related to property - See Page 22)	
1. Income*	
2. Other (Specify)	
See Attached Schedule	
3. Resident Day User Fee \$ 735,958 735,958	
Subtotal \$ 4,202,422 4,202,422	

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

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

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

Description		CCNH	RHNS	(Specify)
		C)	
Total		\$ S -	\$ -	\$ -

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

Name of Facility License No.		Report for	Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridge Pd 2408		9/30/2019		16	37
		m . 1	CCM	DIDIG	(0 10)
Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forw	ard:	4,202,422	4,202,422		
l. Travel and Entertainment	Ф	1)			
1. Resident Travel and Entertainment	<u>\$</u>				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	714	714		
5. Education Expenses Related to Seminars and Conventions	\$	402	402		
6. Automobile Expense (not purchase or depreciation)	\$				
7. Other (<i>Specify</i>)	\$				
See Attached Schedule			1000		
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$	4,644	4,644		
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***	\$	1,647	1,647		
See Attached Schedule					
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)***					7.1
7. Postage	\$	2,775	2,775		
* 8. Dues and Membership Fees to Professional	\$	14,907	14,907		
Associations (<i>Specify</i>)		,	,		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	 \$	11,632	11,632		
10. Contributions***	\$	11,002	11,002		
See Attached Schedule	Ψ				-
11. Services Provided by Contract (Specify and Complete	\$	198,706	198,706		
Schedule C-2, Page 21 for each firm or individual)	Φ	170,700	170,700		
12. Administrative Management Services**	\$	318,924	318,924		
13. Other (<i>Specify</i>)	<u>\$</u>	113,129	113,129		
	Ф	113,149	113,129		_
See Attached Schedule	Φ	4 960 002	4 860 002		
* Do not include Subscriptions, which should go in item 9	\$	4,869,902	4,869,902		

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify
	0		
TANKS TO STATE OF THE STATE OF			
Total Other Travel and Entertainment	\$ -	s -	\$

Schedule of Other Advertising

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

Schedule of Dues

Description	(CONH	RHNS	(Specify)
		0		
CT Association of Health Care Facilities membership dues	\$	14,604		
Tamford Chamber of Commerce	\$	303		
A. (1047-1049)				
- management of the state of th			- VIXE	
Total Dues	\$	14,907	\$ -	\$ -

Schedule of Contributions

Description		CCNH	RH	NS	(Specify)	
		0				_
	_					
Total Contributions		-	\$	-	\$ -	_

Schedule of Other Administrative and General

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

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Stamford, D/B/A I	2408	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	318,924	Handles all the operations and financial functions directly related to the facility.	Page 16/ Line m12

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

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

Nan	ne of Facility			No.	D _O	port for V	oor Endad	Page		of
Senior Philanthropy of Stamford, D/B/A Long Ridg		- 1	License No. Po 2408		Report for Year Ended 9/30/2019			18	ı	37
5011	or rinanaropy or stannera, brbirt bong raage	- 4		2400	+-:	7/30/2017		10		<i>31</i>
	Item			Total		CCNH	RHNS		pec	ify)
2.	Dietary					100				9
	a. In-House Preparation & Service						10.1 (1 <u>1.1</u>			
	1. Raw Food		\$	271,539		271,539				
	2. Non-Food Supplies		\$	83,360		83,360				
	3. Other (Specify)		\$	the state of the s	is and a street				vanethe entre	
							# Page 1975			
	b. Purchased Services (by contract other		\$					<u> </u>		
	than through Management Services)									
	(Complete Schedule C-2 att. Page 21)			2 = 22		2 = 0.0	7,02	1		
	c. Other (Specify)		\$	3,708		3,708			.u	
	Other Dietary Supplies									
2D	Total Dietary Expenditures $(2a + b + c + d)$		\$	358,607		358,607				
20.	Total Dictary Experiments (2a + 6 + 6 + a)		ψ	338,007	_	338,007				
2E.	Dietary Questionnaire			Total		CCNH	RHNS	(S	peci	fv)
F.	Resident Meals: Total no. of meals served per de	av.	*	10141	<u> </u>	CCIVII	Ring	(5	рос	13)
G.			Yes	0	No		l	J		
<u>.</u>	13 cost of employee means menaded in 2D:		103		110		10 10			
Н.	Did you receive revenue from employees?	Ο,	Yes	•	No		If yes, specify			
т	Will the control of t		D) (D /I ' I/			amt.			
I.	Where is the revenue received reported in the Co	OSI .	Report	(Page/Line II	.em)					
T	Is cost of meals provided to persons other	` '	V	0	NI.		If yes, specify			
J.	than employees or residents (i.e., Board Members, Guests) included in 2D?)	Yes	•	No		cost.			
	Members, Guests) included in 2D?						If you amonify			
K.	Is any revenue collected from these people?	· (Yes	•	No		If yes, specify			
T	William Control of the Control of th		D 40) (D /I' L			amt.			
L.	Where is the revenue received reported in the Co	OST .	Report	(Page/Line II	em)					
	Is cost of food (other than meals, e.g., snacks						If yes, specify			
M.	at monthly staff meetings, board meetings)	· (Yes	•	No		cost.			
	provided to employees included in 2D?						cost.			
					*		If yes, specify			
N.	Is any revenue collected from employees?	· (Yes	•	No		amt.			
	William to decrease the state of the state o	1	D	(De ma/T ! T/			W1110.			
O	Where is the revenue received reported in the Co	ost I	keport?	(Page/Line It	em)					

^{*} 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)

1	ne of Facility	License		Report for Y		Page	of
Sen	ior Philanthropy of Stamford, D/B/A Long Ridge Po	9	2408	9/30/2019	_	19	37
	Item		Total	CCNH	RHNS	(Sp	ecify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.					
	2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.					
	3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs. Amt. \$					
	4. Repair and/or purchase of linens.***	Lbs.					
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	68,796	68,796			est of the second secon
3D.	c. Other (Specify) Total Laundry Expenditures (3a + b + c)	\$ \$	68,796	68,796			
3E.	Laundry Questionnaire	Ψ	00,770	00,770	<u> </u>		-
F.		Yes	•	No	If yes, specify cost.		
G.	Did you receive revenue from employees?	Yes	•	No	If yes, specify amt.		
Н.	Where is the revenue received reported in the Cost I	Report?		(Page/Line	Item)		
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	Yes	•	No	If yes, specify cost.		
J.	1 1	Yes	•	No	If yes, specify amt.		
K.	Where is the revenue received reported in the Cost I	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)

Item	1	ne of Facility		Rep	ort for Year E	nded	Page	of.
4. Housekeeping a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Supplies 4D. Total Housekeeping Expenditures (4a + b + c) S. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from b. Medicine Cabinet Drugs 3. 31,187 c. Medical and Therapeutic Supplies 3. 31,187 d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** g. Dental (Not dentists who should be included under salaries or fees) k. Indirect Management Services* k. Indirect Management Services* k. Indirect Management Services* k. Indirect Management Services* See Attached Schedule	Senior Philanthropy of Stamford, D/B/A Long R		2408		9/30/2019		20	37
4. Housekeeping a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Supplies 4D. Total Housekeeping Expenditures (4a + b + c) S. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from b. Medicine Cabinet Drugs 3. 31,187 c. Medical and Therapeutic Supplies 3. 31,187 d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** g. Dental (Not dentists who should be included under salaries or fees) k. Indirect Management Services* k. Indirect Management Services* k. Indirect Management Services* k. Indirect Management Services* See Attached Schedule	l							
4. Housekeeping a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Supplies 4D. Total Housekeeping Expenditures (4a + b + c) S. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from b. Medicine Cabinet Drugs 3. 31,187 c. Medical and Therapeutic Supplies 3. 31,187 d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** g. Dental (Not dentists who should be included under salaries or fees) k. Indirect Management Services* k. Indirect Management Services* k. Indirect Management Services* k. Indirect Management Services* See Attached Schedule								
a. In-House Care 1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Supplies 4D. Total Housekeeping Expenditures (4a + b + c) S. Resident Care (Supplies)** a. Prescription Drugs** 1. Own Pharmacy 2. Purchased from \$ 205,158 205,158 b. Medicine Cabinet Drugs \$ 31,187 31,187 c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** e. Oxygen 1. For Emergency Use 2. Other*** \$ 19,453 19,453 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ 146,315 146,315 See Attached Schedule					Total	CCNH	RHNS	(Specify)
1. Supplies - Cleaning (Mops, pails, brooms, etc.) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) 4D. Total Housekeeping Expenditures (4a + b + c) 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 205,158 205,158 b. Medicine Cabinet Drugs \$ 31,187 31,187 c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** \$ 347 347 e. Oxygen 1. For Emergency Use 2. Other*** \$ 19,453 19,453 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 17,792 17,792 i. Recreation j. Direct Management Services* k. Indirect Management Services* \$ 146,315 146,315 See Attached Schedule	4.	· -	1					
Description Drugs Sq. Ft. Serviced Sq. Ft.			by Personnel					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Supplies 4D. Total Housekeeping Expenditures (4a + b + c) \$ 73,451 73,451 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 205,158 205,158 b. Medicine Cabinet Drugs \$ 31,187 31,187 c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** \$ 347 347 e. Oxygen 1. For Emergency Use 2. Other*** \$ 19,453 19,453 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ 146,315 146,315 See Attached Schedule		· ·	Amt.	\$				
than through Management Services) (Complete Schedule C-2 att. Page 21) C. Other (Specify) Supplies 4D. Total Housekeeping Expenditures (4a + b + c) S. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 205,158 205,158 b. Medicine Cabinet Drugs \$ 31,187 31,187 c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** \$ 347 347 e. Oxygen 1. For Emergency Use 2. Other*** \$ 19,453 19,453 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ 146,315 146,315 See Attached Schedule								
(Complete Schedule C-2 att.			Sq. Ft. Serviced					
Page 21		9 9	by Personnel					
C. Other (Specify) Supplies 4D. Total Housekeeping Expenditures (4a + b + c) \$ 73,451 73,451 5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy \$ 205,158 205,158 b. Medicine Cabinet Drugs \$ 31,187 31,187 c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** \$ 347 347 e. Oxygen 1. For Emergency Use \$ 19,453 19,453 f. X-rays and Related Radiological \$ 13,088 13,088 Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ 10,015 146,315 146,315 See Attached Schodule		•	Amt.	\$	73,290	73,290		
Supplies AD. Total Housekeeping Expenditures (4a + b + c) \$ 73,451 73,451			ļ					
4D. Total Housekeeping Expenditures (4a + b + c) \$ 73,451 73,451 5. Resident Care (Supplies)**		C. Other (Specify)		\$	161	161		
5. Resident Care (Supplies)** a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 205,158 205,158 b. Medicine Cabinet Drugs \$ 31,187 31,187 c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** \$ 347 347 e. Oxygen 1. For Emergency Use \$ 19,453 19,453 f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* k. Indirect Management Services* See Attached Schedule								
a. Prescription Drugs*** 1. Own Pharmacy 2. Purchased from \$ 205,158 205,158 b. Medicine Cabinet Drugs \$ 31,187 31,187 c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** \$ 347 347 e. Oxygen 1. For Emergency Use 2. Other*** \$ 19,453 19,453 f. X-rays and Related Radiological \$ 13,088 Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* k. Indirect Management Services* \$ 146,315 146,315 See Attached Schedule			b + c)	\$	73,451	73,451		
1. Own Pharmacy \$ 2. Purchased from \$ 205,158 205,158 b. Medicine Cabinet Drugs \$ c. Medical and Therapeutic Supplies \$ d. Ambulance/Limousine*** \$ e. Oxygen 347 1. For Emergency Use \$ 2. Other*** \$ 4. X-rays and Related Radiological Procedures*** \$ 8. Dental (Not dentists who should be included under salaries or fees) \$ 9. Dental (Not dentists who should be included under salaries or fees) \$ 10. Laboratory*** \$ 11. Recreation \$ 12. Direct Management Services* \$ 12. Other (Specify)**** \$ 12. Other (Specify)***** \$ 13. Other (Specify)***** \$ 146,315 \$	5.							
2. Purchased from \$ 205,158 205,158 b. Medicine Cabinet Drugs \$ 31,187 31,187 c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** \$ 347 347 e. Oxygen \$ 347 347 1. For Emergency Use \$ 19,453 19,453 2. Other*** \$ 19,453 19,453 f. X-rays and Related Radiological Procedures*** \$ 13,088 13,088 g. Dental (Not dentists who should be included under salaries or fees) \$ 17,792 17,792 h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ 146,315 k. Indirect Management Services* \$ 146,315 l. Other (Specify)**** \$ 146,315 See Attached Schedule		a. Prescription Drugs***						
b. Medicine Cabinet Drugs \$ 31,187 31,187 c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** \$ 347 347 e. Oxygen		1. Own Pharmacy		\$				
c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** \$ 347 347 e. Oxygen \$ 1. For Emergency Use \$ 19,453 19,453 1. For Emergency Use \$ 19,453 19,453 2. Other*** \$ 13,088 13,088 Procedures*** \$ 13,088 13,088 Procedures*** \$ 13,088 13,088 B. Dental (Not dentists who should be included under salaries or fees) \$ 17,792 17,792 h. Laboratory*** \$ 17,792 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ 146,315 146,315 k. Indirect Management Services* \$ 146,315 146,315 See Attached Schedule \$ 146,315 146,315		2. Purchased from		\$	205,158	205,158		
c. Medical and Therapeutic Supplies \$ 138,542 138,542 d. Ambulance/Limousine*** \$ 347 347 e. Oxygen \$ 1. For Emergency Use \$ 19,453 19,453 1. For Emergency Use \$ 19,453 19,453 2. Other*** \$ 13,088 13,088 Procedures*** \$ 13,088 13,088 Procedures*** \$ 13,088 13,088 B. Dental (Not dentists who should be included under salaries or fees) \$ 17,792 17,792 h. Laboratory*** \$ 17,792 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ 146,315 146,315 k. Indirect Management Services* \$ 146,315 146,315 See Attached Schedule \$ 146,315 146,315						1.0		119 g 119
d. Ambulance/Limousine*** \$ 347 347 e. Oxygen \$ 1. For Emergency Use \$ 19,453 19,453 2. Other*** \$ 19,453 19,453 f. X-rays and Related Radiological Procedures*** \$ 13,088 13,088 g. Dental (Not dentists who should be included under salaries or fees) \$ 17,792 17,792 h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ 146,315 k. Indirect Management Services* \$ 146,315 l. Other (Specify)**** \$ 146,315 See Attached Schedule \$ 146,315		b. Medicine Cabinet Drugs		\$	31,187	31,187		
e. Oxygen 1. For Emergency Use 2. Other*** f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* l. Other (Specify)**** See Attached Schedule \$ 19,453 19,453 13,088 13,088 13,088 13,088 13,088 13,088 13,088 13,088 13,088 13,088 146,315 146,315		c. Medical and Therapeutic Supplies		\$	138,542	138,542		
1. For Emergency Use \$ 2. Other*** \$ 4. X-rays and Related Radiological Procedures*** \$ 5. Dental (Not dentists who should be included under salaries or fees) \$ 6. Laboratory*** \$ 7. Recreation \$ 8. Indirect Management Services* \$ 8. Indirect Management Services* \$ 9. Direct Management Services* \$ 10. Other (Specify)**** \$ 11. Other (Specify)**** \$ 12. See Attached Schedule \$		d. Ambulance/Limousine***		\$	347	347		
2. Other*** \$ 19,453 19,453 f. X-rays and Related Radiological Procedures*** \$ 13,088 13,088 g. Dental (Not dentists who should be included under salaries or fees) \$ 17,792 17,792 h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ k. Indirect Management Services* \$ 146,315 l. Other (Specify)**** \$ 146,315 See Attached Schedule \$ 146,315		e. Oxygen						
f. X-rays and Related Radiological Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* l. Other (Specify)**** See Attached Schedule		1. For Emergency Use		\$				
Procedures*** g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* 1. Other (Specify)**** See Attached Schedule		2. Other***		\$	19,453	19,453		
g. Dental (Not dentists who should be included under salaries or fees) h. Laboratory*** i. Recreation j. Direct Management Services* k. Indirect Management Services* l. Other (Specify)**** See Attached Schedule		f. X-rays and Related Radiological		\$	13,088	13,088		
salaries or fees) h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ k. Indirect Management Services* \$ l. Other (Specify)**** \$ 146,315 See Attached Schedule \$ 146,315		Procedures***						
h. Laboratory*** \$ 17,792 17,792 i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ k. Indirect Management Services* \$ l. Other (Specify)**** \$ 146,315 See Attached Schedule \$ 146,315		g. Dental (Not dentists who should be incl	luded under	\$				
i. Recreation \$ 22,612 22,612 j. Direct Management Services* \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		salaries or fees)					7.75	
j. Direct Management Services* \$ k. Indirect Management Services* \$ 1. Other (Specify)**** \$ 146,315				\$	17,792	17,792		
k. Indirect Management Services* \$ l. Other (Specify)**** \$ 146,315 146,315 See Attached Schedule					22,612	22,612		
k. Indirect Management Services* \$ l. Other (Specify)**** \$ 146,315 146,315 See Attached Schedule		j. Direct Management Services*		\$				
1. Other (Specify)**** \$ 146,315 146,315 See Attached Schedule \$ 146,315 \$ 146,315								
See Attached Schedule					146,315	146,315		
	5M.	······································	j)	\$	594,494	594,494		

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

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

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

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

Schedule of Other Resident Care

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

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

Name of Facility				License No.	Report for Year Ende	d			Page	of
Senior Philanthropy of Stamfo	ord, D/B/A Long Ridg	e Post-Acute	Care	2408	9/30/2019				21	37
		Related ** t	,				Total Cost	/Page Ref.**	* I	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
Healthcare Service Group	Suite 300, Bensalem PA 19020	0	•		Housekeeping	73,288			20	4b
Healthcare Service Group	Suite 300, Bensalem PA 19020 27 Diamondcrest Lane,	0	•		Laundry	68,799			19	3b
Brian Capone Land Services LLC	Stamford, CT 06903	0	•		Grounds Maintenance	43,164			22	6f
Northeast Generator Co.	625 John Street, Bridgeport, CT 06604	0	•		Generator Maintenance	15,401			22	6f
	and the state of t	0	•							
		0	•							
		0	•							
		0	0							
		0	•							
		0	•							
		0	•							
		0	•							
		0	•							
		0	•							

^{*} 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

	ne of Facility License No.	 Report for Y	ear Ended		Page	of
Sen	ior Philanthropy of Stamford, D/B/A Long 2408	 9/30/2019			22	37
	Item	 Total	CCNH	RHNS	(Sp	ecify)
6.	Maintenance & Operation of Plant					
	a. Repairs & Maintenance	\$ 46,101	46,101			
	b. Heat	\$ 48,341	48,341			
	c. Light & Power	\$ 125,821	125,821			
	d. Water	\$ 91,280	91,280			
	e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
	f. Other (itemize)	\$ 165,057	165,057			
	See Attached Schedule					
6g.	Total Maint. & Operating Expense (6a - 6f)	\$ 476,600	476,600			
7.	Depreciation (complete schedule page 23*)					
	a. Land Improvements	\$				
	b. Building & Building Improvements	\$ 28,819	28,819			
	c. Non-Movable Equipment	\$				
	d. Movable Equipment	\$ 97,155	97,155			
*7e.	Total Depreciation Costs $(7a + b + c + d)$	\$ 125,974	125,974			
8.	Amortization (Complete att. Schedule Page 24*)					
	a. Organization Expense	\$				
	b. Mortgage Expense	\$				
	c. Leasehold Improvements	\$				
	d. Other (Specify)	\$ -	· 			
*8e.	Total Amortization Costs (8a + b + c + d)	\$				
9.	Rental payments on leased real property less					
	real estate taxes included in item 10b	\$ 1,406,077	1,406,077			
10.	Property Taxes					
	a. Real estate taxes paid by owner	\$				
	b. Real estate taxes paid by lessor	\$ 110,901	110,901			
	c. Personal property taxes	\$ 3,980	3,980			
11.	Total Property Expenses $(7e + 8e + 9 + 10)$	\$ 1,646,932	1,646,932			

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

Schedule of Other Repairs and Maintenance

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

Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

Depreciation Schedule

	A CONTRACTOR OF THE CONTRACTOR						iation Sc	ncuuic	T			1	
	me of Facility					License No.	_		Report for Year E	nded		Page	of
Sen	ior Philanthropy of Stamford, D/B/A Lor	ig Rid	ge Pos	st-Acute	Care	240	8		9/30/2019			23	37
						Historical			Accumulated				
						Cost	Less		Depreciation to	Method of			
						Exclusive of	Salvage	Cost to Be	Beginning of	Computing	Useful	Depreciation	
	Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A.	Land Improvements												
	Acquired prior to this report period												194
	Disposals (attach schedule)											MAGNET PROPERTY.	
	Acquired during this report period (attach schedule)											and the Branch Commission	
A-4	. Subtotal									100			
В.	Building and Building Improvements												
	Acquired prior to this report period					335,652		335,652	37,658	S/L	Various	20,403	
	2. Disposals (attach schedule)												100
	3. Acquired during this report period (attack	ch sche	dule)			140,888	:	140,888		S/L	Various	8,416	
B-4	Subtotal		/			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,					28,819
C	Non-Movable Equipment								and the second s	Constitution			
.	1. Acquired prior to this report period												100
	Disposals (attach schedule)			*			***************************************	1					
	3. Acquired during this report period (attack)	ch sche	dule)										
C-4	- Subtotal		/										
H		т .	•1										
			ileage ook	l		Historical			Accumulated				
		_	ook ained?	ı	e of	Cost	Less		Depreciation to	Method of			
		maini	ameu?	Acqu	SHION	4		0 11 0	<u> </u>	'	TI C 1	D	
		١,,	.,			Exclusive of	Salvage	Cost to Be	Beginning of	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
_		Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for this year	Totals
D.	Movable Equipment							100	100				
1	1. Motor Vehicles (Specify name, model									100			
	and year of each vehicle)			-	1.5	40.257		40.357	28,179	C/I		9.051	
-	a. 2015 Ford Transit 250-10 Passengerb. Corporate Fleet - Taxable Sales Tax				15 16	40,257 1,110		40,257 1,110	28,179		5 5	8,051 222	
-	c. Corporate Fleet - Taxable Sales Tax				17	1,693		1,693	678		5		
-	d. Transfer of Van to BR				15	(43,060)		(43,060)			5		
-	Movable Equipment					(15,000)		(.5,500)	(5,012)			(0,012)	194
	a. Acquired prior to this report period			Var	Var	1,319,709		1,319,709	1,103,597	S/I.	Various	81,126	
-	b. Disposals (attach schedule)	1		Var	Var	1,517,709		1,517,707	1,105,577	15.2	7 41 10 43	01,120	
	c. Acquired during this report period			Y 41	v at								111
	(attach schedule)					80,150			1	S/L	Various	16,029	
D '	(attach schedule) 3. Subtotal	-				80,130				JJ/L	Various	10,029	97,155
D	Total Depreciation				i linera (i			7		100			125,974
E.	1 она Бергесианоп			1		1	1	1	1		a de la companya de	1	123,9/4

Schedule of Land Improvements Acquired during this report period

•	Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
- Marian				

				\$ -
otal additions for Land Improv	ements	\$ -		3 -
eletions:				
	2.24.00			
		111111111111111111111111111111111111111		
			-	
		\$ -		\$ -
otal deletions for Land Improv	ements	3 -		Ψ

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

	ing Improvements Acquired during this report period		Useful		
Acquisition Date	Description of Item	 Cost	Life	Deprec	iation
Additions:					
	2nd Floor Call Bell System	\$ 26,588	20	\$	1,329
, , , , , , , , , , , , , , , , , , , ,	3rd Floor Call Bell System - Not Complete Yet	\$ 31,905	20	\$	1,595
	HVAC Valves	\$ 5,132	15	\$	342
	A/C Carrier- NOT COMPLETE	\$ 59,237	15	\$	3,949
	Fire Pump	\$ 3,450	15	\$	230
	Fire Doors	\$ 8,992	15	\$	599
1,000,000	New Piping	\$ 5,584	15	\$	372
Total additions for	r Building Improvements	\$ 140,888	\$		8,416
Deletions:					
A Park V		 			
Total deletions for	Building Improvements	\$ -	· · · · · · · · · · · · · · · · · · ·	\$	-

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
	1947 (II. 1948)			
Total additions for Non-Movable	Equipment	\$ -		\$ -
Deletions:				
	AND THE RESERVE OF THE PERSON			
Total deletions for Non-Movable	Equipment	\$ -		\$ -

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

Schedule of Movable Equipment Acquired during this report period

			Useful		
Description of Item		Cost	Life	_Dep	reciation
pier Lease	\$	37,336	5	\$	7,467
ole Equipment	\$	37,572	5	\$	7,514
mputers		5242	5		1048
vable Equipment	\$	80,150		\$	16,029
able Equipment	\$			\$	-
	Description of Item pier Lease ple Equipment mputers vable Equipment able Equipment	pier Lease \$ sole Equipment \$ mputers vable Equipment \$	pier Lease \$ 37,336 ble Equipment \$ 37,572 mputers 5242 //able Equipment \$ 80,150	Description of Item	Description of Item

^{*}Ties to Page 23, Line D2c **Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

			Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				
			_	
			+	
			 	
E 4 1 11'0' - 6 - 1 b 11 X		\$ -		\$ -
Total additions for Leasehold In	тргочетен	- J	4	
Deletions:				
			.	
				1
Total deletions for Leasehold Im	n Payon on t			\$ -
OTAL OCICTIONS TOLE TESSEROIO III	provement	ι Ψ		<u> </u>

^{*}Ties to Page 24, Line C3

^{**}Ties to Page 24, Line C2

Amortization Schedule*

Name	e of Facility			License No.		Report for Yea	r Ended		Page	of
	or Philanthropy of Stamford, D/B/A Long	Ridge F	ost-Ac	240	8(9/30/2019			24	37
		Date Acqui				Accumulated Amort. to Beginning of	Basis for			
	_		• •	Length of	Cost to Be	Year's	Computing	l	Amortization	7F (1
	Item	Month	Year	Amortization	Amortized	Operations	Amortization**	%	for This Year	Totals
A.	Organization Expense									
	1.									
	2.									
	3.									100
A-4.	Subtotal					77.0				
B.	Mortgage Expense									11000
	1.									100 mg
	2.									
	3.									
B-4.	Subtotal									
C.	Leasehold Improvements and Other									100
	1. Acquired prior to this report period									
	2. Disposals (attach schedule)									
	3. Acquired during this report period					10.00				
	(attach schedule)			The state of the s						B 77 2 2
C-4.	Subtotal			16 (17) 17 (18)						
D.	Total Amortization					THE STATE OF THE S			The same of the sa	

^{*} Straight-line method must be 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.

^{**} Specify which of the following bases were used:

Senior Philanthropy of Stamford, LLC Cost Report Year 2019 Medicaid Cost Report - Depreciation Summary

Total Building Improvements

Historical Cost	Date Placed in Service	Cost	Method	Life _	9/30/2017 Depreciation Amount	9/30/2017 Accumulated Depreciation	9/30/2018 Depreciation Amount	9/30/2018 Accumulated Depreciation	9/30/2019 Depreciation Amount	9/30/2019 Accumulated Depreciation	Net Book Value
Building Improvements											
Prior Owner's Assets		6,795	S/L	VAR	340	1,190	340	1,530	340	1,870	4,925
Total Prior to 2015		6,795	3, 2		340	1,190	340	1,530	340	1,870	4,925
2015 Additions											
Elevator Board Replacement	4/7/2015	12,312	S/L	20	616	1,539	616	2,155	616	2,771	9,541
Kitchen Floor	7/17/2015	2,975	S/L	20	149	372	149	521	149	670	2,306
Total Additions 2015	7/17/2013	15,287	3/2	-	764	1,911	765	2,676	765	3,441	11,846
2016 Additions											
Elevator Board Replacement	4/7/2015	782	S/L	20	39	78	39	117	39	156	626
Building Improvements	9/13/2015	30,044	S/L	20	1,502	3,004	1,502	4,506	1,502	6,008	24,036
Elevator Processor Board	8/12/2015	17,993	S/L	20	900	1,799	900	2,699	900	3,599	14,394
Glass Window	6/14/2016	7,925	S/L	15	528	1,057	528	1,585	528	2,113	5,812
Dynalock Sys	6/30/2016	3,775	S/L	15	252	503	252	755	252	1,007	2,768
Elevator Capacitor rebuild	8/23/2016	2,450	S/L	20	123	245	123	368	123	491	1,959
Fire Pump	9/2/2006	7,801	S/L	15	520	1,040	520	1,560	520	2,080	5,721
Fire Pump	9/2/2016	5,688	S/L	15	379	758	379	1,137	379	1,516	4,172
Total Additions 2016	5/2/2010	76,459	3/ -	- 10	4,243	8,486	4,243	12,729	4,243	16,972	59,487
Total Additions 2010		70,433		•	1,2.10						
2017 Additions											
Fire Barriers	10/16/2016	11,018	S/L	15	735	735	735	1,470	735	2,205	8,813
New Facility Lighting	4/15/2017	74,013	S/L	15	4,934	4,934	4,934	9,868	4,934	14,802	59,211
Total Additions 2017		85,031			5,669	5,669	5,669	11,338	5,669	17,007	68,024
2018 Additions											
Driveway Restoration	8/23/2018	13,836	S/L	20	-	-	692	692	692	1,384	12,452
New Facility Lighting	12/1/2017	83,993	S/L	15	-	-	5,600	5,600	5,600	11,200	72,793
Water Heater	1/29/2018	17,851	S/L	15	-	-	1,190	1,190	1,190	2,380	15,471
1st Floor Call Bell System	8/15/2018	31,373	S/L	20	-		1,569	1,569	1,569	3,138	28,235
Condensor	7/23/2018	5,026	S/L	15	-		335	335	335	670	4,356
Total Additions 2018		152,079			-		9,386	9,386	9,386	18,772	1.33,307
2019 Additions											
2nd Floor Call Bell System	10/1/2018	26,588	S/L	20	-	-	-	-	1,329	1,329	25,259
3rd Floor Call Bell System - Not Complete Yet	11/16/2018	31,905	S/L	20	-	•	-	-	1,595	1,595	30,310
HVAC Valves	11/19/2018	5,132	S/L	15	-	-	-	-	342	342	4,790
A/C Carrier- NOT COMPLETE	6/17/2019	59,237	S/L	15		**	-	-	3,949	3,949	55,288
Fire Pump	9/1/2019	3,450	S/L	15	-	_	-	-	230	230	3,220
Fire Doors	9/1/2019	8,992	S/L	15		-	-	_	599	599	8,393
New Piping	2/4/2019	5,584	S/L	15		_	_	_	372	372	5,212
Total Additions 2019	_, .,	140,888	-/-	~~				-	8,416	8,416	132,472

11,016

476,539

17,255

37,658

20,403

66,477

28,819

410,062

Vehicles											
2015 Additions			- //	_	0.051	20.120	0.051	28,180	8,051	36,231	4,026
2015 Ford Transit 250 -10 Passenger Wagon	7/3/2015	40,257	S/L	5	8,051 8,051	20,129 20,129	8,051 8,051	28,180	8.051	36,231	4,026
•		40,257		-	8,051	20,129	8,031	20,100	8,031	30,231	4,020
2016 Additions			- "				222	000	777	888	122
Corporate Fleet- Taxable sales tax	5/16/2016	1,110	S/L	5	222	444	222	666	222	888	222
2017 Additions											
Corporate Fleet-Taxable sales tax	9/30/2017	1,693	S/L	5	339	339	339	678	339	1,017	676
2018 Additions											
Transfer of Van to BR	7/3/2015	(40,257)	S/L	5	-	-	(8,051)	(8,051)	(8,051)	(16,102)	(24,155)
Corporate Fleet-Taxable sales tax	5/16/2016	(1,110)	S/L	5	-	-	(222)	(222)	(222)	(444)	(666)
Corporate Fleet-Taxable sales tax	9/30/2017	(1,693)	S/L	5	-	-	(339)	(339)	(339)	(678)	(1,015)
Total Additions 2018		(43,060)					(8,612)	(8,612)	(8,612)	(17,224)	(25,836)
Total Vehicles					8,612	20,912	(0)	20,911	-	20,911	(20,911)
Moveable Equipment											
Wioveable Equipment		34,200			1,788	7,158	1,788	8,946	1,788	10,734	23,466
Landlord's Moveable Equipment (Fully Depreciation											
Assets Removed)		1,056,759		***************************************	42,501	936,122	42,501	978,623	42,501	1,021,124	35,635
Prior Owner's Assets	Various	40,773			1,420	4,970	1,420	6,390	1,420	7,810	32,963
Total Prior to 2015	_	40,773			1,420	4,970	1,420	6,390	1,420	7,810	32,963
2015 Additions											
Sonic Wall	4/30/2015	3,609	S/L	15	241	601	241	842	241	1,083	2,526
Canon Copiers @2	5/30/2015	29,124	S/L	5	5,825	14,562	5,825	20,387	5,825	26,212	2,912
Washer	4/1/2015	11,375	S/L	15	758	1,896	758	2,654	758	3,412	7,963
Slings	6/1/2015	13,645	S/L	5	2,729	6,823	2,729	9,552	2,729	12,281	1,364
Wheelchairs scales	7/6/2015	5,019	S/L	5	1,004	2,510	1,004	3,514	1,004	4,518	501
HVAC	7/6/2015	3,495	S/L	10	350	874	350	1,224	350	1,574	1,921
AHT Software	7/1/2015	3,022	S/L	3	1,007	2,519	503	3,022	-	3,022	0
Tilting Skillet	8/19/2015	13,400	s/L	5	2,680	6,700	2,680	9,380	2,680	12,060	1,340
Total Additions 2015		82,689	-,-	***************************************	14,593	36,484	14,090	50,574	13,587	64,161	18,528
2016 Additions											
Floor Model Mixer	7/24/2015	2,955	S/L	10	296	591	296	887	296	1,183	1,772
Replace Water Heater Burner	12/4/2015	3,108	S/L	10	311	622	311	. 933	311	1,244	1,864
Alarm Monitors & Pads	1/26/2015	986	S/L	10	99	197	99	296	99	395	591
Electronic Thermometer	3/28/2015	625	S/L	5	125	250	125	375	125	500	125
Pressure Mattress	6/28/2015	2,957	S/L	5	591	1,183	591	1,774	591	2,365	592
Alarm Monitors & Pads	7/1/2015	671	S/L	10	67	134	67	201	67	268	403
Alarm Monitors & Pads	8/13/2015	919	S/L	10	92	184	92	276	92	368	551
	9/4/2015	919	S/L	10	92	184	92	276	92	368	551
Alarm Monitors & Pads	6/3/2015	662	S/L	10	66	132	66	198	66	264	398
Refrigerator	6/18/2015	78	S/L	5	16	31	16	47	16	63	15
Alarm Clock Radio	7/29/2015	78 688	5/L 5/L	10	69	138	69	207	69	276	413
Refrigerator	8/3/2015	1,312	S/L	10	131	262	131	393	131	524	788
Window AC Units		1,312	S/L S/L	10	66	131	66	197	66	263	393
Window AC Units TV Package- Electrical	6/30/2015 8/27/2015	1,710	S/L S/L	10 5	342	684	342	1,026	342	1,368	342
. v : ackage : ciccondar	3,2,,2010	2,7.20	-1-	_				•		•	

Mattresses	8/10/2015	1,873	S/L	5	375	749	375	1,124	375	1,499	374
Attendant Floor Pad	9/19/2015	996	S/L	5	199	398	199	597	199	796	200
Wheelchair	9/14/2015	375	S/L	10	37	75	37	112	37	149	226
Computer Cart	11/12/2015	2,048	S/L	5	410	819	410	1,229	410	1,639	409
Alarm Monitors & Pads	11/30/2015	617	S/L	10	62	123	62	185	62	247	369
Computer Equipment	1/14/2015	3,109	S/L	5	622	1,244	622	1,866	622	2,488	621
Computer Server	2/20/2015	575	S/L	5	115	230	115	345	115	460	115
Plastic Card Printer	1/15/2015	1,132	S/L	5	226	453	226	679	226	905	227
Desktop Computer	2/27/2015	996	S/L	5	199	398	199	597	199	796	200
Printer	10/14/2015	913	S/L	5	183	365	183	548	183	731	182
Printer	11/11/2015	913	S/L	5	183	365	183	548	183	731	182
Phone Switchboard	8/26/2015	1,539	S/L	5	308	616	308	924	308	1,232	307
Linen Carts	5/29/2015	1,346	S/L	10	135	269	135	404	135	539	807
Computers/Kiosk	1/9/2015	848	S/L	5	170	339	170	509	170	679	169
Equipment Buy Out	10/1/2015	22,935	S/L	5	4,587	9,174	4,587	13,761	4,587	18,348	4,587
Digital Scales	6/1/2015	1,650	S/L	5	330	660	330	990	330	1,320	330
Mattresses	9/2/2015	4,291	S/L	5	858	1,716	858	2,574	858	3,432	859
Easy Lifts	9/15/2015	4,421	S/L	10	442	884	442	1,326	442	1,768	2,653
Snow Blower	11/4/2015	783	S/L	10	78	157	78	235	78	313	471
Bed	12/8/2015	3,194	S/L	10	319	639	319	958	319	1,277	1,917
Canon	12/15/2015	3,017	S/L	5	603	1,207	603	1,810	603	2,413	604
Bed	1/12/2016	3,197	S/L	10	320	639	320	959	320	1,279	1,917
Medical Equip	1/25/2016	14,680	S/L	5	2,936	5,872	2,936	8,808	2,936	11,744	2,936
Equipment Buy Out	2/1/2016	6,690	S/L	5	1,338	2,676	1,338	4,014	1,338	5,352	1,338
Bladder Scanner	4/6/2016	3,212	S/L	5	642	1,285	642	1,927	642	2,569	643
Cat 6 wire	4/20/2015	2,730	S/L	10	273	546	273	819	273	1,092	1,638
Kitchen Equip	3/30/2016	5,108	S/L	5	1,022	2,043	1,022	3,065	1,022	4,087	1,021
Mattress	5/1/2016	1,426	S/L	5	285	571	285	856	285	1,141	286
System set up	6/23/2016	5,191	S/L	5	1,038	2,076	1,038	3,114	1,038	4,152	1,038
Phone Switchboard system	6/23/2016	5,408	S/L	5	1,082	2,163	1,082	3,245	1,082	4,327	1,081
PT Station	7/1/2015	1,364	S/L	10	136	273	136	409	136	545	819
Mattress	7/7/2016	2,913	S/L	5	583	1,165	583	1,748	583	2,331	582
BCM System	8/31/2016	1,149	S/L	10	115	230	115	345	115	460	689
Refrigerator	9/1/2016	2,472	S/L	10	247	494	247	741	247	988	1,483
Total Additions 2016		131,356			22,819	45,638	22,821	68,459	22,821	91,280	40,076
2017 Additions											
Int per Cap Leases - Audit adj	12/1/2016	(6,225)	S/L	5	(1,245)	(1,245)	(1,245)	(2,490)	(1,245)	(3,735)	(2,490)
2018 Additions											
Electric Body Lift	11/9/2017	4,863	S/L	10	-	-	486	486	486	972	3,891
Slings for Electric Body Lift	11/9/2017	3,427	S/L	10	-	-	343	343	343	686	2,741
Trays/Domes	3/23/2018	6,067	S/L	5	-	-	1,213	1,213	1,213	2,426	3,641
Total 2018 Additions	_	14,356			-	-	2,042	2,042	2,042	4,084	10,272
2019 Additions											
Copier Lease	12/1/2018	37,336	S/L	5	-	-	-	-	7,467	7,467	29,869
Cable Equipment	12/1/2018	37,572	S/L	5	-	-	-	-	7,514	7,514	30,058
Computers	9/1/2019	5,242	S/L	5 .	-	-	-	-	1,048	1,048	4,194
Total 2019 Additions		80,150			-	-	-	-	16,029	16,029	64,121
Total Moveable Equipment	·	1,399,858			80,088	1,021,968	81,629	1,103,597	97,155	1,200,752	199,106
					00.746	1.000.135	102 022	1 162 167	125,974	1,288,141	588,256
Total for 2019		1,876,397			99,716	1,060,135	102,032	1,162,167	123,974	1,200,141	366,236

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

Name of Facility License N		Report for Year E	nded		Page	of
Senior Philanthropy of Stamford, D/B/. 2	408	9/30/2019			25	37
11. Property Questionnaire						
Part A						
Is the property either owned by the Facility	0	Yes	0	No	If "Yes," comple	te Part B.
or leased from a Related Party?*				140	If "No," complete	e Part C.
*If any owner or operator of this facility is related						
business association to any person or organization related party transaction.	from whom bu	ildings are leased, then	it is considered a			
Description		Total				
Description Date Land Purchased		10(4)				
Date Structure Completed						
3. If NOT Original Owner, Date of Purchas	se			100		
4. Date of Initial Licensure				a Posta		
5. Total Licensed Bed Capacity						
6. Square Footage						
7. Acquisition Cost						
a. Land						
b. Building					100	
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortg	age
1. Financing		gradient gebruik				
a. Type of Financing (e.g., fixed, variab	le)					
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				100		
During Current Cost Year	1-)		1			
g. Type of Financing (e.g., fixed, variab h. Date of Refinancing	ie)					
h. Date of Refinancing i. New Interest Rate						
j. Term of Mortgage (number of years)						
k. Amount of Principal Borrowed						
I. Principal Outstanding on Note Paid-C	Off					
Part C - Arms-Length Leases for Real		mprovements Onl	v			
Name and Address of Lessor		perty Leased		Term of Lease	Annual Amount	t of Lease
710 Long Ridge Rd LLC	710 Long R		04/01/15	10 Years		1,406,077
	Stamford, C	CT 06902				

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 Yes		Page of	
Senior Philanthropy of Stamford, D/B/ 2408		9/30/2019	*	i	26 37
Item		Total	CCNH	RHNS	(Specify)
 Interest A. Building, Land Improvement & Non-Movable Equipment 1. First Mortgage 	\$				
Name of Lender	Rate				
Address of Lender					
Second Mortgage	\$		Control of the Contro	Control (Control (Con	
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	\$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	\$				
Name of Lender	Rate		200 100 100 100 100 100 100 100 100 100		
Address of Lender				44	
B. CHEFA Loan Information					
1. Original Loan Amount	\$				
2. Loan Origination Date			- 18.44 - 18.44		
3. Interest Rate %			12 CH 12 CH		
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 N	No.	<u></u>	Report for Y	ear Ended		Page	of
1	-08		9/30/2019			27	37
Item			Total	CCNH	RHNS	(Spec	cify)
Sub	totals Bro	ught Forward:				· · · ·	
12. C. Movable Equipment							
1. Automotive Equipment		\$					
A. Item	Rate	Amount					
					1		
Lender							
Address of Lender					19 19 19 19 19 19 19 19 19 19 19 19 19 1		
2. Other (<i>Specify</i>)		\$					
A. Item	Rate	Amount					
Lender							
Address of Lender							a english
D. L.	D (7	
B. Item	Rate	Amount					
I lan		<u> </u>					
Lender							
Address of Lender					100 434		
Address of Lender							
12. C. 3. Total Movable Equipment Interes	est						
Expense $(C1 + 2)$		\$					
12. D. Other Interest Expense (Specify)		\$		60,009			
LOC Interest and other Interest							
13. Total All Interest Expense (12B7 + 120	C3 + 12D) \$	60,009	60,009			
14. Insurance							
a. Insurance on Property (buildings on	ly)	\$		13,536			
b. Insurance on Automobiles		\$					
c. Insurance other than Property (as sp	ecified ab						
1. Umbrella (<i>Blanket Coverage</i>)	\$	55,335	55,335				
2. Fire and Extended Coverage		\$					
3. Other (Specify)		\$	8,904	8,904	·		
D&O Insurance and Crime Insur	ance						
14d. Total Insurance Expenditures (14a + 1		\$		77,775			
15. Total All Expenditures (A-13 thru C-1-	4)	\$	16,034,143	16,034,143			

D. Adjustments to Statement of Expenditures

	e of Fa or Phil		opy of Stamford, D/B/A Long Ridge Post-Acu		cense No. 2408	Report for Ye 9/30/2019	ar Ended	Page 28	of 37
					Total				
Item	Page	Line			Amount of				
No.	No.		Item Description		Decrease	CCNH	RHNS	(Spe	cify)
			es and Wages			0.01,11	()	Сорг	,
1.			Outpatient Service Costs	\$					
2.			Salaries not related to Resident Care	\$					
3.	10	Α12σ	Occupational Therapy	\$	21,041	21,041			
4.		8	Other - See attached Schedule	\$	21,011	21,011			
	13 - F	Profes	sional Fees	Ψ					
5.	10 1	rojes	Resident Care Physicians **	\$					
6.	13		Occupational Therapy	\$	585,443	585,443			
7.		Diou	Other - See attached Schedule	\$	303,113	303,113			
	s 15 &	16 -	Administrative and General	Ψ		11			
8.	, 15 0		Discriminatory Benefits	\$					
9.	15	1c	Bad Debts	\$	356,665	356,665			
10.	-13	10	Accounting	\$	330,003	330,003			
10a.			Legal	\$	285	285			
11.			Telephone	\$	203	203			
12.			Cellular Telephone	\$	1,558	1,558			
13.			Life insurance premiums on the life	Ψ	1,556	1,550			
13.			of Owners, Partners, Operators	\$					
14.			Gifts, flowers and coffee shops	\$					
15.			Education expenditures to colleges or	Ψ					
13.			universities for tuition and related costs						
			for owners and employees	\$	102424				
16.			Travel for purposes of attending	φ					
10.			conferences or seminars outside the						
			continental U.S. Other out-of-state						
				\$					
17			Automobile Evenes (e.g. personal use)	\$					
17.	1.6	0/2	Automobile Expense (e.g. personal use)	\$	1 (47	1 6 47			
18.	16		Unallowable Advertising *	\$	1,647	1,647	<u> </u>		
19.			Income Tax / Corporate Business Tax	\$					
20.			Fund Raising / Contributions	\$					
21.			Unallowable Management Fees	\$					
22.			Barber and Beauty Other - See attached Schedule	<u> </u>	45,410	45,410			
	10 1	<u> </u>		Ф	43,410	43,410			
			v Expenditures						
24.	30		Meals to employees, guests and others who are not residents	ф	2.207	2 207			
n	10 7			.\$	3,386	3,386			
	19 - L		ry Expenditures						
25.			Laundry services to employees, guests	φ				100	
	20 -		and others who are not residents	\$					
	20 - F		keeping Expenditures						
26.			Housekeeping services to employees, guests	φ.			1. 7. San - 1. San -		
		l	and others who are not residents	\$	1.015.405	1.015.406			
			Subtotal (Items 1 - 26)	\$	1,015,435	1,015,435			

^{*} All except "Help Wanted".

⁽Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specif	iy)
			 			
Total Othe	r Salaries A	Adjustment	\$ -	\$ -	\$	_

Schedule of Fees Adjustments

Page Ref	Line Ref	Description		CCN	H	RHN	S	(Spec	ify)
	3110								
Total Othe	r Fees Adj	ustments	· · · · · · · · · · · · · · · · · · ·	\$	-	\$	-	\$	

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHN	S	(Specify)
15	1a9	Employee Food/Alcohol (Self-disallow)	\$ 9,458			
15	1a9	Employee Appreciation (Self-disallow)	\$ 2,081			
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallowed)	\$ 4,675			
16	m13	Collection Fees/Credit Card Fees (Self-disallowed)	\$ 3,760	÷		
16	m13	Late fees/Fines/Finance Charges-Adm (Self-disallowed)	\$ 25,432			
Page Ref Lin	m13	Nonreimbursable Expense	\$ 4			
						-
Total Othe	r A&G Ad	justments	\$ 45,410	\$	-	\$ -

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

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

Total Bed Capacity	120
# of Allowable Cell Phones	4

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

Page 15 Line 1h2	A	mount
Cell Phone expense per TB	\$	2,998
Allowable Cell Phone expense	\$	1,440
Disallowed Cell Phone expense	\$	1,558 Page 28 Line 12

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

			D. Adjustments to Stateme					
	e of Fa			ı	cense No.	Report for Y	ear Ended	Page of
Senio	r Phila	anthro	py of Stamford, D/B/A Long Ridge Post-Ac	<u> </u>	2408	9/30/2019		29 37
					Total			
Item	Page	Line			Amount of			
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward	\$	1,015,435	1,015,435		
Page	20 - F	Reside	nt Care Supplies***					
27.	20	5a2	Prescription Drugs	\$	205,158	205,158		
28.	20	5d_	Ambulance/Limousine	\$	347	347		
29.	20	5f	X-rays, etc	\$	13,088	13,088		
30.	20	5h	Laboratory	\$	17,792	17,792		
31.			Medical Supplies	\$				
32.	20	5e2	Oxygen (non emergency)	\$	19,453	19,453		
33.			Occupational Therapy	\$				
34.			Other - See Attached Schedule	\$	90,327	90,327		
Page	22 - N	<u> Iainte</u>	enance and Property					
35.			Excess Movable Equipment Depreciation					
			See Attached Schedule	\$				
36.			Depreciation on Unallowable		1278			
			Motor Vehicles	\$				
37.			Unallowable Property and Real					
			Estate Taxes	\$				
38.			Rental of Building Space or Rooms	\$				
39.			Other - See Attached Schedule	\$				
Page	27 - I	nsura	nce			iller in the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
40.			Mortgage Insurance	\$				
41.			Property Insurance	\$				
	r – Mis	cellai			1000			
42.			Other - Indirect	\$				<u>-</u>
43.			Interest Income on Account Rec.	\$				
44.			Other - Miscellaneous Administrative	\$				
45.			Management Fees Direct	\$				
46.			Management Fees Indirect	\$				
47.			Other - Direct	\$	1,226	1,226		
Not F	or Pr	ofit P	roviders Only					
48.			Building/Non Movable Eq. Depreciation					100
			Unallowable Building Interest -					
			See Attached Schedule	\$				
49.	Total	Amoi	unt of Decrease (Items 1 - 48)	\$	1,362,826	1,362,826		

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

Schedule of Other Ancillary Costs

Page Ref				CCNH	RHNS	(Specify)					
20	5i	Cable TV in Excess (See Attached)	\$	11,187							
20	51	IV Drugs - Medicare (Self-disallow)	gs - Medicare (Self-disallow) \$ 65,978								
20 5	51	IV Drugs - Managed Care (Self-disallow)	\$	13,162							
	<u> </u>										
Total Othe	r Ancillary	Costs	\$	90,327	\$ -	\$ -					

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	 	CCNH	RHNS	(Specify)
Total Exce	ss Movable	Equipment Depreciation		\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref D	escription		CCNH	RHNS	(Specify)
			 		-	
			 0.000			

Total Othe	er Property A	Adjustments		 \$ -	\$ -	\$ -

Schedule of Other - Indirect Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)

				age 29
	 		-	
Total Other Adjustments	\$ _	\$ -	\$	

Schedule of Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description			 <u>C</u>	CNH	R	HNS	(Spe	cify)
			 ······································		 				ļ	
					 					-
			 ****		 				ļ	
			 		 				 	
			 		 		 			
			 		 		 			
							 		 	
Total Othe	r Adjustme	ents	 	-MI2-11	 \$	-	\$		\$	

Page Ref	Line Ref	Description	CC	NH	RHN	IS	(Specify	<u>/) </u>
27	14c3	D&O Insurance	\$	1,226				
				*				
Total Othe	r Adjustme	ents	\$	1,226	\$	-	\$	

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description			 	CC	NH	RHN	S	(Specify))
					 			 			
				14000	 						
-	1/T/mm	<u> </u>									
Total Unal	lowable B	uilding Interes	st		 	\$	-	\$	-	\$ -	

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

Pg. 29b

	<u>A</u>	mount
Total Cable TV Expense acct #560717	\$	14,787 TB Linked
Monthly Allowable amount	\$	300
•	Ψ	12
Months in Cost Report Year	<u> </u>	
Total Allowable Cost	\$	3,600
Disallowed Cable TV	\$	11,187

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

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

^{**}Per as filed 12/31/19 Medicare cost report

F. Statement of Revenue

Name of Facility License No. Senior Philanthropy of Stamford, D/B/A 2408		Report for Y 9/30/2019	ear Ended		Page of 30 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					(Specisy)
1. a. Medicaid Residents (CT only)	\$	17,217,976	17,217,976		
b. Medicaid Room and Board Contractual Allowance **	\$	(7,595,776)	(7,595,776)		
2. a. Medicaid (All other states)	\$	(7,000,110)	(1,000,000)		
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (all inclusive)	\$	2,202,769	2,202,769		
b. Medicare Room and Board Contractual Allowance **	\$	899,961	899,961		
4. a. Private-Pay Residents and Other	\$	1,836,318	1,836,318		
b. Private-Pay Room and Board Contractual Allowance **	\$	(365,432)	(365,432)		
II. Other Resident Revenue		(300,102)	(800,182)		
1. a. Prescription Drugs - Medicare	\$	195,206	195,206		
b. Prescription Drugs - Medicare Contractual Allowance **	 \$	193,200	193,200		
c. Prescription Drugs - Non-Medicare	\$	84,388	84,388		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	 \$	04,300	04,300		
	\$	2 200	2 200		
a. Medical Supplies - Medicare b. Medical Supplies - Medicare Contractual Allowance **	\$	3,290	3,290		
	\$	2.500	2.500		
c. Medical Supplies - Non-Medicare		2,590	2,590		
d. Medical Supplies - Non-Medicare Contractual Allowance **	<u>\$</u>	1 2 (2 010	1 2 (2 010		
3. a. Physical Therapy - Medicare		1,363,818	1,363,818		
b. Physical Therapy - Medicare Contractual Allowance **	\$	410.070	410.070		
c. Physical Therapy - Non-Medicare	\$	419,972	419,972		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$	107.105	407.107		
4. a. Speech Therapy - Medicare	\$	407,105	407,105		
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$	174,200	174,200		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$	1,647,008	1,647,008		
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$	511,144	511,144		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (Specify) - Medicare	\$	(2,989,190)	(2,989,190)		
b. Other (Specify) - Non-Medicare	\$	(1,168,229)	(1,168,229)		
III. Total Resident Revenue (Section I. thru Section II.)	\$	14,847,118	14,847,118		
IV. Other Revenue*					
Meals sold to guests, employees & others	\$	3,386	3,386		
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (Specify)	\$	7	7	_	
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$	282,865	282,865		
V. Total Other Revenue (1 thru 8)	\$	286,258	286,258		
VI. Total All Revenue (III +V)	\$	15,133,376	15,133,376		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30II6a	Laboratory- MCR A-SNF	\$ 15,167		
30II6a	IV Therapy-MCR A-SNF	\$ 97,385		
30II6a	XRay MRA	\$ 8,077		
30II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (2,303,359)		
30II6a	Sequestration - MCR B	\$ (10,207)		
30II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (796,253)		
Total Other	er Resident Revenue - Medicare	\$ (2,989,190)	\$ -	\$ -

.....

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30II6b	Routine Revenue Adjustment-SNF PVT	\$ (50,142)		
30II6b	Laboratory- MCD- SNF	\$ 737		
30II6b	IV Therapy-MCD-SNF	\$ 7,642		
30II6b	Other Service- MCD-SNF	\$ 334		
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (435,579)		
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (497)		
30II6b	Contractual Allowance-Ins. R/S	\$ (891)		
30II6b	Contractual Allowance Ancillary INS	\$ (1,945)		
30II6b	Laboratory VA	\$ 69		
30II6b	Cont Adjmt Ancillary VA	\$ (3,506)		
30II6b	Lab HMO	\$ 5,073		
30II6b	IV THERAPY	\$ 2,245		
30II6b	Radiology HMO	\$ 2,024		
30II6b	Sequestration - HMO	\$ (968)		
30II6b	Contractual Adj Ancillary HMO	\$ (692,825)		
Total Oth	er Resident Revenue	\$ (1,168,229)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
30 IV5	Interest Income	N/A	\$ 7		
Total Inter	rest Income		\$ 7	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCN	ИH	RHN	IS	(Speci	ify)
			0				
30IV8	VBP - Medicare A	\$	9,127				
30IV8	X-Ray - MCD	\$	792				
30IV8	Lab Rev-Ins	\$	25				
30IV8	Donations	\$	100				
30IV8	Copier Lease-Adm	\$	6,660				
30IV8	Shared Nursing Cost	\$ 26	6,161				
Total Other	r Revenue	\$ 28	32,865	\$	-	\$	-

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamfo	rd, D/B/A 2408	9/30/2019	31	37
	Account			Amount
Assets				
A. Current Assets				
1. Cash (on hand and it			\$	158,840
	eceivable (Less Allowance		\$	1,675,585
	eivable (Excluding Owners	or Related Parties)	\$	
4 Inventories			\$	
5. Prepaid Expenses			\$	39,885
a				
b				
c,				
d. See Schedule		39,885		
6. Interest Receivable			\$	
7. Medicare Final Settle			\$	
8. Other Current Assets	(itemize)		\$	1,700,260
			- 2013	
See Schedule		1,700,260		
A-9. Total Current Assets (L	ines A1 thru 8)		\$	3,574,570
B. Fixed Assets			Φ.	
1. Land			\$	
2. Land Improvements	*Historical Cost		\$	
	Accum. Deprecia		ф	410.062
3. Buildings	*Historical Cost	476,540	\$	410,063
4 1 111	Accum. Deprecia	ation 66,477 Net	\$	
4. Leasehold Improvem		ation Net	13	
5 Non Marable Equip	Accum. Deprecianent *Historical Cost	ation Net	\$	
5. Non-Movable Equip	Accum. Deprecia	ation Net	Φ	
6. Movable Equipment	*Historical Cost		\$	163,471
o. Movable Equipment	Accum. Deprecia		Ψ	103,471
7. Motor Vehicles	*Historical Cost	179,028 1101	\$	(20,911)
7. Wotor venicles	Accum. Deprecia	ation 20,911 Net	۳	(20,711)
8. Minor Equipment-No		20,311 NCt	\$	
			\$	(77 702)
9. Other Fixed Assets (a	iemize)	(77 701)	ļΦ	(77,783)
F/S vs. C/R		(77,781)		
See Schedule B-10. Total Fixed Assets (Lines R1 thru (1)	(2)	\$	474,840
B-10. Total Fixed Assets (Lines Di unu 9)		Φ	4/4,040

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

	A2	Description Prepaid Insurance	\$ 3,2
	A2	Prepaid Taxes and Licenses	S 29,1
31	Λ2	Propaid Other	S 7,4
nent Des	paid Expen	GRA GRA	\$ 39,8
	para traper		1
		and the state of t	
		urrent Assets (itemized) Page 31 Line A8	
31	A8	Description Due from Triumph/CNH	\$ 1,665,5
31	A8	Due from Western	\$ 34,6
			6 1 700 5
otal Oth	er Current	Assets (Itemize)	\$ 1,700,20
hedule	of Other F	xed Assets (Itemize) Page 31 Line B9	
ige Ref	Line Ref	Description	
		Rounding	s
			-
tal Oth	er Other F	aed Assets (Itemize)	\$
		ssets Page 32 Line D7	
ge Ref	Line Ref	Description	
	L		- s
tal Oth	er Assets		3 -
otal Not	es Payable		\$.
otal Not	es Payable		\$
**********		urrent Liabilities (Itemize) Page 33 Line A12	S
chedule (of Other C	urrent Liabilities (Hemize) Page 33 Line A12 Description	
hedule o	of Other C Line Ref A12	Description Employee Deductions- Garnishments	S 65
hedule o	of Other C Line Ref A12 A12	Description Employee Deductions- Garnishments Employee Deductions- HSA	S 65 S 36
hedule of 33 33 33	of Other C Line Ref A12	Description Employee Deductions- Garnishments	S 65 S 36 S 1,5 S 26
shedule of 333 33 33 33 33 33	Line Ref A12 A12 A12 A12 A12 A12 A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FISA Employee Deductions- FISA Employee Deductions- Gild Support Employee October of AFIAC	\$ 65 \$ 36 \$ 1,5 \$ 26 \$ 3,26
shedule of 33 33 33 33 33 33 33	Line Ref A12 A12 A12 A12 A12 A12 A12 A12 A12	Description Employee Deductions- Gurnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FAI-AC Employee Deductions- AFI-AC	\$ 6, \$ 3, \$ 1,5 \$ 2, \$ 3,2(\$ 1,6(
33 33 33 33 33 33 33 33 33	Ine Ref A12 A12 A12 A12 A12 A12 A12 A12 A12 A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - Union Dues Readont Trust Defrard Rent - Current	\$ 6, \$ 3, \$ 1,5 \$ 2, \$ 3,2(\$ 1,6(\$ 14,3)
shedule e 33 33 33 33 33 33 33 33 33 33 33	Line Ref A12	Description Employee Deductions- Garnishments Employee Deductions- BISA Employee Deductions- FISA Employee Deductions- FISA Employee Deductions- FISA Employee Deductions- Child Support Employee Deductions- AFLAC Employee Deductions - Union Daes Resident Trust Deferred Rent - Current Uncleared (checks)	\$ 6. \$ 3. \$ 1,5 \$ 2. \$ 3,2! \$ 1,6! \$ 37,7! \$ 414,3!
hedule (33 33 33 33 33 33 33 33 33 33 33 33	Line Ref A12 A12 A12 A12 A12 A12 A12 A12 A12 A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- HSA Employee Deductions- FISA Employee Deductions- Child Support Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - Vulcan Dues Resident Trust Uncleared Checkx Oncored Workers Comp	\$ 6. \$ 3. \$ 1,5 \$ 2. \$ 3,2; \$ 31,2; \$ 414,3; \$ 445,3; \$ 455,3; \$ 5 353,7
nge Ref 33 33 33 33 33 33 33 33 33 33 33 33	Line Ref A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FISA Employee Deductions- CFISA Employee Deductions- CFISA Employee Deductions- AFIAC Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC United To the Complex - Com	\$ 6. \$ 3. \$ 1,5 \$ 2. \$ 37,7 \$ 414,3 \$ 445,3 \$ 353,7 \$ 187,6 \$ 353,7
nedule of 33 33 33 33 33 33 33 33 33 33 33 33 33	Alica	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - Union Dues Resident Trust Defended Rent - Current Uncleared Checks Accured Workers Comp Accured Workers Comp Accured Morkers Comf Accured Morkers Comf	\$ 6. \$ 3. \$ 1.5. \$ 2. \$ 3.2! \$ 1.6! \$ 341.3: \$ 405.3; \$ 387.6! \$ 387.6!
sige Ref 33 33 33 33 33 33 33 33 33 33 33 33 33	Ine Ref A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - Union Dies Resident Trust Deferred Rent - Current Uncleared Checkx Acerued Workers Comp Acerued Insurance Acerued Accrued According/Audif Fees Acerued According/Audif Fees	\$ 6 \$ 3 \$ 1,5 \$ 2 \$ 3,2 \$ 1,6 \$ 10,6 \$ 414,3 \$ 405,3 \$ 353,7 \$ 187,6 \$ 353,7 \$ 187,6 \$ 3 39,0 \$ 26,4 \$ 2,3
hedule of 33 33 33 33 33 33 33 33 33 33 33 33 33	Ine Ref A12	Description Employee Deductions- Gurnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions - FSA Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - Union Daes Reasdont Trust Deferred Rent - Current Uncleared Checks Acerued Workers Comp Acerued Workers Comp Acerued Workers Comp Acerued Legal Fees Acerued Acerued Personal Property Tuxes Acerued Other Due to Engle Lake Foundation	\$ 6 6 \$ 3 3 \$ 1,5 5 \$ 2 2 \$ 3,2 5 \$ 1,6 6 \$ 37,7 9 \$ 410,3 5 \$ 410,3 5 \$ 410,3 5 \$ 353,7 5 \$ 187,6 6 \$ 3 30,0 5 \$ 26,4 6 \$ 2,3 3,0 5 \$ 5 6,8 6 \$ 5 5,8 6
hedule of 33 33 33 33 33 33 33 33 33 33 33 33 33	Line Ref A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FISA Employee Deductions- FISA Employee Deductions- CFIA Employee Deductions- CFIA Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC Employee Deductions - Union Dues Resident Trust Deferred Rent - Current Uncleared Checks Acented Worker Comp Acented Insurance Acented Worker Comp Acented Insurance Acented Accounting/Audit Fees Acented Accounting/Audit Fees Acented Personal Property Tuxes Acented Other Due to Engle Lake Foundation Due to Traditions Senior Management	\$ 6,8 3,3 5,5 5,2 5,2 5,3 5,2 6,3 5,4 6,3 6,3 5,5 5,5 6,5 8,5 5,5 5,5 5,5 5,5 5,5 5,5 5,5 5,5 5
33 33 33 33 33 33 33 33 33 33 33 33 33	Line Ref A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - Union Dues Reaident Trust Deferred Rent - Current Uncleared Check Accrued Workers Comp Accrued Insurance Accrued Loyders Comp Accrued Insurance Accrued Loyders Comp Accrued Insurance Accrued Check Accrued Personal Property Tuxes Accrued Other Due to Engle Luke Foundation Due to Traditions Senior Management Due to Medicaid - Boil Pees	\$ 6 \$ 3 3 \$ 1,5 \$ 2 2 \$ 1,6 \$ 37,7 \$ 414,3 \$ 405,3 \$ 187,6 \$ 390,0 \$ 26,4 \$ 2,3 \$ 35,7 \$ 25,7 \$ 25,7
33 33 33 33 33 33 33 33 33 33 33 33 33	Alia Ref Alia Alia Alia Alia Alia Alia Alia Alia	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- AFIAC Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC Employee Deductions - Union Days Resident Trust Deferred Rent - Current Uncleared Checkx Acented Workers Comp Acented Instrume Acented Horders Form Acented Instrume Acented Acete September Sep	\$ 60 \$ 3 3 \$ 1,5 \$ 2 2 \$ 3,2,2 \$ 1,6 \$ 37,7 \$ 141,3 \$ 495,3 \$ 352,7 \$ 187,6 \$ 25,4 \$ 2,3 \$ 2,5 \$ 3,2 \$ 5 3,2 \$ 3,2 \$ 3,2 \$ 3,3 \$ 3,2 \$ 3,3 \$ 3,3
33 33 33 33 33 33 33 33 33 33 33 33 33	Ine Ref A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - Union Dues Resident Trust Defender Rent - Current Uncleared Checks Acented Workers Comp Acented Insurance Acented Insurance Acented Insurance Acented Personal Property Tuxes Acented OPER - Current Due to Engle Intervent Due to Engle Intervent Due to Engle Intervent Due to Medicaid - Bed Foos Due to Medicaid - Sed Foos Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to Medicaid - Coppys	\$ 6,6 \$ 3,3 \$ 1,5,5 \$ 2,2 \$ 3,2,2 \$ 1,6,6 \$ 37,7 \$ 414,3,3 \$ 405,3 \$ 352,7 \$ 187,6 \$ 39,0 \$ 26,4 \$ 2,3 \$ 5,5 \$ 5,5 \$ 5,5 \$ 5,5 \$ 5,6,0 \$ 5,6,0 \$ 5,6,0 \$ 5,6,0 \$ 6,0 \$ 6
hedule of 33 33 33 33 33 33 33 33 33 33 33 33 33	Alia Ref Alia Alia Alia Alia Alia Alia Alia Alia	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- AFIAC Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC Employee Deductions - Union Days Resident Trust Deferred Rent - Current Uncleared Checkx Acented Workers Comp Acented Instrume Acented Horders Form Acented Instrume Acented Acete September Sep	\$ 6,6 \$ 3,3 \$ 1,5,5 \$ 2,2 \$ 3,2,2 \$ 1,6,6 \$ 37,7 \$ 414,3,3 \$ 405,3 \$ 352,7 \$ 187,6 \$ 39,0 \$ 26,4 \$ 2,3 \$ 5,5 \$ 5,5 \$ 5,5 \$ 5,5 \$ 5,6,0 \$ 5,6,0 \$ 5,6,0 \$ 5,6,0 \$ 6,0 \$ 6
hedule of 33 33 33 33 33 33 33 33 33 33 33 33 33	Ine Ref A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - Union Dues Resident Trust Defender Rent - Current Uncleared Checks Acented Workers Comp Acented Insurance Acented Insurance Acented Insurance Acented Personal Property Tuxes Acented OPER - Current Due to Engle Intervent Due to Engle Intervent Due to Engle Intervent Due to Medicaid - Bed Foos Due to Medicaid - Sed Foos Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to Medicaid - Coppys	\$ 6,0 \$ 3,3 \$ 1,5,5 \$ 2,2 \$ 3,2,2 \$ 37,7,1 \$ 414,3,3 \$ 414,3,3 \$ 405,3,5 \$ 353,7 \$ 187,6,6 \$ 3 26,4,4 \$ 5 26,4,6 \$ 5 26,6,6 \$ 5 3,6,8 \$ 5 5,6,0 \$ 5 188,6,6,6 \$ 5 188,6,6 \$ 5
age Ref 33 33 33 33 33 33 33 33 33 33 33 33 33	Ine Ref A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - Union Dues Resident Trust Defender Rent - Current Uncleared Checks Acented Workers Comp Acented Insurance Acented Insurance Acented Insurance Acented Personal Property Tuxes Acented OPER - Current Due to Engle Intervent Due to Engle Intervent Due to Engle Intervent Due to Medicaid - Bed Foos Due to Medicaid - Sed Foos Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to Medicaid - Coppys	\$ 6,0 \$ 3,3 \$ 1,5,5 \$ 2,2 \$ 3,2,2 \$ 37,7,1 \$ 414,3,3 \$ 414,3,3 \$ 405,3,5 \$ 353,7 \$ 187,6,6 \$ 3 26,4,4 \$ 5 26,4,6 \$ 5 26,6,6 \$ 5 3,6,8 \$ 5 5,6,0 \$ 5 188,6,6,6 \$ 5 188,6,6 \$ 5
age Ref 33 33 33 33 33 33 33 33 33 33 33 33 33	Ine Ref A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - Union Dues Resident Trust Defender Rent - Current Uncleared Checks Acented Workers Comp Acented Insurance Acented Insurance Acented Insurance Acented Personal Property Tuxes Acented OPER - Current Due to Engle Intervent Due to Engle Intervent Due to Engle Intervent Due to Medicaid - Bed Foos Due to Medicaid - Sed Foos Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to Medicaid - Coppys	\$ 66.8 \$ 3.3 \$ 1.5,5; \$ 2.2 \$ 3.7,7; \$ 410,3; \$ 410,3; \$ 353,7; \$ 187,66 \$ 5 26,46 \$ 5 26,46 \$ 5 26,46 \$ 5 5,5; \$ 7 5,5; \$ 7 5,6; \$ 8 5,6; \$ 188,66;
age Ref 33 33 33 33 33 33 33 33 33 33 33 33 33	Ine Ref A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - Union Dues Resident Trust Defender Rent - Current Uncleared Checks Acented Workers Comp Acented Insurance Acented Insurance Acented Insurance Acented Personal Property Tuxes Acented OPER - Current Due to Engle Intervent Due to Engle Intervent Due to Engle Intervent Due to Medicaid - Bed Foos Due to Medicaid - Sed Foos Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to Medicaid - Coppys	\$ 66.8 \$ 3.3 \$ 1.5,5; \$ 2.2 \$ 3.7,7; \$ 410,3; \$ 410,3; \$ 353,7; \$ 187,66 \$ 5 26,46 \$ 5 26,46 \$ 5 26,46 \$ 5 5,5; \$ 7 5,5; \$ 7 5,6; \$ 8 5,6; \$ 188,66;
33 33 33 33 33 33 33 33 33 33 33 33 33	of Other C Line Ref [A12 A12 A12 A12 A12 A12 A12 A12 A12 A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- HSA Employee Deductions- FISA Employee Deductions- Child Support Employee Deductions- Child Support Employee Deductions - AFIAC Employee Deductions - Union Dues Resident Trust Deferred Rent - Current Uncleared Checkx Acented Worker Comp Acented Insurance Acented Universe Comp Acented Insurance Acented Personal Property Tuces Acented Personal Property Tuces Acented Personal Property Tuces Acented Other Due to Engle Lake Foundation Due to Medicaid - Bed Foes Due to Medicaid - Bed Foes Due to Medicaid - Copays Due to PO Due to Members Deferred Rent	\$ 60, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5
33 33 33 33 33 33 33 33 33 33 33 33 33	of Other C Line Ref [A12 A12 A12 A12 A12 A12 A12 A12 A12 A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - AFLAC Employee Deductions - Union Dues Resident Trust Defender Rent - Current Uncleared Checks Acented Workers Comp Acented Insurance Acented Insurance Acented Insurance Acented Personal Property Tuxes Acented OPER - Current Due to Engle Intervent Due to Engle Intervent Due to Engle Intervent Due to Medicaid - Bed Foos Due to Medicaid - Sed Foos Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to PO Due to Medicaid - Coppys Due to Medicaid - Coppys	\$ 60, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5
33 33 33 33 33 33 33 33 33 33 33 33 33	of Other C Line Ref [A12 A12 A12 A12 A12 A12 A12 A12 A12 A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- HSA Employee Deductions- FISA Employee Deductions- Child Support Employee Deductions- Child Support Employee Deductions - AFIAC Employee Deductions - Union Dues Resident Trust Deferred Rent - Current Uncleared Checkx Acented Worker Comp Acented Insurance Acented Universe Comp Acented Insurance Acented Personal Property Tuces Acented Personal Property Tuces Acented Personal Property Tuces Acented Other Due to Engle Lake Foundation Due to Medicaid - Bed Foes Due to Medicaid - Bed Foes Due to Medicaid - Copays Due to PO Due to Members Deferred Rent	\$ 60, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5
33 33 33 33 33 33 33 33 33 33 33 33 33	of Other Correct of Other Lac	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC Employee Deductions - Vinion Dues Resident Tust Deferred Rent - Current Uncleared Checkx Acenued Workers Comp Acenued Insurance Acenued Allegal Fees Acenued Legal Fees Acenued Personal Property Tuxes Acenued Personal Property Tuxes Acenued Other Due to Eagle Luke Foundation Due to Traditions Senior Management Due to Medicaid - Copays Due to Members Deferred Rent	\$ 60, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5
33 33 33 33 33 33 33 33 33 33 33 33 33	of Other Correct of Other Lac	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC Employee Deductions - Union Days Resident Trust Deferred Ren - Current Uncleared Checkx Accured Workers Comp Accured Instrume Accured Instrume Accured Instrume Accured Personal Property Tuxes Accured Personal Property Tuxes Accured Open Comp Date to Engle Lake Foundation Date to Traditions Serior Management Date to Medicaid - Gorpsy Due to Medicaid - Corpsy Defermation - Corpsy Defermati	\$ 60, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5
33 33 33 33 33 33 33 33 33 33 33 33 33	of Other Correct of Other Lac	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC Employee Deductions - Union Days Resident Trust Deferred Ren - Current Uncleared Checkx Accured Workers Comp Accured Instrume Accured Instrume Accured Instrume Accured Personal Property Tuxes Accured Personal Property Tuxes Accured Open Comp Date to Engle Lake Foundation Date to Traditions Serior Management Date to Medicaid - Gorpsy Due to Medicaid - Corpsy Defermation - Corpsy Defermati	\$ 6.5 \$ 3.3 \$ 1.5.5 \$ 2.2 \$ 3.2.2 \$ 1.64 \$ 247,72 \$ 4413,73 \$ 405,34 \$ 352,75 \$ 352,75 \$ 5.5 \$ 5
33 33 33 33 33 33 33 33 33 33 33 33 33	of Other Correct of Other Lac	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC Employee Deductions - Union Days Resident Trust Deferred Ren - Current Uncleared Checkx Accured Workers Comp Accured Instrume Accured Instrume Accured Instrume Accured Personal Property Tuxes Accured Personal Property Tuxes Accured Open Comp Date to Engle Lake Foundation Date to Traditions Serior Management Date to Medicaid - Gorpsy Due to Medicaid - Corpsy Defermation - Corpsy Defermati	\$ 60, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5 1, 5
33 33 33 33 33 33 33 33 33 33 33 33 33	of Other C Line Ref A12	Description Employee Deductions- Garnishments Employee Deductions- HSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- FSA Employee Deductions- AFIAC Employee Deductions - AFIAC Employee Deductions - AFIAC Employee Deductions - Union Days Resident Trust Deferred Ren - Current Uncleared Checkx Accured Workers Comp Accured Instrume Accured Instrume Accured Instrume Accured Personal Property Tuxes Accured Personal Property Tuxes Accured Open Comp Date to Engle Lake Foundation Date to Traditions Serior Management Date to Medicaid - Gorpsy Due to Medicaid - Corpsy Defermation - Corpsy Defermati	\$ 65 \$ 3.4 \$ 1,5; \$ 2,2 \$ 3,2,2 \$ 1,66 \$ 37,7; \$ 445,3; \$ 445,3; \$ 335,7; \$ 187,66 \$ 25,44 \$ 5 2,34 \$ 5 55,5 \$ 5 56,5 \$ 7,0,0 \$ 1,0,0 \$ 1,0,0

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year	Ended		Page		of
Seni	or P	hilanthropy of Stamford, D/B/A		9/30/2019		·	32		37
			Account				An	nount	
				Total Broug	ht Forward:	\$		4,0	49,410
C.		asehold or like property record	ed for Equity Purposes.						
		Land	deret de la co			\$		*	
	2.	Land Improvements	*Historical Cost		-	_			
		B 111	Accum. Depreciation		Net	\$			<u>.</u>
	3.	Buildings	*Historical Cost		- -	φ.			
		N. M. II.E.	Accum. Depreciation		Net	\$			
	4.	Non-Movable Equipment	*Historical Cost			φ.			
		NA 11 15	Accum. Depreciation		Net	\$	_		
	٥.	Movable Equipment	*Historical Cost	1,056,759	N	φ.			25 625
		N. 4. 37.1.1	Accum. Depreciation	1,021,124	Net	\$	<u></u>		35,635
	6.	Motor Vehicles	*Historical Cost		N	φ.			
	7	Minor English A Night Day	Accum. Depreciation		Net	\$			
<u> </u>		Minor Equipment-Not Depred				\$			25 625
C-8		tal Leasehold or Like Propert	ies (C) thru /)			3			35 <u>,</u> 635
D.	iny	vestment and Other Assets				\$			
	1.	Deferred Deposits				\$			
		Escrow Deposits	*Historical Cost			Φ			
	٥.	Organization Expense			Net	\$			
	1	Goodwill (Purchaged Only)	Accum. Depreciation		INCL	\$			
		Goodwill (Purchased Only) Investments Related to Reside	unt Cana (itamina)			\$			
	٥,	investments Related to Reside	int Care (nemize)			Ф			
							4.1		
		Loans to Owners or Related P	Parties (itamiza)			\$			
	0.	Name and Address	Amount	Loan D	ate	9			
		Name and Address	Amount	Loan D	atc				
	7	Other Assets (itemize)				\$			
	. •	()							
		See Schedule							
D-8.	To	tal Investments and Other Ass	sets (Lines D1 thru 7)			\$		7	
		tal All Assets (Lines A9 + B10				\$		4,08	35,045

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

G. Balance Sheet (cont'd)

Name of Facility		License No. Report for Ye		r Ended	Pa		
Senior Philar	nthrop	by of Stamford, D/B/A Long		9/30/2019		33	37
			Account				Amount
Liabilities							
A.	_	rrent Liabilities					
	<u>l.</u>	Trade Accounts Payable				\$	2,020,344
	2.	Notes Payable (itemize)	\$	134,553			
		Long Term Capital Lease -					
		Notes Payable - Current	12,267				
		Note Payable - TSM	112,102				
See Schedule							
	3.	Loans Payable for Equipme			- Ta	\$	
ļ		Name of Lender	Purpose	Amount	Date Due	17-4	100
						1	
							1.00 (1.00 E)
						\$	
	4.	Accrued Payroll (Exclusive	of Owners and/or Stockholders only)				190,535
	5.	Accrued Payroll (Owners and	nd/or Stockholders	only)		\$	
	6.	Accrued Payroll Taxes Paya	ible			\$	46,151
	7.	Medicare Final Settlement F	Payable			\$	
8. Medicare Current Financing Payable						\$	
	9.	Mortgage Payable (Current	Portion)			\$	
	10. Interest Payable (Exclusive of Owner and/or Related Parties)						
11. Accrued Income Taxes*						\$ \$	
	12. Other Current Liabilities (<i>itemize</i>)						3,663,509
	1 200 ,	Silver Surrent Buominos (m	, , ,			\$	-,000,000
ļ				See Schedule	3,663,509		
A-13.	To	tal Current Liabilities (Line	s A1 thru 12)	500 Belloutile	3,003,307	\$	6,055,092

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

G. Balance Sheet (cont'd)

Name of Facility	License No. Report for Year Ended			Page	of
Senior Philanthropy of Stamford, D/B/A Lo	2408	9/30/2019		34	37
Account				Am	ount
Total Brought Forward:					6,055,092
Liabilities (cont'd)					
B. Long-Term Liabilities					
 Loans Payable-Equipment (\$				
Name of Lender	Purpose	Amount	Date Due		
				4.24	
2. Mortgages Payable			\$		
3. Loans from Owners or Rela	ited Parties (itemize)		\$		
Name and Address of Lender	Amount	Loan Da	ate		
			- 1		
					100
				4.5	
			7.5		
4. Other Long-Term Liabilitie	\$				
, other bong rorm blackmen	Ψ.				
		4.4			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4) C. Total All Liabilities (Lines A-13 + B-5)					6,055,092

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

1	ne of Facility License		Report for Y	ear Ended		age of
Sen		2408	9/30/2019		<u> </u>	37
A.	Reserves	nı	<u>-</u>			Amount
	Reserve for value of leased land				\$	
	2. Reserve for depreciation value of lease	ed buildings	s and appurten	ances		
	to be amortized				\$	
	3. Reserve for depreciation value of lease	ed personal	property (Equ	ity)	\$	35,635
	4. Reserve for leasehold real properties o	n which fai	ir rental value	is based	\$	
	5. Reserve for funds set aside as donor re	estricted			\$	
	6. Total Reserves				\$	35,635
В.	Net Worth					
	1. Owner's Capital				\$	
	2. Capital Stock				\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock				\$	
	5. Cumulated Earnings				\$	(1,120,202
	6. Gain or Loss for Period	10/1/2018	3 thru	9/30/2019	\$	(885,480
	7. Total Net Worth				\$	(2,005,682
C.	Total Reserves and Net Worth				\$	(1,970,047
D.	Total Liabilities, Reserves, and Net Wort	h			\$	4,085,045

H. Changes in Total Net Worth

Name of Facility License No.	Report for Year	Ended	Page	of
Senior Philanthropy of Stamford, D/B/A 2408	9/30/2019	<u> </u>	36	37
Account		Aı \$	mount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018				(1,232,915)
B. Total Revenue (From Statement of Revenue Page 30			\$	15,133,376
C. Total Expenditures (From Statement of Expenditures	Page 27)		\$	16,018,756
D. Net Income or Deficit			\$	(885,380)
E. Balance			\$	(2,118,295)
F. Additions 1. Additional Capital Contributed (itemize) Total Expenditures Pg.27 \$16,034,143 Depreciation Amount \$(15,387) Total Expenditures \$16,018,756 2. Other (itemize) Prior Period Adjustment	112,613			
F-3, Total Additions			\$	112,613
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify)	1	\$	
Name and Address (No., City, State, Zip)	Title	Amount		Area of the
2. Other Withdrawings (Specify)				
Purpose	Amo	unt	0	
·				
3. Total Deductions			\$	
H. Balance at End of Period 09/3	0/19		S	(2,005,682)

I. Preparer's/Reviewer's Certification

Name of Facility License No. Report for Year Ended Page Senior Philanthropy of Stamford, D/B/A 2408 9/30/2019 37									
Senior Philanthropy of Stamford, D/B/A 2408 9/30/2019 37	of 37								
Check appropriate category									
Chronic and Convalescent Nursing Home only (CCNH) Rest Home with Nursing Supervision only (RHNS)	□ (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 Date Signed PRINCIPAL 2/4/20									
Printed Name of Preparer									
Matthew S. Bavolack									
Addres Address Phone Number	Phone Number								
555 Long Wharf Drive, New Haven, CT 06511 203-781-9600									
Contacted Person Regarding Additional Information Needed Regarding This Report Phone Number	Phone Number								
Manuel Lemus 727-210-0781	727-210-0781								
Contact Email Address									

mlemus@Traditionsmanagement.net