

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center	
Address (No. & Street, City, State, Zip Code) 745 Highland Avenue, Cheshire, CT 06410	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
	<input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2407	RHNS	(Specify)	Medicare Provider 07-5222
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Medicaid Provider Numbers:	CCNH 10454	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Senior Philanthropy of Cheshire, LLC d/b/a Cheshire R	License No. 2407	Report for Year Ended 9/30/2020	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, 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.

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

(Notary Seal)

State of Connecticut
Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 745 Highland Avenue, Cheshire, CT 06410				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 2/2/2021	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-272-7285		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional		Address (No. & Street, City, State, Zip) 745 Highland Avenue, Cheshire, CT 06410		
License Numbers:	CCNH 2407	RHNS (Specify)	Medicare Provider No. 07-5222	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Brett Stewart		Nursing Home Administrator's License No.:	1706	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Chesh	2407	9/30/2020	3B	37

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

Owner(s) of Facility

N/A

General Information and Questionnaire Related Parties*

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire R	License No. 2407	Report for Year Ended 9/30/2020	Page 4	of 37				
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p>								
<p>Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No If "Yes," provide the following information:</p>								
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Insurance, Accounting Fees	Various	408,610	408,610
Golden Hill Rehab	2028 Bridgeport Avenue, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – Respiratory Therapist, COVID	Various	30,094	30,094
Long Ridge Post Acute Care	710 Long Ridge Road, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		COVID Supplies	Various	914	914
Newington Rapid Recovery	240 Church Street, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees,	Various	1,586,214	1,586,214
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	192,353	192,353
Western Rehab Care Center	107 Osborne Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – Maint.	Various	14,218	14,218
West River Rehab Center	245 Orange Avenue, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – HR & Regional Educator	Various	25,745	25,745
Westport Rehabilitation Complex	1 Burr Rd., Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		COVID Supplies	Various	2,971	2,971
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	221,413	221,413

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Ch	License No. 2407	Report for Year Ended 9/30/2020	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regio			License No. 2407	Report for Year Ended 9/30/2020			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***

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

** Attach copies of newly acquired leases.

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

General Information and Questionnaire Accounting Basis

Name of Facility Senior Philanthropy of Cheshire, LI	License No. 2407	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 CJLC LLC 2 Marcum LLP 3 Barbara Clark & Company, PA 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St., East Hartford, CT 06108 555 Long Wharf Drive, 8th Fl., New Haven, CT 06511 PO Box 13723, Saint Petersburg, FL 33733
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Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report Preparation	\$	2,256
2 Accrued Accounting Expense	\$	7,448
3 Audit Services	\$	7,052
4	\$	
Charge for Services Provided		
\$		16,756

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15/1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See schedule. 2 3 4 5	Telephone Number
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Address (*No. & Street, City, State, Zip Code*)
 1
 2
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1	\$	34,788
2	\$	
3	\$	
4	\$	
5	\$	
Charge for Services Provided		
\$		34,788

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15/1e

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabil		2407			9/30/2020				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	85	85			85	85			85	85			
B. On last day of THIS report period	85	85			85	85			85	85			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	78	78			78	78			71	71			
B. As of midnight of THIS report period	73	73			71	71			73	73			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,523	1,523			1,129	1,129			394	394			
B. Medicaid (Conn.)	20,480	20,480			15,246	15,246			5,234	5,234			
C. Medicaid (other states)													
D. Private Pay	1,391	1,391			1,103	1,103			288	288			
E. State SSI for RCH													
F. Other (Specify) HMO,HOS,INS,VA,HMA	4,686	4,686			3,588	3,588			1,098	1,098			
G. Total Care Days During Period (3A thru F)	28,080	28,080			21,066	21,066			7,014	7,014			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	28,080	28,080			21,066	21,066			7,014	7,014			

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a C			License No. 2407			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	3		59		1			13					
Per Diem Rate													
a. One bed rm.			265.82		553.32								
b. Two bed rms.					486.23								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									850	850			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									972	972			
2. Restorative Treatments													
C. Other									6,310	6,310			
D. Total Physical Therapy Treatments									8,132	8,132			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									495	495			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									233	233			
2. Restorative Treatments													
C. Other									1,149	1,149			
D. Total Speech Therapy Treatments									1,877	1,877			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									639	639			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									613	613			
2. Restorative Treatments													
C. Other									4,995	4,995			
D. Total Occupational Therapy Treatments									6,247	6,247			

Report of Expenditures - Salaries & Wages

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Region	License No. 2407	Report for Year Ended 9/30/2020	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	128,274	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	59,972	3,593				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	12,016	951				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	201,185	12,302				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	87,323	4,129				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	74,823	4,987				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	122,680	2,080				
b. RN						
1. Direct Care	682,781	11,223				
2. Administrative**	98,907	2,080				
c. LPN						
1. Direct Care	913,788	30,463				
2. Administrative**						
d. Aides and Attendants	1,085,527	57,861				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	70,285	3,356				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	32,955	1,760				
n. Marketing						
o. Other (Specify) See Attached Schedule	110,200	3,243				
<i>A-13. Total Salary Expenditures</i>	3,680,716	140,109				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salaries - Transportation	\$ 2,180	130				
Salaries - Admissions Coordinator	\$ 108,020	3,113				
Total	\$ 110,200	3,243	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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 Cheshire, LLC d/b/a Cheshire Regional Rehabi				2407	9/30/2020			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

**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 Cheshire, LLC d/b/a Cheshire Regional Rehab				2407	9/30/2020			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Brett Stewart (10/1/19 to 9/30/20)	128,274			Non-Discrim.	Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Cheshire, LLC d/b/a Cheshir	2407	9/30/2020	13	37		
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	82,726	618				
2. Dentist	11,253	56				
3. Pharmacist	14,667	192				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	143,811	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	30,000	240				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	(141)	(1)				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	91,128	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	126,777	Contract				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	81,095	1,034				
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	581,316	2,140				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Re		2407	9/30/2020	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Horatiu Cosmin Balas, 609 Coleman Rd., Cheshire, CT 06410	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Horatiu Cosmin Balas, 609 Coleman Rd., Cheshire, CT 06410	Physician Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental Group, 888 Worcester St. #130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Henry Ward, MD, 55 Meriden Ave. #2A, Southington, CT 06489	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Services Group, 3220 Tillman Dr., Suite 300, Bensalem, PA 19020	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>		
Encore Rehabilitation Services, 33533 W 12 Mile Rd., Suite 290, Farmington Hills, MI 48331	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
Ready Nurse Staffing, PO Box 301076, Callas, TX 75303-1076	RN/LPN/Aides	<input type="radio"/>	<input checked="" type="radio"/>		
The Eye Care Group, 1204 West Main St., Suite 100, Waterbury, CT 06708	Purchased Services	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

* Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Ches	2407	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 140,582	140,582		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 74,363	74,363		
4. Social Security (F.I.C.A.)	\$ 279,145	279,145		
5. Health Insurance	\$ 474,680	474,680		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,482	2,482		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 14,826	14,826		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 798	798		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 480,463	480,463		
d. Accounting and Auditing	\$ 13,013	13,013		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 34,789	34,789		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 15,699	15,699		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 59,829	59,829		
2. Cellular Phones	\$ 2,029	2,029		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 522,725	522,725		
Subtotal	\$ 2,115,423	2,115,423		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire	2407	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		2,115,423	2,115,423		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 7	7			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 2,855	2,855			
5. Education Expenses Related to Seminars and Conventions	\$ 855	855			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 1,049	1,049			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 7,311	7,311			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 4,688	4,688			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,558	3,558			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 6,146	6,146			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 8,428	8,428			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 198,200	198,200			
12. Administrative Management Services**	\$ 221,413	221,413			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 37,132	37,132			
C-14 Total Administrative & General Expenditures	\$ 2,607,065	2,607,065			

* 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Media Advertising-Mkt	\$ 3,649		
Special Events-Mkt	\$ 243		
Promo Items-Mkt	\$ 796		
Total Other Advertising	\$ 4,688	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Association of Health Care	\$ 6,146		
Total Dues	\$ 6,146	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Software Expense - Nursing Adm	\$ 3,648		
Licenses/Permits-Nursing Admn	\$ 612		
Background Checks-Nursing	\$ 1,064		
Misc Decor-IL IR	\$ 512		
Licenses/Permits-Dietary	\$ 425		
Licenses/Permits-Maint	\$ 480		
Licenses & Permits-Trans	\$ 151		
Licenses/Permits	\$ 1,251		
Patient Trust Bond	\$ 1,200		
Resident Reimburse on Lost/Stolen Items	\$ 21		
Hurricane/Emergency Costs	\$ 850		
Equipment Minor-Adm	\$ 1,311		
Internet Access-Adm	\$ 7,791		
Records Storage - Adm	\$ 6,371		
Equipment Rental-Adm	\$ 1,195		
Misc Decor-Adm	\$ 134		
Collection Fees/Credit Card Fees	\$ 2,241		
Late fees/Fines/Finance Charges-Adm	\$ 3,072		
Bank Service Charges-Adm	\$ 4,803		
Total Other Administrative and General	\$ 37,132	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Cheshire, LLC d/b	License No. 2407	Report for Year Ended 9/30/2020	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Hwy 19 N, Clearwater, FL, 33763	221,413	Handles all the operations and financial functions directly related to the facility.	16/m12

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire R		2407	9/30/2020	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 323,173	323,173			
2. Non-Food Supplies	\$ 33,999	33,999			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 399,681	399,681			
c. Other (Specify) _____ Supplies	\$ 1,936	1,936			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 758,789	758,789			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify amt. \$728					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					30/IV1
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Re		2407	9/30/2020	19	37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,222	1,222		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Other (Specify) Supplies	\$	11,492	11,492		
3D. Total Laundry Expenditures (3a + b + c)	\$	12,714	12,714		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* 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 3E.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Ch		2407	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
	C. Other (<i>Specify</i>) Supplies		\$ 19,028	19,028		
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 19,028	19,028		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	108,693	108,693		
	b. Medicine Cabinet Drugs	\$	32,269	32,269		
	c. Medical and Therapeutic Supplies	\$	150,053	150,053		
	d. Ambulance/Limousine***	\$	25,306	25,306		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	5,499	5,499		
	f. X-rays and Related Radiological Procedures***	\$	4,830	4,830		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	17,894	17,894		
	i. Recreation	\$	3,438	3,438		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (<i>Specify</i>)**** See Attached Schedule	\$	62,150	62,150		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 410,132	410,132		

* 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)
Equipment Minor	\$ 241		
Minor Equipment & Supplies - Therapy	\$ 3,671		
IV Supplies - Medicaid	\$ 2,748		
IV Drugs - Medicare	\$ 547		
Medical Equipment Rental	\$ 20,941		
Minor Equipment - Nursing	\$ 16,012		
IV Drugs - Managed Care	\$ 4,615		
IV Supplies - Managed Care	\$ 39		
IV Drugs - Medicaid	\$ 852		
Medical Waste Disposal	\$ 3,373		
Utilities-Cable TV	\$ 9,111		
Total Other Resident Care	\$ 62,150	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page of					
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation			2407	9/30/2020	21	37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM LLC	25 Norton Place, Plainsville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	35,416			22	6f
Land Solutions, LLC	PO Box 120478, East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance	34,685			22	6f
Healthcare Services Group	Suite 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	399,681			18	2b
Thyssen Krupp Elevator Company		<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	22,822			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Senior Philanthropy of Cheshire, LLC d/b/a C	2407	9/30/2020			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	30,565	30,565			
b. Heat	\$	13,810	13,810			
c. Light & Power	\$	121,453	121,453			
d. Water	\$	56,787	56,787			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$	143,689	143,689			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	366,304	366,304			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	771	771			
b. Building & Building Improvements	\$	37,982	37,982			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	90,787	90,787			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	129,540	129,540			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	825,507	825,507			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	84,703	84,703			
c. Personal property taxes	\$	9,884	9,884			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,049,634	1,049,634			

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Interco Contracted Services-Maint	\$ 13,011		
Electrical-Maint	\$ 5,088		
Plumbing-Maint	\$ 10,878		
HVAC/Boiler Maint	\$ 1,282		
Paint-Maint	\$ 764		
Small Tools-Maint	\$ 1,324		
Alarm Inspection-Maint	\$ 3,293		
Grounds Maintenance-Maint	\$ 34,685		
Elevator-Maint	\$ 22,822		
Pest Control-Maint	\$ 1,736		
Maint Contracts- Generator	\$ 3,531		
Equipment Minor-Maint	\$ 551		
Equipment Rental-Maint	\$ 5,458		
Waste Disposal -Grease/Trash	\$ 35,416		
Copier- Maintenance Agreement	\$ 3,850		
Total Other Repairs and Maintenance	\$ 143,689	\$ -	\$ -

Depreciation Schedule

Name of Facility				License No.			Report for Year Ended			Page	of		
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabil				2407			9/30/2020			23	37		
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals		
A. Land Improvements													
1. Acquired prior to this report period				16,350		16,350	3,566	S/L	Various	771			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal											771		
B. Building and Building Improvements													
1. Acquired prior to this report period				397,319		397,319	111,515	S/L	Various	27,545			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				104,368						10,437			
B-4. Subtotal											37,982		
C. Non-Movable Equipment													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
D. Movable Equipment													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a. 2015 Ford Transit 250 - 10 Passenge				7	15	40,257		40,257	36,230	S/L	5	4,025	
b. Corporate Fleet - taxable sales taxes				5	16	1,110		1,110	888	S/L	5	222	
c. Corporate Fleet - taxable sales taxes				4	17	1,693		1,693	1,017	S/L	5	339	
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	519,219		519,219	280,209	S/L	Various	73,343	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						64,290						12,858	
D-3. Subtotal													90,787
E. Total Depreciation												129,540	

Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center
9/30/2020

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/29/2019	Install 2 shower valves & drain lines	\$ 8,500	10	\$ 850
11/1/2019	Demo nurse station & laundry room	\$ 22,690	10	\$ 2,269
11/5/2019	Asbestos inspection	\$ 687	10	\$ 69
11/7/2019	Asbestos inspection	\$ 885	10	\$ 89
11/11/2019	Carpet - 4th floor	\$ 26,090	10	\$ 2,609
11/21/2019	Remove nurse call station	\$ 1,680	10	\$ 168
12/3/2019	Asbestos removal	\$ 25,875	10	\$ 2,588
1/13/2020	Additional work to invoice above	\$ 4,250	10	\$ 425
1/16/2020	TVs	\$ 1,010	10	\$ 101
1/16/2020	Bed Sets, Chairs	\$ 2,758	10	\$ 276
1/22/2020	Fireplace	\$ 566	10	\$ 57
1/12/2020	4th floor construction	\$ 9,377	10	\$ 938
Total additions for Building Improvements		\$ 104,368		\$ 10,437 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

Total deletions for Non-Movable Equipment		\$ -		\$ -**

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/9/2019	Elevator Key Pad	\$ 6,543	5	\$ 1,309
10/10/2019	Elevator Pistons	\$ 8,360	5	\$ 1,672
10/28/2019	Elevator Slide Guides	10,514.00	5	\$ 2,103
11/7/2019	Copier Lease	30,610.39	5	\$ 6,122
12/4/2019	Elevator Keypad Project	2,314.00	5	\$ 463
4/13/2020	Elevator Keypad Project	3,635.00	5	\$ 727
5/15/2020	Elevator Keypad Project	2,314.00	5	\$ 463
Total additions for Movable Equipment		\$ 64,290		\$ 12,858 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Region			2407		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Senior Philanthropy of Cheshire, LLC	License No. 2407	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	85				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
745 Highland Ave. LLC, 745 Highland Avenue, Cheshire, CT 06410	Building	04/01/15	123 mos.	779,556	

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC	2407	9/30/2020	26	37
Item	Total	CCNH	RHNS	(Specify)
12. Interest				
A. Building, Land Improvement & Non-Movable Equipment				
1. First Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
2. Second Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
3. Third Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
4. Fourth Mortgage	\$			
Name of Lender	Rate			
Address of Lender				
B. CHEFA Loan Information				
1. Original Loan Amount	\$			
2. Loan Origination Date				
3. Interest Rate %				
4. Term				
5. CHEFA Interest Expense				
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Senior Philanthropy of Cheshire, L		2407		9/30/2020		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	381,270	381,270	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	381,270	381,270	
14. Insurance							
a. Insurance on Property (buildings only)				\$	20,619	20,619	
b. Insurance on Automobiles				\$	3,393	3,393	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	62,901	62,901	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	86,913	86,913	
15. Total All Expenditures (A-13 thru C-14)				\$	9,953,881	9,953,881	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional				2407	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ (141)	(141)		
6.	13	10a	Occupational Therapy	\$ 126,777	126,777		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 480,463	480,463		
10.			Accounting	\$			
10a.			Legal	\$ 11,260	11,260		
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 949	949		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 4,668	4,668		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 27,099	27,099		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 5,334	5,334		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 728	728		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 657,137	657,137		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Resident Reimburse on Lost/Stolen Items	\$ 21		
16	m13	Collection Fees/Credit Card Fees	\$ 2,241		
16	m13	Late fees/Fines/Finance Charges-Adm	\$ 3,072		
Total Other A&G Adjustments			\$ 5,334	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Region				2407	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 657,137	657,137		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 108,693	108,693		
28.			Ambulance/Limousine	\$ 25,306	25,306		
29.			X-rays, etc	\$ 4,830	4,830		
30.			Laboratory	\$ 17,894	17,894		
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$ 5,499	5,499		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 8,801	8,801		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.	30	IV8	Other - Miscellaneous Administrative	\$ 319	319		
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 828,479	828,479		

*** 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.

Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehabilitation Center
9/30/2020

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Supplies - Medicaid	\$ 2,748		
20	5j	IV Drugs - Medicare	\$ 547		
20	5j	IV Drugs - Managed Care	\$ 4,615		
20	5j	IV Supplies - Managed Care	\$ 39		
20	5j	IV Drugs - Medicaid	\$ 852		
Total Other Ancillary Costs			\$ 8,801	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Senior Philanthropy of Cheshire, LLC	d/b 2407	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 9,830,827	9,830,827				
b. Medicaid Room and Board Contractual Allowance **	\$ (4,562,526)	(4,562,526)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 734,531	734,531				
b. Medicare Room and Board Contractual Allowance **	\$ 228,885	228,885				
4. a. Private-Pay Residents and Other	\$ 2,965,775	2,965,775				
b. Private-Pay Room and Board Contractual Allowance **	\$ (829,701)	(829,701)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 61,082	61,082				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 110,531	110,531				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 307,360	307,360				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 337,900	337,900				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 148,210	148,210				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 199,085	199,085				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 251,400	251,400				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 238,680	238,680				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (687,276)	(687,276)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (778,737)	(778,737)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 8,556,026	8,556,026				
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$ 728	728				
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ (582)	(582)				
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ (69,966)	(69,966)				
V. Total Other Revenue (1 thru 8)	\$ (69,820)	(69,820)				
VI. Total All Revenue (III +V)	\$ 8,486,206	8,486,206				

* 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)
30/II6a	Laboratory- MCR A-SNF	\$ 42,804		
30/II6a	IV Therapy-MCR A-SNF	\$ 630		
30/II6a	XRAY MRA	\$ 7,666		
30/II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (626,102)		
30/II6a	Flu Shots - MCR B - SNF	\$ 1,330		
30/II6a	Sequestration - MCR B	\$ (1,091)		
30/II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (112,513)		
Total Other Resident Revenue - Medicare		\$ (687,276)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	Laboratory	\$ 693		
30/II6b	Other Services- SNF PVT	\$ 248		
30/II6b	Laboratory- MCD- SNF	\$ 17,356		
30/II6b	IV Therapy-MCD-SNF	\$ 5,199		
30/II6b	X-Ray - MCD	\$ 781		
30/II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (251,735)		
30/II6b	Laboratory-Hospice-SNF	\$ 151		
30/II6b	Contractual Adj- Ancill- Hospice-SNF	\$ 460		
30/II6b	XRAY - INS	\$ -		
30/II6b	Contractual Allowance-Ins. R/S	\$ 10,925		
30/II6b	Contractual Allowance Ancillary INS	\$ (20,755)		
30/II6b	Lab HMO	\$ 69,741		
30/II6b	IV THERAPY	\$ 4,559		
30/II6b	Radiology HMO	\$ 4,766		
30/II6b	Sequestration - HMO	\$ (1,055)		
30/II6b	Contractual Adj Ancillary HMO	\$ (620,071)		
Total Other Resident Revenue		\$ (778,737)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	Interest Income		\$ (582)		
Total Interest Income			\$ (582)	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Donations	\$ 25		
30/IV8	Vending Machine Revenue	\$ 319		
30/IV8	Miscellaneous Operating Income-Admin	\$ 2,882		
30/IV8	Copier Lease-Adm	\$ 452		
30/IV8	Gain/Loss-Sale/Disposal of Assets	\$ (8,151)		
30/IV8	Foreign Exchange Profit/Loss	\$ (65,493)		
Total Other Revenue		\$ (69,966)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d	2407	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	279,270
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,175,871
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	49,984
a. _____				
b. _____				
c. _____				
d. See Schedule	49,984			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	130,877

See Schedule	130,877			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,636,002
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	16,350	\$	12,013
	Accum. Depreciation	4,337		Net
3. Buildings	*Historical Cost	501,687	\$	352,190
	Accum. Depreciation	149,498		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	583,509	\$	217,100
	Accum. Depreciation	366,410		Net
7. Motor Vehicles	*Historical Cost	43,060	\$	340
	Accum. Depreciation	42,721		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(24,925)

See Schedule	(24,925)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	556,717

* 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 Senior Philanthropy of Cheshire, LLC d	License No. 2407	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,192,719
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Non-Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
5. Movable Equipment		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Motor Vehicles		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	362,413
3. Organization Expense		*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date	\$	
			\$	
7. Other Assets (<i>itemize</i>)			\$	
_____			\$	
_____			\$	
See Schedule			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	362,413
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,555,132

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ 9,681
31	A5	Prepaid Taxes and Licenses	\$ 23,211
31	A5	Prepaid Uniforms	\$ 3,788
31	A5	Prepaid Other	\$ 13,305
Total Prepaid Expenses			\$ 49,984

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

Page Ref	Line Ref	Description	
31	A8	Due from Eagle	\$ 125,973
31	A8	Due from TSM	\$ 3,970
31	A8	Due from Golden Hill	\$ 934
Total Other Current Assets (Itemize)			\$ 130,877

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

Page Ref	Line Ref	Description	
31	B9	Book vs Cost	\$ (24,925)
Total Other Other Fixed Assets (Itemize)			\$ (24,925)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
33	A2	Note Payable - HSG	\$ 27,824
33	A2	Note Payable - TSM	\$ 642,208
Total Notes Payable			\$ 670,032

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

Page Ref	Line Ref	Description	
33	A12	Medicaid Remittance Adjustment	\$ 1,785
33	A12	Medicare Remittance Adjustment	\$ 22,134
33	A12	Employee Deductions- HSA	\$ 64
33	A12	Employee Deductions- FSA	\$ 341
33	A12	Employee Deductions- ST/LIFE	\$ 4,646
33	A12	Employee Deductions- Child Support	\$ 381
33	A12	Employee Deductions - AFLAC	\$ 1,200
33	A12	Accrued Workers Comp	\$ 266,435
33	A12	Accrued Insurance	\$ 60,105
33	A12	Unclaimed Property	\$ 2,239
33	A12	Accrued Legal Fees	\$ 34,264
33	A12	Accrued Accounting/Audit Fees	\$ 37,735
33	A12	Accrued Personal Property Taxes	\$ 4,916
33	A12	Due to Medicaid - Bed Fees	\$ 128,327
33	A12	Resident Trust	\$ 70,822
33	A12	Uncleared Checks	\$ 110,529
33	A12	Due to - Newington	\$ 1,316
33	A12	Due to - West River	\$ 590,710
33	A12	Due to Waterfall Capital Note	\$ 2,539,708
33	A12	Medicare Advance Payable	\$ 135,277
33	A12	HHS Stimulus	\$ 747,872
33	A12	SBA PPP Loan	\$ 873,300
Total Other Current Liabilities (Itemize)			\$ 5,634,110

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

Page Ref	Line Ref	Description	
34	B4	Long Term Capital Lease - Current	\$ 16,417
34	B4	Due to Medicaid - Long-Term	\$ 351,815
34	B4	Long Term Capital Lease	\$ 14,264
Total Other Current Liabilities (Itemize)			\$ 382,496

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a C	2407	9/30/2020	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	3,627,063
2. Notes Payable (<i>itemize</i>)			\$	670,032

See Schedule				670,032
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	170,216
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	53,683
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	5,634,110

See Schedule				5,634,110
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	10,155,103

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a		License No. 2407	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				10,155,103	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 382,496	

See Schedule 382,496					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 382,496	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 10,537,598	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC	2407	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(6,514,792)
6. Gain or Loss for Period			\$	(1,467,675)
	10/1/2019	thru 9/30/2020		
7. Total Net Worth			\$	(7,982,467)
C. Total Reserves and Net Worth			\$	(7,982,467)
D. Total Liabilities, Reserves, and Net Worth			\$	2,555,132

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/	2407	9/30/2020	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(6,514,496)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	8,486,206
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	9,953,881
D. Net Income or Deficit			\$	(1,467,675)
E. Balance			\$	(7,982,171)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(7,982,171)
				09/30/20

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Cheshire, LLC	License No. 2407	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
CJLC LLC				
Address Address			Phone Number	
225 Pitkin Street, East Hartford, CT 06108			860-610-9009	
Annual Report Contact			Phone Number	
CJLC			860-610-9009	
Annual Report Contact Email Address				
annualreports@cjlc.com				