State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

9186				779			
C d/b/a Chesh	ire Regional Rehab Cen	ter	500.00				
15764	-0.0 M/O	7.100.65	H19575cc				
		3,7,7,7,7					
☐ Chronic and Convalescent Nursing Home only (CCNH)			Rest Home with Nursing Supervision only (RHNS)				
	The state of the s	g					
	9/30/2018		1 10000 1000				
cense Numbers: CCNH 2407		(Specify)		Medicare Provider 07-5222			
		RHNS	IC	ICF-IID			
	·			7 - 17			
Date Received	Sequence Number Assigned	Signed and	l Notarized	Date Received			
	CCNH 2407 Date	Zip Code) T 06410 Rest Home with Nursi: Supervision only (RHNS) Report for Year Endin 9/30/2018 CCNH RHNS 2407 CCNH 10454 Date Sequence Number	Rest Home with Nursing Supervision only (Signed and CCNH 10454 CCNH 2407 CCNH RHNS CCNH RHNS CCNH 2407 CCNH RHNS CCNH RHNS CCNH RHNS CSpecify CSM CSPECIFIED CSM CSPECIFIED CSM CSPECIFIED CSM CSP	Zip Code) T 06410 Rest Home with Nursing Supervision only (Specify) (RHNS) Report for Year Ending 9/30/2018 CCNH RHNS (Specify) Me 2407 CCNH RHNS IC			

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire	2407	9/30/2018	1	37
Belliot I illiantinopy of chesime, and a chesime			10.7	
	9			
¥ ************************************	ator's/Owner's Ce	- 4: C 4:		

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 Cheshire, LLC d/b/a Cheshire Regional Rehab Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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.{a}

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 Review

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

(Notary Seal)

State of Connecticut Annual Report of Long-Term Care Facility CSP-1A Rev. 6/95

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 Cheshire, LLC d/b/a Cheshire Regional Re	hat	Center		10/1/2017	9/30/2018
Address of Facility 745 Highland Avenue, Cheshire, CT 06410		7 ADD 41 C 2			musi-
Report Prepared By		Phone Nun	ıber	Date	
Marcum LLP		203-781-96	500	11/9/2018	
Dietary wages paid	\$	Total	CCNH	RHNS	(Specify)
Laundry wages paid	\$	-			
Housekeeping wages paid	-	<u> </u>			1
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.

State of Connecticut

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CSP-2 Rev. 10/2005

General Information and Questionnaire Type of Facility - Organization Structure

				ility	Report for Year H	Ended		1 :	of
	127	877	-311-2675		9/30/2018		2		37
Name of Facility (as shown on license)					Street, City, State,		10		
Senior Philanthropy of Cheshire, LLC d/b/a		giona		d Av		1 064			L. NY
	CCNH		RHNS		(Specify)		Medicare I	rovid	ler No.
License Numbers:	2407	<u> </u>		L			07-5222		
Type of Facility (Check appropriate box(es))									
Chronic and Convalescent Nursing Home only (CCNH)			t Home with lervision only			ecify))		
Type of Ownership (Check appropriate box)							*		
O Proprietorship O LLC O Pa	artnership	0	Profit Corp.		Non-Profit Corp.		Government	0	Trust
If this facility opened or closed during report	year provid	e:		Date	e Opened Da	te Clo	sed		
Has there been any change in ownership		_	100		37 701		1	ë.	
or operation during this report year?		0	Yes	•	No If'	Yes,"	explain full	y.	
Administrator				- 112		1	- 1		
Name of Administrator					Nursing Home		12.000		
Chaim Scher					Administrator's	11	2061		
					License No.	:			
Other Operators/Owners who are assistant ac	iministrators	s (ful	l or part time	of the	his facility.				
Name N/A					License No.				
					9 1897				
			1 10 10	- 14			<u> </u>		
					18033		MAG.		Carrier -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility	WE (WE)	License No.	Report for Y	ear Ended	Page of	
Senior Philanthropy of Cheshir	e, LLC d/b/a Cheshire	2407	9/30/2018		3 37	
Legal Name of Part	Business A	Address		and/or Town(s) in ich Registered		
N/A						
Name of Partners/Members	Business A	ddress		Title	% Owned	
N/A		70-2-1075				
		4. 1997				
,				- 12		
				2000		
	34					
				288		
				1977		

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CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year End	led	Page of
Senior Philanthropy of Cheshire, LLC d/b/a C	2407	9/30/2018		3A 37
If this facility is owned or operated as a corpo-	ration, provide the	following information	on:	
Legal Name of Corporation		ss Address	State(s) in Which	ch Incorporated
Senior Philanthropy of Cheshire,	745 Highland Ave	enue, Cheshire, CT	Florida	
LLC d/b/a Cheshire Regional	06410	300		
Rehab Center				
Name of Directors, Officers	Busines	ss Address	Title	No. Shares Held by Each
Ben Atkins	24641 US Hwy 19 33763-5007	9 N., Clearwater, FL	Chairman	120
Joseph A Garff	24641 US Hwy 19 33763-5007	9 N., Clearwater, FL	VP, Director	
Gene Rensch	24641 US Hwy 19 33763-5007	9 N., Clearwater, FL	VP, Secretary	
Chris Pape	24641 US Hwy 1 33763-5007	9 N., Clearwater, FL	CFO, Treasurer	
RB Bridges	24641 US Hwy 1 33763-5007	9 N., Clearwater, FL	CEO	
Names of Stockholders Owning at Least 10% of Shares				
N/A				
	with the second			123

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General Information and Questionnaire Individual Proprietorship

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Chesh	License No.	Report for Year Ended 9/30/2018	Page of 3B 37
If this facility is owned or operated as an individua			
Ow	ner(s) of Facility		
	20.75 T. 20.75		
N/A			
N/A	-0 1000		380.592.0
N			
	2-2-		
200000			
			70.00
		50H 57V	200000000000000000000000000000000000000
April 1911			
		1971	
379			
<u>.</u>			
Totale -	3 60000-059		-H-893%
7,37.5			4-67
		- 14 M	- WORK
177		4.	

General Information and Questionnaire Related Parties*

Name of Facility		License	No.		Report for Year Ended		Page	of
Senior Philanthropy of C	Cheshire, LLC d/b/a Cheshire R		2407		9/30/2018		44	37
Are any individuals rece	iving compensation from the fa	cility re	elated th	rough		If "Yes," provide th	e Name/Ad	dress and
						complete the inform		
marriage, ability to cond	rol, ownership, family or busine	288 4880	Ciation:		ies O No	complete the intern	inition on the	8
Are any individuals or c	ompanies which provide goods	or serv	ices,					
	roperty or the loaning of funds							
related through family a	ssociation, common ownership	contro	l, or bus	iness				
	owners, operators, or officials					If "Yes," provide th	e following	information:
association to any of the	owners, operators, or officials	OI tills i	deiney.					
		ΔΙ	so Provi	des		Indicate Where		
			ds/Servi			Costs are Included		
Mana a CD alata d	Business		Related I		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the
Name of Related Individual or Company	Address	Yes	No	%**	Provided	Page # / Line #	Reported	Related Party
marviduar or compan,	24641 US Hwy 19 N., Clearwater,							
Eagle Lake Foundation, Inc.		0	0		AHT Fees, Health Insurance, Accounting Fe	Various	68,539	68,539
Milford B, LLC dba Golden	2028 Bridgeport Ave, Milford, CT	0	0					
Hill Rehab	06460				Shared Staff - Respiratory Therapist	Various	7,998	7,998
Stamford, LLC dba Long	710 Long Ridge Rd, Stamford, CT	0	0		Billing Software	Various	189	189
Ridge Post Acute Care Newington, LLC dba	06902 240 Church St, Newington, CT		0 000		Billing Software	v at rous		1.27.
	06111	0	0		Loan Interest, MDS Shared Staff, Bank Fees	Various	2,235,003	2,235,003
Traditions Senior	24641 US Highway 19 North -		0					
Management	Clearwater FL, 33763	0	0		Internet, Recruitment, IT Support	Various	91,921	91,921
Danbury, LLC dba Western	107 Osborne St. Danbury, CT	0	0		March Comment Process Lack Services 4 (44)	2.000		(25)
Rehab Care Center	06810				Shared Staff - Maint	Various	6,351	6,351
Milford O, LLC dba West River Rehab Center	245 Orange Ave, Milford, CT 06461	0	0		Shared Staff - HR & Regional Educator	Various	20,542	20,542
Traditions Senior	24641 US Highway 19 North -				Daniel State of the District Control of the Control			
Management	Clearwater FL, 33763	0	0		Management company	Page 16/ Line m12	307,911	283,278
		0	0					

^{*} 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 Cheshire, LLC d/b/a Che	2407		9/30/2018	5 37		
If the facility is licensed as CDH and/or RCH or	provides AI	DS or TBI	services with special Medica	id rates, costs		
must be allocated to CCNH and RHNS as follow	/s:		-			
Item			Method of Allocati	on		
Dietary	Articovative 1	Number of	meals served to residents			
Laundry		Number of	pounds processed			
Housekeeping		Number of	square feet serviced			
			hours of routine care provid	1987		
Nursing		employee o	classification, i.e., Director (or Charge Nurse),		
***		Registered	Nurses, Licensed Practical N	Vurses, Aides and		
		Attendants				
Direct Resident Care Consultants		Number of	hours of resident care provi-	ded by EACH		
		specialist	(See listing page 13)			
Maintenance and operation of plant		Square fee	t			
Property costs (depreciation)		Square fee	t	1000		
Employee health and welfare		Gross salar	ries			
Management services			te cost center involved			
All other General Administrative expenses		Total of Direct and Allocated Costs				
The preparer of this report must answer the follo	wing question	ons applica	ble to the cost information pr	rovided.		
1. In the preparation of this Report, were all	O Yes	O No	If "No," explain fully why	such allocation was not		
costs allocated as required?	O 165	O NO	made.			
N/A - only one level of care						
(20)						
,						
2. Explain the allocation of related company exp	penses and a	ttach copy	of appropriate supporting da	ta.		
N/A						
3. Did the Facility appropriately allocate and se	lf-disallow d	lirect and ir	direct costs to non-nursing h	iome cost centers?		
(e.g., Assisted Living, Home Health, Outpation	ent Services.	Adult Day	Care Services, etc.)			
	O Yes	⊙ No	If "No," explain fully why	such allocation was not		
			made.			
N/A - only one level of care						

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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			License No.	Report for Y			Page of
Senior Philanthropy of Cheshire, LLC d/b/a	Cheshir	e Regio	2407	9/30/2018			6 37
	Relate Own Oper Off	ed * to ners, ators, icers	Description of Items Leased	Date of Lease**	Term of	Annual Amount of Lease	Amount Claimed
Name and Address of Lessor Canon Financial Services, 14904 Collections Center Dr,	Yes	No •	Copier				
Chicago, IL 60693	-			06/01/15	60 months	8,040	8,040
	0	0			10 - 10 1 E - 10 - 10 - 10 - 10 - 10 - 1		
	0	•					
	0	0					
	0	0	/ / / / / / / / / / / / / / / / / / /				
	0	0					
	0	0					
	0	0					
	0	0					
	0	0					
Is a Mileage Log Book Maintained for All L	eased \	/ehicles	2 0	Yes •	No	Total ***	8,040

Is 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.	Report for Year Ended		Page	of
Senior Philanthropy of Cheshire, Ll 2407	9/30/2018		7	37
The records of this facility for the period covered by this	report were maintained on the following bas	is:		
Accrual O Cash O Modified Cash				
Is the accounting basis for this				4.53
period the same as for the Yes	If "No," explain.			
previous period? O No	100 1002			
Independent Accounting Firm		4/10/		
Name of Accounting Firm	Address (No. & Street, City, State, 7			
1 RX Audit	6001 SW County Road 141, Jas	per, FL 32052		
2	1			
3	[
4				
Services Provided by This Firm (describe fully)				
1 Pharmacy Bill Audits		\$	1,200	
2 Accrued Accounting Expense (provider will provide detail durin	g audit)	<u> </u>	53,850	
3		s		
4		\$		
		Charge for	or Services P	rovided
A: 102-		\$	55,050	
Are These Charges Reflected in the Expenditure Portion of This Repo	rt? If Yes, Specify Expense Classification and Line N	lo.		
O Yes O No Page 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney		Telephon	ne Number	
1 See Attached Page 7a				
2				
2 3 4		Tr.		
4		l.		
5 Address (No. & Street, City, State, Zip Code)		· ·		
M				
2 3				
4				
5				- 32
Services Provided by This Firm (describe fully)				
1		\$	117,701	1278
2		S	1	
3		\$,	
4				
5		\$	es#Ontai	
		Charge f	for Services I	Provided
			117,701	
Are These Charges Reflected in the Expenditure Portion of This Rep	ort? If Yes, Specify Expense Classification and Line	No.		
Page 15, Line 1e				
⊙ Yes O No				

Senior Philanthropy of Cheshire, LLC Pg. 7 Legal Services Attachment September 30, 2018

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Constangy, Brooks & Smith LLP	PO Box 10476, Atlanta, GA 30368-0476	
2 Littler Mendelson PC	PO Box 45547, San Francisco, CA 94145	
3 Michael T. Kogut, Esq.	75 Marketplace, Springfield, MA 01103	
4 Veritext Corp	P.O. Box 71303, Chicago. IL 60694-1303	
5 Murtha Cullina, LLP	265 Church Street, New Haven, CT 06510	
6 Goldman Gruder & Woods	200 Connecticut Ave, Norwalk, CT 06854	
7 Eagle Lake Foundation	24641 US HWY 19, Clearwater, FL 33763	
8 State of Connecticut		
9		

Services Provided by This Firm Charge for Service	e Provided
1 FMLA Consult	28
2 Moore Ongoing Lawsuit - client won case	90,489
3 Retainer Fee (Self-disallow)	7,500
4 Transcript	4,147
5 Regulatory consulting/Retainer for services	5,333
6 Resident lawsuits - collections (Self-disallow)	760
7 Loan Renewal Legal Fees (Self-disallow)	85
8 Conservator Fees (Self-disallow)	358
9 Accrued Legal Fees (provider will provide detail during audit)	9,000
Total	117,701

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Schedule of Resident Statistics

Name of Facility	n :1		License N	No. 407		1	Report fo 9/30/2013	r Year Ende	:d		Page 8	of 37
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire	Regional	Kenab C		407		Period 10/	***			Period 7/1		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
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	95	95			120	120			95	95		
Number of Residents A. As of midnight of PREVIOUS report period	106	106			106	106			97	97		
B. As of midnight of THIS report period	89	89			97	97			89	89		
Total Number of Days Care Provided During Period A. Medicare	2,355	2,355			1,926	1,926			429	429		
B. Medicaid (Conn.)	32,009	32,009			24,629	24,629			7,380	7,380		
C. Medicaid (other states)								28/49				
D. Private Pay	1,644	1,644			1,236	1,236			408	408		
E. State SSI for RCH		291										
F. Other (Specify)	2,969	2,969			2,337	2,337			632	632		
G. Total Care Days During Period (3A thru F)	38,977	38,977			30,128	30,128	VS.		8,849	8,849		
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						10.2	-65					
5. Total Resident Days (3G + 4A + 4B)	38,977	38,977		1 10-12	30,128	30,128			8,849	8,849	L	

Schedule of Resident Statistics (Cont'd)

agent must be a marchine man			SC	_		110	Siuci				Coded	T	Dage	
Name of Faci	14.50				se No.				1.7	for Year l			Page	of
Senior Philan	thropy o	f Cheshi	re, LLC d/b/a C	2	407					9/30/2018	3		9	37
		*15000000000000000							2	0	Yes	0	No	
			n the certified h		acity dur	ing u	ne repor	t year	?	· ·	103	0	NO	
If "YES'	, provid		lowing informa	tion:			des esse or							
		Place of	Change		Cl	nange	in Bed	S		Cap	pacity Afte	r Change		
Date of	CCNH	RHNS	(Specify)		Lost		(Gaine	d					
			0.7 (5.0)	П										
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	Reason fo	r Change
7/17/2018				10						110				
9/6/2018	X			15						95				
														500
														- 10
e xc4					a dunina	the re	aport No	or loc	roporte	ed in item	4 above) r	rovide the numl	per of	
						the re	eport ye	ar (as	reporte	ed in item	4 above) p	rovide the numb	oci oi	
RESIDI	ENT DA	YS for 9	00 days following	ng the	change.									
													/6	
			Change in R	esiden	t Days					CC	NH	RHNS	(Spe	city)
1st chan			- 33							6,096				
2nd char		411								2,753	725			
3rd char									25					
4th chan	ige						500							
Number	of Resi	dents and	Rates on Sept	ember.			ar				IC Desc		Othor Stat	e Assisted
		ļ	Medicare	+	Medi	caid		-		36	elf-Pay		Other Star	e Assisted
		- 1		1				ı						
								ı				1	5270725322	
3000	Item		CCNH	C	CNH	R	HNS	C	CNH	RF	INS	(Specify)	R.C.H.	ICF-MR
No. of F	Resident	S		2	72				15			NI Amiri		SS(1)
Per Dier			Alculus and	i (The are	100	e. (8)	1 15					. · · · · · · · · · · · · · · · · · · ·	14.5
a. One			Various		250.00	-		┞	583.43					
b. Two	bed rms	3.	Various	↓	250.00	₩		▙	512.86	-				-
c. Three	e or mor	re		1		1		1						
bed	rms.					1								
										1/2012	3223703			
			al Therapy Trea	tments	i					TO	TAL	CCNH	RHNS	(Specify
		are - Par				-					2,991	2,991	TO SECULO SE	7
В			lusive of Part B)						10 mm			Tale Plant	
			e Treatments								1,196	1,196		1-0
		- 1000	Treatments			1,000	50/1107			-	7.502	7.502		
	. Other		TI T		100			1000	_	-	7,583 11,770	7,583 11,770	_	
			Therapy Treat							0	11,770	11,770	Danie San	- T-3
			Therapy Treat	ments						ISS TO	628	628	E- 3057 0.	
A	. Medic	are - Par	LB	0					_	0.72	028	- 28	10 A400 N	under St. Co.
15	s. Medic	aid (Exc	lusive of Part B	9							243	243	2.00	And the second
			Treatments Treatments			- 4				1	243	243		
			reautients	-						1	2,129	2,129		
	C. Other		Therapy Treatn	nonte							3,000	3,000		**
					mente				11000		3,000	5,500		Selection in
	шипет (Treati	Hems					Sattle	2,953	2,953	AND	1000
9. Total N		ore Des									2,733	2,755		A A
9. Total N	. Medic	care - Par	Incive of Dart T	0						\$1000 K 200 T 500				
9. Total N	A. Medical	caid (Exc	lusive of Part F	3)							1 382	1.382	3524 3 B	
9. Total N	A. Medica B. Medica 1. Ma	caid (Exc aintenanc	lusive of Part F e Treatments	3)							1,382	1,382		
9. Total N	A. Medica B. Medica 1. Ma	caid (Exc aintenanc storative	lusive of Part F	3)						(C44.6.)	1,382			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

ame of Facility enior Philanthropy of Cheshire, LLC d/b/a Cheshire Region	License No.		Report for Year 9/30/2018	r Ended	Page 10	of 37
re time records maintained by all individuals receiving con		0	Yes	0	No	
医神经 强体 的现在分词 医乳		77	Total Cost a	nd Hours		
			1100			
		*******	DIDIO	*********	(Cnooifu)	House
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
Salaries and Wages* 1. Operators/Owners (Complete also Sec. I		香菜 。				
of Schedule A1)	12.00				A MOTOR CONTRACTOR	
2. Administrator(s) (Complete also Sec. III			MAGGETT A	静	S	(4)
of Schedule A1)	120,708	2,214				
3. Assistant Administrator (Complete also Sec. IV		4	- 1			10 ABO
of Schedule A1)		MINISTER PROPERTY HEALTH				
4. Other Administrative Salaries (telephone	李俊	a Maria	**538	3.2		
operator, clerks, receptionists, etc.)	38,695	5,448				
5. Dietary Service			0.00		OF CO. SEE	200
a. Head Dietitian						
b. Food Service Supervisor			1,91-2			
c. Dietary Workers	104,109	1,920				CONTRACTOR OF
Housekeeping Service	A SECTION AND A	an di 960	Article 700	The same	A LUMB BOOK OF THE	1962.42.15th
a. Head Housekeeper	40.510	2 104		-	-	-
b. Other Housekeeping Workers	49,510	3,184	(P)	100,000,000		A COMPANY
Repairs & Maintenance Services a. Engineer or Chief of Maintenance	37,106	1,902	\$100.20 K. K. C.	388621		M 170/2012
b. Other Maintenance Workers	49,598	2,377		 	1	+
8. Laundry Service	10,500	2,57.	\$4.500 B	## (A)	in the	
a. Supervisor	To a section of the section of	AND DESCRIPTION OF THE PERSON	BOOK A P. M. M.	-		
b. Other Laundry Workers	16,412	1,121				
Barber and Beautician Services		VIA.				
10. Protective Services	72,942	3,874				
11. Accounting Services			数数	学验 人交流		146.55
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents	(A). E.Z.	ille Hes		300 300 11	1.00	Patient .
 Directors and Assistant Director of Nurses 	119,300	3,918				
b. RN		N .	and Might	18 18	10000000	a. 2000
Direct Care	962,305	19,779		-		-
2. Administrative**	156,113	3,866		S	e a service de la companya del companya del companya de la company	
c. LPN		2000				Service of the
1. Direct Care	1,190,895	41,606	<u> </u>	+		-
2. Administrative**	1,422,509	89,357	,	-		
d. Aides and Attendants	15,436	905		1	-	1
e. Physical Therapists f. Speech Therapists	3,934					†
f. Speech Therapists g. Occupational Therapists	24,430			1		
h. Recreation Workers	83,965					
i. Physicians	20 May 200	国、 包。	THE THE P	3		1
Medical Director						115
Utilization Review						
3. Resident Care***			<u> </u>			
4. Other (Specify)	233	7.0		10		150 7
j. Dentists			U.S. 631			
k. Pharmacists						1
1. Podiatrists			10.0			-
m. Social Workers/Case Management	58,204					
n. Marketing	2,688	320	0			
o. Other (Specify)	104.001	NAME OF THE PERSON OF THE PERS	Atletic Consult			建模型 。
See Attached Schedule	184,991	5,36	81	1	3	1

^{*} 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)

	CCN	н	R	HNS	(Spe	cify)
Position	\$	Hours	\$	Hours	S	Hours
						2.00
Salaries - Admissions Coordinator	184,991	5,368				
				5.25		
			14.7			
	- Tag 7 (E)		111			
					Sucy life	
PROPERTY OF THE PROPERTY OF THE PARTY.						
THE STATE OF THE S			Harasi City	7 (27)		
			residents.		34.5	
		mr D				
		Market 1				
					48.000	
			20 - AV - 2 U O O O O O			
					0.00	0, 12 1, 5
					0.000	
	181.48					
	. Yesta		100	30.3		
· "是在我们,我们还是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			4 250			170
Total	\$ 184,991	5,368	\$ -		\$ -	-

Schedule of Other Fees (Page 13)

	CC	NH	RI	INS	(Sp	ecify)
Service	S	Hours	S	Hours	S	Hours
	1. 1.1.					
Purchased Services-Other	\$ 2,101	30		1-14		
		25.1		- 11	Service Co.	14
				18 E 18		
		= 1		A KONG ENDER		74.2
		444				9.67
· · · · · · · · · · · · · · · · · · ·						
TO THE RESERVE TO THE PROPERTY OF THE PARTY	基础			25-19		
人。		- 197 0				
			Resident State	1	The state of the s	
到了公司在对法院上接着。 医环境分配 法国					1	1 00
		ni seja				
						d the Fall Life
						A STATE OF THE STA
		5.11			(金) 正规(3)	
			12.5			
Total	\$ 2,101	30	\$	-	\$ -	-

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

Name of Facility	-		1 13313141	License No.	itors and Other				Deser	
[1982] 1982 - 1982	0.111.01		10110				Year Ended		Page	of I
Senior Philanthropy of Cheshire, LI	LC d/b/a Ch			2407		9/30/2018	r		11	37
Name	CCNH	Salary Pai	d (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.

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

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

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)				License No.		Report for Y	ear Ended		Page	of
Senior Philanthropy of Cheshire, L	LC d/b/a C	heshire Reg	gional Rehab	2407		9/30/2018			12	37
Name	CCNH	Salary Pai	(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 III - Administrators***										
Lizbeth Carmichael (10/1/17 - 1/17/18)	34,143			Non-Discrim.	Administrator	480	A2			
Chaim Scher (1/17/18 - current)	86,565			Non-Discrim.	Administrator	1,734	A2			
Section IV - Assistant Administrators										

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

^{**} Include all other employment worked during the cost year.

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

B. Report of Expenditures - Professional Fees

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a Cheshir	License No. 240	7	Report for Y 9/30/2018	ear Ended	Page 13	of 37
Seriol Timanulopy of Chesime, Elec drota chesim	2.10		Total Cost	and Hours		
A STATE OF THE STA			Total Cost	I I I I I I I I I I I I I I I I I I I	ľ	
						1
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
B. Direct care consultants paid on a fee			1111	1000		
for service basis in lieu of salary						
(For all such services complete Schedule B1)	建数 。					
1. Dietitian	20 July 10 July 20 Jul	- Salara	Book Block Miles to Commence Co.	A COMPANIES OF A COMP		Michigan Constant Constant
2. Dentist	11,076	55				
3. Pharmacist	30,814	192				
4. Podiatrist						
5. Physical Therapy	7000 類		Aller Marie	- 4		
a. Resident Care	220,020	47,080		-		
b. Other						
6. Social Worker	1000				· · · · · · · · · · · · · · · · · · ·	1444 14460
7. Recreation Worker		1.62991			1	
8. Physicians	1.450.00			3		
a. Medical Director (entire facility)	34,782	240	1		2572 2274 2275	
b. Utilization Review	142	# 特殊法	the state of		77% ******	40
(Title 18 and 19 only) monthly meeting						
c. Resident Care**	34,843	129				
d. Administrative Services facility	新 ·斯·斯·			Meet 1		
Infection Control Committee	24424	Maronida Anacen	1	STREET, STREET, ST	103120	
(Quarterly meetings)	l .	1997				
Pharmaceutical Committee						
(Quarterly meetings) 3. Staff Development Committee			 	-		
(Once annually)				ļ		
e. Other (Specify)	10198	146		MA 35 8	of Green	256
c. outer (openity)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Shwart Co.	1. 00 K 5/2 S	Latin Control of Process (10)		
9. Speech Therapist	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pri Cons	7619	435.4		100 TOTAL
a. Resident Care	110,935	12,000	SIGNAL SEARCH ST. S. SORES	The second second	10 March 1990 -	A 12 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2
b. Other					- 773	
10. Occupational Therapist	建			海水等。		2000
a. Resident Care	228,261	49,180	Constitution Control (see Alexander	STREET, STREET		
b. Other						
11. Nurses and aides and attendants			100	12. 基準		
a. RN				型		
1. Direct Care	5,362	76				
2. Administrative***	41,434	552				
b. LPN	To be a second	A THE	1 有器		12.00	W.
1. Direct Care	56,225	1,168		- Access San B		The state of the
2. Administrative***	,		W 72			
c. Aides	42,739	1,623				
d. Other	1.2,	2,020				30 a a
12. Other (Specify)	THE STATE OF THE S			Selection of the select	1 12	1300 38
See Attached Schedule	2,101	30		2721940		
B-13 Total Fees Paid in Lieu of Salaries	818,592	112,325			1	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 Senior Philanthropy of Cheshire, LLC d/b/a	License No. Cheshire Re 2407		Report for Year 9/30/2018	ar Ended	Page 14	• 1	of 37
Name & Address of Individual	Full Explanation of Service		to Owners, rs, Officers	Explai	nation of R	elations	nip
Prohealth Physicians, IncMichael Olsen Three Farm Glen Blvd. Farmington, CT 06032	Medical Director	0	•		2 1881		
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacist	0	0				
Horatiu Cosmin Balas, 609 Coleman Rd, Cheshire CT 06410	Physician Consultant	0	0				
Health Drive Dental Group, 888 Worcester St. #130 Wellesley, MA 02482	Dentist	0	0				
Henry Ward, MD 55 Meriden Ave. #2A Southington, CT 06489	Physician	0	0			es este	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Healthcare Services Group, 3220 Tillman Dr, Bensalem, PA 19020	Dietitian	0	0				
Encore Rehabilitation Services, 33533 W 12 Mile Road, Suite 290, Farmington Hills, MI 48331	PT, OT, & ST	0	0				
ReadyNurse Staffing, PO Box 301076, Dallas TX 75303-1076	RN, LPN, & Aides	0	0		1 44 2		
The Eye Care Group, 1204 West Main St, Suite 100, Waterbury, CT 06708	Purchased Services	0	0				
		0	•				
		0	0				
		0	0				
		0	0	7875			
		0	0				
		0	0				
		0	0				
		0	•				
		0	0	-244			31.8
		0	0				
		0	0		1100		
		0	0				
		0	0		- 200		

^{*} 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 Ye	ar Ended	Page	of	
Senior Philanthropy of Cheshire, LLC d/b/a Ches 2407	19	2/30/2018		15	37	
	ŀ		2011/02/07			
Item		Total	CCNH	RHNS	(Specify)	
. Administrative and General						
a. Employee Health & Welfare Benefits				等化 :	The second second	
Workmen's Compensation	\$	348,417	348,417			
Disability Insurance	\$					
Unemployment Insurance	\$	141,153	141,153			
4. Social Security (F.I.C.A.)	\$	356,811	356,811			
5. Health Insurance	\$	526,410	526,410		1 00 00 00 00 00 00 00 00 00 00 00 00 00	
Life Insurance (employees only)		7.4	Editor Balante			
(not-owners and not-operators)	\$	(172)	(172)			
7. Pensions (Non-Discriminatory)	\$					
(not-owners and not-operators)				7.1		
8. Uniform Allowance	\$	10,915	10,915	120		
9. Other (Specify)	\$	82,572	82,572			
See Attached Schedule		建筑				
b. Personal Retirement Plans, Pensions, and	\$					
Profit Sharing Plans for Owners and						
Operators (Discriminatory)*						
operation (2 idealines),	are personal and a second					
c. Bad Debts*	\$	126,735	126,735	_		
d. Accounting and Auditing	\$	55,050	55,050			
e. Legal (Services should be fully described on Page 7)	\$	117,701	117,701		VI-02-	
f. Insurance on Lives of Owners and	\$			127		
Operators (Specify)*			沙洲 横		To all the	
g. Office Supplies	\$	10,346	10,346			
h. Telephone and Cellular Phones					\$4 A	
Telephone & Pagers	\$	50,450	50,450			
Cellular Phones	\$	2,070	2,070			
i. Appraisal (Specify purpose and	\$				*******	
attach copy)*	•	大学	All The second		To State .	
unden copy)						
j. Corporation Business Taxes (franchise tax)	\$	441	441			
k. Other Taxes (Not related to property - See Page 22)	-	Car An Anna	The Cond		200	
1. Income*	\$		23:2		A STATE OF THE STA	
2. Other (Specify)	\$				1	
See Attached Schedule	9	1000 (8			F #125.53	
	\$	740,221	740,221		AR ROUSE IN THE MONEY.	
3. Resident Day User Fee Subtotal	\$	2,569,120	2,569,120		 	

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

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

Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab Center 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	 CCNH			(Specify)	
Employee Appreciation Awards (Self-disallow)	\$ 5,351				
Employee Food (Self-disallow)	\$ 4,174				
Holiday Fund (Self-disallow)	\$ 765				
Employee Physicals	\$ 335				
Employee Drug Testing	\$ 858				
Employee Assistance Program	\$ 583			31	
Employee Education	\$ 6,382				
Conferences	\$ 40				6
HR Consulting Fees	\$ 62,679				
Monika McGrath - rental car (Self-disallow)	\$ 238				
Petty Cash (Self-disallow)	\$ 572				
Anne Audette - Cobra (Self-disallow)	\$ 595				
Total	\$ 82,572	\$		\$	- · ·

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	Francisco De Signi		
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire	2407		9/30/2018		16	37
					34	
Item			Total	CCNH	RHNS	(Specify)
Subtotals	s Brought Forwa	rd:	2,569,120	2,569,120		
Travel and Entertainment						
1. Resident Travel and Entertainment	112	\$				
2. Holiday Parties for Staff		\$				
3. Gifts to Staff and Residents		\$	108	108		
4. Employee Travel		\$	5,313	5,313		
Education Expenses Related to Seminars and	d Conventions	\$	1,222	1,222		
6. Automobile Expense (not purchase or depres	ciation)	\$	463	463		
7. Other (Specify)		\$			March 1970 Co. N. C.	
See Attached Schedule				Barrier States		· A A A A A A A A A A A A A A A A A A A
m. Other Administrative and General Expenses					Tan Ba	1. 24 元
1. Advertising Help Wanted (all such expenses)	\$	10,843	10,843		
2. Advertising Telephone Directory (all such ex	penses)***	\$				
3. Advertising Other (Specify)***		\$	3,156	3,156		
See Attached Schedule	100		A.T	474		1 14 14
4. Fund-Raising***		\$			manufacture services of the se	
5. Medical Records		\$			2002	
6. Barber and Beauty Supplies (if this service i	s supplied	\$				
directly and not by contract or fee for service			of the black	4		CONTRACTOR OF THE PARTY OF THE
7. Postage	· · · · · · · · · · · · · · · · · · ·	\$	2,750	2,750		
* 8. Dues and Membership Fees to Professional		\$	9,351	9,351		
Associations (Specify)						操作
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other Non-A	llowable Org.***	\$				
9. Subscriptions	Ail	\$	10,221	10,221		
10. Contributions***	7811-12X	\$				
See Attached Schedule				5 0	1	
11. Services Provided by Contract Specify and	Complete	\$	172,614	172,614		
Schedule C-2, Page 21 for each firm or indi	ividual)					
12. Administrative Management Services**		\$	307,911	307,911		121000
13. Other (Specify)	100	\$	64,584	64,584		
See Attached Schedule						
C-14 Total Administrative & General Expenditures		\$	3,157,656	3,157,656		

^{*} 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)
		E1	482年計算器
	16 C	365	1467
	743 8	7 - 140 Billion	
			2.3
Total Other Travel and Entertainment	\$.	\$.	s -

Schedule of Other Advertising

Description		CNH	RHNS	(Specify)
		-		F Las
Media Advertising-Mkt	5	1,335		100
Special Events-Mkt	S	1,411		Salt to de la company
Promo liems-Mkt	S	410		1943
Total Other Advertising	5	3,156	5	5 -

Schedule of Dues

Description	C	CNH	RHNS	(Specify)
	100	liture w		9-1
CT Association of Health Care Facilities	5	8,747		
CT Long Term Care Aid Dues	5	204	100 Store 741 -	
Traditions Management - Membership Trademark	\$	400		
	Title:			2.0
	1.38		###	- 5.5
		MERCI:	ell en e	7
		WE SE	302.3	
	Per		104 300	10.2
	133	4		
Total Dues	5	9,351	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
		10,000,000,000	Switz -
		West Va	
	12000 1000	3/1-18 A 11 17 17 17 17 17 17 17 17 17 17 17 17	
Tetal Centributions	\$	\$ -	s -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	100 May	ALCOHOLDS	接接 海 鄉
Software Expense - Nursing Adm	\$ 9,097		
Licenses/Permits-Nursing Admn	\$ 666		
Background Checks-Nursing	\$ 788		
Background Checks- Social Service	\$ 104		
Licenses/Permits-Dietary	\$ 425	1,018 (000)	
Background Checks-Hskp	\$ 1,681	z i (1889)	
Background Checks-Laundry	\$ 420		
Background Checks-Maint	\$ 315		22000
Licenses/Permits-Maint	\$ 480		
Security Expense	\$ 2,534		
Equipment Minor-Rec/Sec	\$ 85		
Collateral Material-Mkt (Self-disallow)	\$ 565	- 581 (288)	
Licenses & Permits-Trans	5 223		
Background Checks-Admin	\$ 184	SEL VIII IN G	
Licenses/Permits	\$ 264	\$5. Level	
Patient Trust Bond	\$ 1,098	354 449	
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 850	- NC(4)	
Equipment Minor-Adm	\$ 2,815		30000000000000000000000000000000000000
Internet Access-Adm	\$ 2,904		
Records Storage - Adm	\$ 5,932		300
Equipment Rental-Adm	\$ 4,437	£ 250	1.700
Misc Decor-Adm (Self-disallow)	S 61	369	
Collection Fees/Credit Card Fees (Self-disallow)	\$ 3,177		
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 20,091		
Bank Service Charges-Adm	\$ 4,230		
Employee/Guest meals (Self-disallow)	\$ 1,158	Harris III	
Total Other Administrative and General	\$ 64,584	s -	S -

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Cheshire, LLC d/b	License No. 2407	Report for Year Ended 9/30/2018	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
Traditions Senior Management, 24641 US Highway 19 North - Clearwater FL, 33763	307,911	Handles all the operations and financial functions directly related to the facility.	Page 16/ Line m12
	8		

^{*} 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)

				rage 5)	1			T	
Name of Facility					Report for Year Ended			Page	of
Senior Philanthropy of Cheshire, LLC d/b/a Cheshire		shire F		2407	9/30/2018			18	37
	Item			Total		CCNH	RHNS	(S	pecify)
2.	Dietary a. In-House Preparation & Service							AL.	
	1. Raw Food		\$		_	355,307			
	2. Non-Food Supplies		\$		↓	39,715		1	
	3. Other (Specify)		\$						
	b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	498,446		498,446			
	c. Other (Specify)		\$	1,817		1,817			
	Equipment Rental								
2D.	Total Dietary Expenditures (2a+b+c+d)		\$	895,285		895,285			
G.	Dietary Questionnaire Resident Meals: Total no. of meals served pe			Total		CCNH	RHNS	(S	pecify)
H.	Is cost of employee meals included in 2E?	O	Yes	•	No	200			10.5
I.	Did you receive revenue from employees?	0	Yes	0	No		If yes, specify amt.		
J.	Where is the revenue received reported in the	Cos	t Repor	t? (Page/Line	Item	1)			
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	0	Yes	•	No		If yes, specify cost.		
L.	Is any revenue collected from these people?	0	Yes	0	No		If yes, specify amt.		
M.	Where is the revenue received reported in the	e Cos	t Repoi	t? (Page/Line	Iten	1)			
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?		Yes		No		If yes, specify cost.		
О.	Is any revenue collected from employees?	0	Yes	•	No)	If yes, specify amt.		
P.	Where is the revenue received reported in the	e Cos	t Reno	rt? (Page/Line	Iten	1)	- X-22	300	

^{*} 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)

		License		Report for Y		Page	of
Sen	or Philanthropy of Cheshire, LLC d/b/a Cheshire Re	1	2407	9/30/2018	Τ	19	37
	Item		Total	CCNH	RHNS	(5	Specify)
3.	Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies,	Lbs.					too.
	gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	4,263	4,263			
	Employee items including uniforms, gowns, etc. washed, ironed and/or	Lbs.					
	processed.***	Amt. \$					0.52-22
	3. Personal clothing of residents	Lbs.					
	washed, ironed, and/or processed.***	Amt. \$					2000
	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)	\$	128,482	128,482			
	c. Other (Specify) Laundry Equipment & Chemicals	\$	题 多	100		海	
3D.		\$	133,746	133,746	<u> </u>	<u> </u>	
3F. G.	Laundry Questionnaire Is cost of employee laundry included in 3E? O	Yes	•	No	If yes, specify cost.		BASCO SARREDOS MACA
H.	Did you receive revenue from employees?	Yes	0	No	If yes, specify amt.	22 111	
I.	Where is the revenue received reported in the Cost I			(Page/Line	e Item)		
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	Yes	•	No	If yes, specify cost.		
K.		Yes		No	If yes, specify amt.		66.0
L.	Where is the revenue received reported in the Cost	Report?	9	(Page/Line	e 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)

	e of Facility	License No.	Repo		nded	Page	of
Seni	or Philanthropy of Cheshire, LLC d/b/a Ch	2407	T	9/30/2018		20	37
	Item		1	Total	CCNH	RHNS	(Specify)
		Sq. Ft. Serviced		Total	001111		(0,000,00)
١.	Housekeeping a. In-House Care	by Personnel		ic.	7		
		Amt.	\$				
	1. Supplies - Cleaning (Mops, pails, brooms, etc.)	Ant.	Ψ		1		
-		Sq. Ft. Serviced	\dashv			7	
	b. Purchased Services (by contract other	2.5	1				
	than through Management Services)	by Personnel	\$	204,965	204,965		+
	(Complete Schedule C-2 att. Page 21)	Amt.	Þ	204,903	204,903		ļ.
THE W	C. Other (Specify)	N.	\$	3,682	3,682		
	Cleaning Supplies				,其一種		
ID.	Total Housekeeping Expenditures (4a +	b+c)	\$	208,647	208,647		
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***				hair I		
	Own Pharmacy		\$				
	2. Purchased from		\$	132,156	132,156		
_	b. Medicine Cabinet Drugs		\$	29,712	29,712		
	c. Medical and Therapeutic Supplies		\$	135,321	135,321		
	d. Ambulance/Limousine***		\$	8,147	8,147	AMARIN SAMA A TANAH SAMA	
	e. Oxygen			· 中族			
	For Emergency Use		\$				
	2. Other***		\$	16,544	16,544		
	f. X-rays and Related Radiological	1	\$	8,231	8,231		
	Procedures***			三省市 、平省			
	g. Dental (Not dentists who should be inc	luded under	\$				
	salaries or fees)						
	h. Laboratory***		\$	23,320	23,320		31/2
	i. Recreation	AMU.	\$	18,738	18,738		
-	i. Direct Management Services*	37935 - 5.385311	\$				
	k. Indirect Management Services*		\$		ī		
	I. Other (Specify)****		\$	114,875	114,875		
	See Attached Schedule		12.34		等		Value 3
514	. Total Resident Care Expenditures (5a-	5i)	\$	487,044	487,044		

^{*} 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	\$ 514		
Minor Equipment & Supplies - Therapy	\$ 4,146	7 84	
IV Supplies - Medicaid	\$ 4,838		
IV Drugs - Medicare (Self-disallow)	\$ 13,287		
Medical Equipment Rental	\$ 42,724		
Minor Equipment - Nursing	\$ 28,739		
IV Drugs - Managed Care (Self-disallow)	\$ 18,045		
TV Drugs - Medicaid	\$ 106		
Medical Waste Disposal	\$ 2,476		
		- 1 <u>74.</u>	
Total Other Resident Care	\$ 114,875	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Chesh	ame of Facility enior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab Cer			License No. 2407	Report for Year Ended 9/30/2018				Page 21	of 37
		Related ** Operators					Total Cost	/Page Ref.**	*	
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
CWPM LLC	25 Norton Place, Plainsville, CT 06062	0	0		Trash Removal	33,620			22	6f
Land Solutions, LLC	P.O. Box 120478, East Haven, CT 06512	0	<u> </u>		Grounds Maintenance	35,710			22	6f
Healthcare Services Group	Suite 300, Bensalem, PA 19020	0	0_		Laundry Services	128,482			19	3b
Healthcare Services Group	Suite 300, Bensalem, PA 19020	0	0		Housekeeping	204,965			20	4b
Healthcare Services Group	Suite 300, Bensalem, PA 19020	0	0		Dietary Services	498,446			18	3b
		0	•	3 0 140 V						
		0	•							
		0	•		01					L
		0	•							
		0	0							_
		0	0							
		0	0							L
		0	0						<u> </u>	_
		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

Name of Facility License No.).	Report for Ye	ear Ended		Page	of
Senior Philanthropy of Cheshire, LLC d/b/a C 2407		9/30/2018			22	37
Item		Total	CCNH	RHNS	(S ₁	pecify)
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	47,992	47,992			
b. Heat	\$	14,410	14,410	755		-28
c. Light & Power	\$	115,618	115,618			= 1240000
d. Water	\$	69,938	69,938			
e. Equipment Lease (Provide detail on page 6)	\$	8,040	8,040			
f. Other (itemize)	\$	160,027	160,027			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	416,025	416,025	13.		
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$	771	771			
b. Building & Building Improvements	\$	27,001	27,001			- 1441 L- V-
c. Non-Movable Equipment	\$			770107 800		
d. Movable Equipment	\$	77,384	77,384			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	105,156	105,156			0-200-
Amortization (Complete att. Schedule Page 24*) a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (Specify)	\$				1	
*8e. Total Amortization Costs (8a + b + c + d)	\$			31 - 58		112
Rental payments on leased real property less				-36-		With the
real estate taxes included in item 10b	\$	778,117	778,117			
10. Property Taxes					1	
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	36,331	36,331			
c. Personal property taxes	\$	20,257	20,257			
11. <i>Total Property Expenses</i> (7e + 8e + 9 + 10)	\$	939,861	939,861			

^{*} 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	CC	CNH	RHNS	(Specify)
		-		
Interco Contracted Services-Maint	\$	9,697		
Electrical-Maint	\$	3,061		
Plumbing-Maint	\$	8,820		
HVAC/Boiler Maint	\$	9,927		The state of
Paint-Maint	\$	2,097		
Alarm Inspection-Maint	\$	3,834		
Alarm Repairs-Maint	\$	2,876		
Grounds Maintenance-Maint	\$	36,090		
Sprinklers-Maint	\$	851		
Elevator-Maint	\$	21,466		
Pest Control-Maint	\$	2,073		
Maint Contracts- Generator	\$	7,852		
Equipment Rental-Maint	\$	5,092		
Waste Disposal -Grease/Trash	\$ -	41,264		N. Millian
Copier- Maintenance Agreement	\$	5,027		
		<u>3.1</u> 331	102	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
			Style 2	
Total Other Repairs and Maintenance	\$	160,027	\$ -	\$ -

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

Depreciation Schedule

Name of Facility Senior Philanthropy of Cheshire, LLC d/b/a C	'hechi	re Reo	ional Re	ehah Co	License No.	7		Report for Year E 9/30/2018	nded		Page 23	of 37
Property Item	nesini	ic reg	ional Ac	chub Ci	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								100 00 00 00 00 00 00 00 00 00 00 00 00	maga:			ge this
 Acquired prior to this report period 					16,350		16,350	2,024	S/L	Various	771	
Disposals (attach schedule)					100							
Acquired during this report period (attac	h sche	dule)						The state of the s		N. Material Control		
A-4. Subtotal		-	39.00	WH-		4624, 749		第二次列 斯	William Control	14		771
B. Building and Building Improvements											FC 407-8745H	
 Acquired prior to this report period 					391,893		391,893	56,970	S/L	Various	27,001	
Disposals (attach schedule)												
Acquired during this report period (attac	h sche	dule)										
B-4. Subtotal						marka da	1000		100	Alexander Control		27,001
C. Non-Movable Equipment												AND STATE OF
Acquired prior to this report period		- 122										
Disposals (attach schedule)										<u> </u>		- 1847 Ave
Acquired during this report period (attac	h sche	dule)	H 70	00.01.00								A PARTER I
C-4. Subtotal					Section 1				A 18			
	logi	nileage book rained?	Date of A	acquisition Year	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment			Hillians	N. Table			ne encount		40	Sheep Page		
Motor Vehicles (Specify name, model	35.4				Total State of the			The state of the s	44			
and year of each vehicle)			1		THE RESERVE TO SERVE				A STATE OF THE STA			
a. 2015 Ford Transit 250 -10 Passenger				15	40,257	CONTROL OF THE PARTY OF THE PARTY OF	40,257	20,128		5	8,051	Salah Salah
 b. Corporate Fleet - taxable sales tax 				16	1,110		1,110		S/L	5	222	
c. Corporate Fleet - taxable sales tax			4	17	1,693		1,693	339	S/L	5	339	
d.	1.5			action to continue	7. (F. P. P.) - 2.				200			
Movable Equipment		1	Magnetic .	September 1	100 200 100 100 100 100 100 100 100 100		2000		5.7		50.021	
a. Acquired prior to this report period			Var.	Var.	387,363		387,363	114,711	S/L	Various	59,031	256
b. Disposals (attach schedule)		X-13-25								Biological Co.	A Charles	Arrest and the second
c. Acquired during this report period		165	3.7243	Military and Milit	CO ASSESSMENT OF THE PARTY OF T	Selection of the		Sales Control of the	Telephone and		Carrier Roman	The same of the sa
(attach schedule)					74,822		74,822		S/L	Various	9,741	733
D-3. Subtotal										100 pt 1		77,384
E. Total Depreciation	938	200						(1)		100		105,156

Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab Center 9/30/2018

Schedule of Land I	mprovements Acquired	during	this	report	perio
--------------------	----------------------	--------	------	--------	-------

	Description of Item	Cost	Useful Life	Depreciation
Acquisition Date	Description of Rem	7 1		Depresation
Additions:		RESULT OF STREET OF THE STREET		Mary Company
		National Section 1985		
			TO A SECTION	
Total additions for Land Impro	ovement	\$ -		. S
Deletions:				
				F DAY
		Marie Section 1		
		the second second	West Constant	200 000 200
	AND THE RESERVE OF THE PARTY OF			CONTROL SAME
E de la companya de l				10 July 104 1 200
		AND THE STATE OF T	257 Att (1985)	30000000H - 325
		2004. The Bar S. C.		Wall Care
Total deletions for Land Impro	ovement	Chale S . Dec		\$10000000-

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Description of Item	Cost	Useful	Denrecia	tion
Description of item		Line	1	-
	4800 J. 1887 C. 1	161688-1616	943 21 11 -00000	Simply 725
		308888884K		ARRING N
			2.20 (1997)	285FT
		The state of the s		
	1900 100 100 100 100			
	40	-4-1000		325
				30.00
	STATE OF STA	SELUIS NE	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	2000
mprovement	5		2	+
		NA .		
	5.8 V/6	2.5		
		- " Name	y	338
		100 - 11 Million	13820-9-1	100
				115 AND
		44 (1887)		100
MADES EXCEPTION OF THE PROPERTY OF THE PROPERT			0. 0.7	
	C 380 14.	22 5 Emilion	\$	841
	Description of Item	Description of Item Cost	Description of Item Cost Life Useful Life S -	Description of Item Cost Life Deprecia Improvement S - S

^{*}Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report periods

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
			10 年,这出	
				811.175.25
			3.7	2.60
		156 W 15 2 M 1 ()		
		46.2 - 3 - 1		/ T.S.
Total additions for Non	i-Movable Equipmen	S S	differences.	Salamu T-a
Deletions:			115500000000000000000000000000000000000	
			251.1	2 U
				CALLED A CONTRACT
			1.0	
<u> </u>			1. 1.167	
			T.E	N Seerle
Total deletions for Non	-Movable Equipmen	\$ -		\$ -

^{*}Ties to Page 23, Line C3

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

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

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report peric

Acquisition Date	Description of Item		Cost	Useful Life	Dep	reciation
Additions:						
11/1/2017	Ring Central Telephones Cabling	\$	5,158	5	\$	1,032
12/1/2017	Facility Lighting	\$	52,231	10	\$	5,223
2/12/2018	Vital Monitors		5309	. 5		1061.8
6/7/2018	Elevator Rollers		12124	5		2424.8
Total additions for	Movable Equipmen	\$	74,822		\$	9,741
Deletions:						
		4282			974598	
					5.332.7	
Total deletions for l	 Movable Equipmen	S	-		\$	- 1-7

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

Schedule of Leasehold Improvements Acquired during this report peri-

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:	- NAMES - VALUE	XX - XX		
			Made	
				HUNOW KEINE
Total additions for Leas	ehold Improvemer	\$ -		\$ -
Deletions:				-
		5.2475	2000年	
30			A 1465	184
		1. 15.85	1000000	
基 法 西				
Total deletions for Lease	ehold Improvemen	\$ -		\$ -

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Senior Philanthropy of Cheshire, LLC Cost Papart Vear 2018

Total Prior to 2015 Total Prior to 2015 Total Land Improvements	Cost Report Year 2018 Medicaid Cost Report - Depreciatio	on Summary	Historical Cost	Date Acquired	Method	Life	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	Net Book Value
Total Prior to 2015 Substitutions Substi	Land Improvements	Accet Additions 10/1/2014-3/21/2015	2 850	VAR	S/L	VAR	96	336	96	432	2,418
Sidewalks 15,500 e16767015 S/L 20 675 1,688 675 2,265 11,137 1,2024 771 2,024 771 2,024 771 2,025 13,555 13,5	Total Prior to 2015	ASSEL AUDICIONS 10/1/2014-3/31/2013				-			96	432	2,418
Total Land Improvements		2015 Additions								0004792572	remonau.
Building improvements		Sidewalks	13,500	6/15/2015	S/L	20					
2015 Additions	Total Land Improvements		16,350		1841 NOTE 1		771	2,024	771	2,795	13,555
2015 Additions	Building Improvements										
Awning		2015 Additions							2020		
Naming 1,000 1,0		Gazebo	11,180	7/22/2015				5.875.66633			
Fire Alarm 31,998 Fire Alarm 31,740 Fire Old of S,700 Fi		Awning	4,908								
Here Alarim HVAC S,700 Move Generator 13,744 Roy Generator 70412015 Roy Generator 704127 System Roy Generator Floor Ranovations 39,804 System Roy Generator Floor Ranovations System Roy Generator Roy Generator Roy Generator Floor Ranovations System Roy Generator Roy Ge		Fence	2,887	9/24/2015							
Nove Generator 13,744 617/2015 5/L 15 516 2,291 916 3,207 10,537		Fire Alarm	31,998	9/17/2015					- 23		
2016 Additions 39,804 9/4/2015 5/L 20 1,990 3,980 1,990 5,970 33,834 8,667 711 356 1,067 711 711 712 712 712 712 712 713 713 713 714 7		HVAC	5,700	7/1/2015	S/L						
2016 Additions 39,804 914/2015 5/L 20 1,990 3,980 1,990 5,970 33,834 1,779 21/202016 5/L 5 356 711 356 1,067 711 1,000		Move Generator	13,744	6/10/2015	S/L	15 _					
Floor Renovations 33,804 94/2015 S/L 20 1,990 3,980 1,990 5,970 33,834 Replace Keypad 1,779 2/12/2016 S/L 15 356 711 356 1,067 711 Blevator Repair 840 2/12/2016 S/L 15 56 112 56 168 672 Bldg Reno- Draw 1 44,132 2/12/2016 S/L 15 2,333 4,667 2,333 7,000 25,000 Bldg Reno- Draw 2 35,000 37/3016 S/L 15 2,333 4,667 2,333 7,000 25,000 Bldg Reno- Draw 3 60,000 54/2016 S/L 15 4,000 8,000 4,000 40,000 40,000 Bldg Reno- Draw 4 50,000 57/2016 S/L 15 3,333 6,667 3,333 10,000 40,000 Bldg Reno- Draw 4 50,000 57/2016 S/L 15 4,062 8,125 4,062 12,187 48,748 Bldg Reno- Draw 4 50,000 57/2016 S/L 15 4,062 8,125 4,062 12,187 48,748 Bldg Reno- Draw 5 60,935 6/28/2016 S/L 15 608 1,217 608 1,825 7,300 Multiple Elevator Part Repairs 9,127 80/2016 S/L 15 608 1,217 608 1,825 7,300 Fire Doors 17,786 8/23/2016 S/L 15 1,186 2,371 1,186 3,557 14,228 Total Building Improvements 391,893 321,476 5 8,051 20,129 8,051 28,180 12,077 Total Building Improvements 2015 Additions 2015 Additions 2016 Additions 2016 Additions 2016 Additions 2016 Additions 2016 Additions 2017		Total 2015 Additions	70,417			50 50	5,928	14,821	5,928	20,749	49,668
Floor Renovations 33,804 94/2015 S/L 20 1,990 3,980 1,990 5,970 33,834 Replace Keypad 1,779 2/12/2016 S/L 15 356 711 356 1,067 711 Blevator Repair 840 2/12/2016 S/L 15 56 112 56 168 672 Bldg Reno- Draw 1 44,132 2/12/2016 S/L 15 2,333 4,667 2,333 7,000 25,000 Bldg Reno- Draw 2 35,000 37/3016 S/L 15 2,333 4,667 2,333 7,000 25,000 Bldg Reno- Draw 3 60,000 54/2016 S/L 15 4,000 8,000 4,000 40,000 40,000 Bldg Reno- Draw 4 50,000 57/2016 S/L 15 3,333 6,667 3,333 10,000 40,000 Bldg Reno- Draw 4 50,000 57/2016 S/L 15 4,062 8,125 4,062 12,187 48,748 Bldg Reno- Draw 4 50,000 57/2016 S/L 15 4,062 8,125 4,062 12,187 48,748 Bldg Reno- Draw 5 60,935 6/28/2016 S/L 15 608 1,217 608 1,825 7,300 Multiple Elevator Part Repairs 9,127 80/2016 S/L 15 608 1,217 608 1,825 7,300 Fire Doors 17,786 8/23/2016 S/L 15 1,186 2,371 1,186 3,557 14,228 Total Building Improvements 391,893 321,476 5 8,051 20,129 8,051 28,180 12,077 Total Building Improvements 2015 Additions 2015 Additions 2016 Additions 2016 Additions 2016 Additions 2016 Additions 2016 Additions 2017		2016 Additions									
Replace Keypad			39,804	9/4/2015	S/L	20	1,990	3,980	1,990	5,970	33,834
Elevator Repair 840 2/9/2016 S/L 15 56 112 56 168 672			1,779	2/12/2016	S/L	5	356	711	356	1,067	711
Bidg Reno- Draw 1				2/9/2016	S/L	15	56	112	56	168	672
Bidg Reno- Draw 2 35,000 331/2016 S/L 15 2,333 4,667 2,333 7,000 28,000			44,132	2/12/2016	S/L	15	2,942	5,884	2,942	8,826	
Blidg Reno- Draw 3 60,000 5/4/2016 5/L 15 4,000 8,000 4,000 12,000 48,000 40,000 12,000 40,000 12,000 40,000 40,000 12,000 40,000			35,000	3/31/2016	S/L	15	2,333	4,667	2,333	7,000	
Bldg Reno- Draw 4 50,000 5/27/2016 5/L 15 3,333 6,667 3,333 10,000 40,000			60,000	5/4/2016	S/L	15	4,000	8,000	4,000	12,000	
Bldg Reno- Draw 5 60,935 6/28/2016 S/L 15 4,062 8,125 4,062 12,187 48,748 5 Call Cords in Showers 2,074 5/31/2016 S/L 10 207 415 207 622 1,452 Multiple Elevator Part Repairs 9,127 8/9/2016 S/L 15 608 1,217 608 1,825 7,302 Fire Doors 17,786 8/23/2016 S/L 15 1,186 2,371 1,186 3,557 14,228 Total 2016 Additions 321,476 321,476 321,476 321,476 321,476 321,075 42,149 21,073 63,222 258,254 Total Building Improvements 27,003 56,970 27,001 83,971 307,922 Total Building Improvements 2015 Additions 2015 Additions 2015 Ford Transit 250 -10 Passenger Wagon 40,257 40,257 40,257 8,051 20,129 8,051 28,180 12,077 2016 Additions 2016 Additions 2016 Additions 2016 Additions 2017 Addition			50,000	5/27/2016	S/L	15	3,333	6,667	3,333	10,000	40,000
S Call Cords in Showers 2,074 5/31/2016 S/L 10 207 415 207 622 1,452		5	60,935	6/28/2016	S/L	15	4,062	8,125	4,062	12,187	48,748
Multiple Elevator Part Repairs 9,127 8/9/2016 S/L 15 608 1,217 608 1,825 7,302 Fire Doors 17,786 8/23/2016 S/L 15 1,186 2,371 1,186 3,557 14,228 Total 2016 Additions 321,476 21,075 42,149 21,073 63,222 258,254 Total Building Improvements Vehicles 2015 Additions 2015 Ford Transit 250 -10 Passenger Wagon 40,257 7/3/2015 S/L 5 8,051 20,129 8,051 28,180 12,077 2016 Additions 2016 Additions 2016 Additions 1,110 5/16/2016 S/L 5 222 444 222 666 444 2017 Additions 2017 Additions 1,693 4/1/2017 S/L 5 339 339 339 678 1,015 Corporate Fleet - taxable sales tax 1,693 4/1/2017 S/L 5 339 339 339 678 1,015 1,693 1,693 1,693 1,015 1,015 1,015 1,015 1,015 1,015 1,015 1,015 1,015 1,015 1,015 1,015 1,015		(2) 개발 기독을 하십시간 경기 경기 기업 기업 기업 (1	2,074	5/31/2016	S/L	10	207	415	207	622	
Fire Doors			9,127	8/9/2016	S/L	15	608	1,217	608	1,825	7,302
Total Building Improvements 321,476 21,075 42,149 21,073 63,222 258,254			17,786	8/23/2016	S/L	15	1,186	2,371	1,186	3,557	14,228
Vehicles 2015 Additions 2015 Ford Transit 250 -10 Passenger Wagon 40,257 7/3/2015 S/L 5 8,051 20,129 8,051 28,180 12,077			321,476				21,075	42,149	21,073	63,222	258,254
Vehicles 2015 Additions 2015 Ford Transit 250 -10 Passenger Wagon 40,257 7/3/2015 S/L 5 8,051 20,129 8,051 28,180 12,077	Total Building Improvements		391,893		. K		27,003	56,970	27,001	83,971	307,922
2015 Additions 2015 Ford Transit 250 -10 Passenger Wagon 40,257 7/3/2015 S/L 5 8,051 20,129 8,051 28,180 12,077								10			
2015 Ford Transit 250 -10 Passenger Wagon 40,257 7/3/2015 S/L 5 8,051 20,129 8,051 28,180 12,077 2016 Additions Corporate Fleet - taxable sales tax 1,110 5/16/2016 S/L 5 222 444 222 666 444 2017 Additions Corporate Fleet - taxable sales tax 1,693 4/1/2017 S/L 5 339 339 339 678 1,015 1,693 1,693 2,632 3031 8,613 1,015	Vehicles	2015 Additions									
2016 Additions Corporate Fleet - taxable sales tax 1,110 2017 Additions Corporate Fleet - taxable sales tax 1,693 1,69			40.257	7/3/2015	\$/1	5	8.051	20.129	8.051	28,180	12,077
Corporate Fleet - taxable sales tax 1,110 5/16/2016 5/L 5 222 444 222 666 444 2017 Additions Corporate Fleet - taxable sales tax 1,693 4/1/2017 5/L 5 339 339 339 678 1,015 1,693 339 339 339 678 1,015		2015 Ford Transit 250 -10 Passenger Wagon		,/3/2013	3/ -	٠,					12,077
1,110 3,40,201			1 110	E/16/2016	5/1		222	444	222	666	444
Corporate Fleet - taxable sales tax 1,693 4/1/2017 S/L 5 339 339 339 678 1,015 1,693 339 339 678 1,015		Corporate Fleet - taxable sales tax		5/10/2010	3/L	3.					444
Corporate Freet - taxable sales tax 1,693 339 339 339 678 1,015			1.503	4/1/2017	c/ı		330	330	339	678	1.015
8 612 20 911 8 612 29 523 13.537		Corporate Fleet - taxable sales tax		4/1/201/	3/1	5					1,015
			43.000				9 612	20.911	R 612	29.523	13,537

Senior Philanthropy of Cheshire, LLC Cost Report Year 2018 Medicaid Cost Report - Depreciation Summary

Movable Equipment

n Summary						9/30/2017		9/30/2018	Net
,		Date			9/30/2017	Accum	9/30/2018	Accum	Book
	Historical Cost	Acquired	Method	Life	Expense	Deprec.	Expense	Deprec.	Value
Asset Additions 10/1/2014-3/31/2015	45,767	/arious	S/L	Various	1,066	3,731	1,066	4,797	40,970
2015 Additions									
Sonic Wall	3,609	4/30/2015	S/L	15	241	601	241	842	2,767
Canon Copiers @2	26,978	5/30/2015	S/L	5	5,396	13,489	5,396	18,885	8,093
Slings	14,356	6/1/2015	S/L	5	2,871	7,178	2,871	10,049	4,307
Slings	2,194	6/1/2015	S/L	5	439	1,097	439	1,536	658
Patio Furniture	2,779	5/29/2015	S/L	5	556	1,390	556	1,946	833
AHT Software	3,022	7/1/2015	S/L	3	1,007	2,519	503	3,022	0
Total 2015 Additions	52,938				10,509	26,274	10,006	36,280	16,658
2016 Additions									
2016 Additions	1,142	1/15/2015	S/L	5	228	457	228	685	457
Cards & Card Printer	1,275	1/14/2015	S/L	5	255	510	255	765	510
Computers	1,951	2/12/2015	S/L	5	390	780	390	1,170	781
Food Processor	1,745	2/9/2015	S/L	5	349	698	349	1,047	698
Computers	1,216	4/29/2015	S/L	10	122	243	122	365	851
Wheelchair Ramp	916	5/6/2016	S/L	5	183	366	183	549	367
TVs	1,322	6/16/2015	S/L	5	264	529	264	793	529
Ipads & Cases	458	6/22/2015	S/L	5	92	183	92	275	183
TVs	458	7/2/2015	S/L	5	92	183	92	275	183
TVs	117	6/4/2015	S/L	5	23	47	23	70	47
Patio Furniture	536	7/1/2015	S/L	5	107	214	107	321	215
Pressure Reducing Mattress	907	8/12/2015	S/L	5	181	363	181	544	363
TVs	549	7/17/2015	S/L	5	110	219	110	329	219
Transmitter	893	7/17/2015	S/L	5	179	357	179	536	357
Entertainment Credenza	458	8/17/2015	S/L	5	92	183	92	275	183
TVs		9/17/2015	S/L	10	233	466	233	699	1,631
Lift	2,331 458	9/16/2015	S/L	5	92	183	92	275	183
TVs	458	10/30/2015	S/L	5	92	183	92	275	183
TVs	2,048	11/12/2015	S/L	5	410	819	410	1,229	819
Laptop Computer Cart	898	11/9/2015	S/L	5	180	359	180	539	359
Floor Buffer	37,042	10/1/2015	S/L	5	7,408	14,817	7,408	22,225	14,817
Mattresses, Wheelchair	1,790	12/9/2015	S/L	5	358	716	358	1,074	716
Mattress Wanderguard	2,765	5/30/2015	S/L	5	553	1,106	553	1,659	1,106
Computers & Kiosks	14,680	1/25/2016	S/L	5	2,936	5,872	2,936	8,808	5,872
Therapy Equipment	3,225	7/6/2015	S/L	10	323	645	323	968	2,257
HVAC Burner	513	10/29/2015	S/L	5	103	205	103	308	205
Notebook Computer	1,191	9/2/2015	S/L	5	238	476	238	714	476
Bed Trapeze		6/1/2015	S/L	10	330	660	330	990	2,310
Scales	3,300		S/L	10	1,437	2,874	1,437	4,311	10,058
UMAC Washer Loan	14,368	5/5/2015 5/12/2016	S/L	5	489	977	489	1,466	977
Plate Warmer	2,444	5/1/2016	S/L S/L	5	282	563	282	845	563
6 Drawer Cart/Shelf	1,408		S/L S/L	5	300	600	300	900	600
Billboard	1,500	4/27/2016 6/1/2016	S/L	5	110	220	110	330	220
LaserJet Printer	550	0/1/2016	3/L	5	110	220	110	230	202

Senior Philanthropy of Cheshire, LLC Cost Report Year 2018 Medicald Cost Report - Depreciation Summary

Total Moveable Equipment

Total for 2018

on Summary	Historical Cost	Date Acquired	Method	Life	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	Net Book Value
Hand Sinks	1,266	6/17/2016	S/L	10	127	253	127	380	886
Telephone Equipment	9,060	6/23/2016	S/L	5	1,812	3,624	1,812	5,436	3,624
Billboard	1,500	4/27/2016	S/L	5	300	600	300	900	600
Bulletins	3,250	5/2/2016	S/L	5	650	1,300	650	1,950	1,300
Timer on steamer	508	2/20/2015	S/L	5	102	203	102	305	203
Warmer elements	522	2/20/2015	S/L	5	104	209	104	313	209
Door Gaskets	1,044	4/24/2015	S/L	10	104	209	104	313	731
Dishwasher Parts	1,137	4/30/2015	S/L	5	227	455	227	682	455
Dishwasher Parts	1,137	5/30/2015	S/L	5	227	455	227	682	455
Generator emergency stop	2,235	8/28/2015	S/L	10	224	447	224	671	1,564
New Sprinklers & Installation	1,112	4/30/2015	S/L	15	74	148	74	222	890
Door Holders (Rehab and Dietary)	978	8/27/2015	S/L	10	98	196	98	294	684
Heat & Smoke Detectors	984	8/27/2015	S/L	15	66	131	66	197	787
Plumberex shield ADA cover	1,997	4/9/2015	S/L	10	200	399	200	599	1,398
Plumberex shield ADA cover	1,036	4/20/2015	S/L	10	104	207	104	311	725
Locks	1,778	7/9/2015	S/L	10	178	356	178	534	1,244
Faucet	598	9/1/2015	S/L	10	60	120	60	180	418
Faucet	717	12/8/2015	S/L	10	72	143	72	215	502
Fix/Replace Rada 40 valves	919	3/17/2015	S/L	5	184	367	184	551	367
C Cord Pneumatic Air bulb	668	2/17/2015	S/L	5	134	267	134	401	267
4 Mattresses	744	8/24/2016	S/L	5	149	298	149	447	298
Facility Furniture	63,276	6/7/2016	S/L	5	12,655	25,310	12,655	37,965	25,311
2nd Floor Room Signs	1,197	7/7/2016	S/L	5	239	479	239	718	479
Washer	633	9/1/2016	S/L	5	127	253	127	380	253
Total 2016 Additions	203,205	0.112010	2/ -	-	36,753	73,505	36,758	110,263	92,942
2017 Additions									
Bladder Scanner	7,179	10/13/2016	S/L	5	1,436	1,436	1,436	2,872	4,307
Mattresses	6,045	2/1/2017	S/L	5	1,209	1,209	1,209	2,418	3,627
2nd Floor Nurse Call System	5,970	3/3/2017	S/L	15	398	398	398	796	5,174
Facility Lighting	50,937	12/1/2016	S/L	10	5,094	5,094	5,094	10,188	40,749
Washing Machine	15,322	4/28/2017	S/L	5	3,064	3,064	3,064	6,128	9,194
Total 2017 Additions	85,453			-	11,201	11,201	11,201	22,402	63,052
2018 Additions									
Ring Central Telephones Cabling	5,158	11/1/2017	S/L	5			1,032	1,032	4,126
Facility Lighting	52,231	12/1/2017	S/L	10			5,223	5,223	47,008
Vital Monitors	5,309	2/12/2018	S/L	5	•	-	1,062	1,062	4,247
Elevator Rollers	12,124	6/7/2018	S/L	5		2	2,425	2,425	9,699
Total 2018 Additions	74,822		200.00				9,741	9,741	65,081
	462,185				59,529	114,711	68,772	183,483	278,702
	913,489				95,915	194,616	105,156	299,773	613,716

Amortization Schedule*

Nam	e of Facility			License No.	- H	Report for Yea	r Ended		Page	of
	or Philanthropy of Cheshire, LLC d/b/a C	heshire	Region	240	07	9/30/2018			24	37
		Date Acqui	e of			Accumulated Amort. to Beginning of	Basis for			
	Item	Month	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**	Rate %	Amortization for This Year	Totals
A.	Organization Expense 1.									
	2.									
A-4.		100	1			and the second second		**************************************		
B.	Mortgage Expense 1.									
	2.					1000				
	3.						240			<u> </u>
B-4.	Subtotal	A CONTROL				A MARKET	《			
C.	Leasehold Improvements and Other 1. Acquired prior to this report period				· ·					
	2. Disposals (attach schedule)								14/7/11/12	
	3. Acquired during this report period (attach schedule)	egy blacket	30.00						Can Hallacan	
C-4.	Subtotal						100		**	
D.	Total Amortization					142		Link		

^{*} 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:

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

	License No.	Report for Year E	nded		Page	of
Senior Philanthropy of Cheshire, LLC	2407	9/30/2018	1940		25	37
11. Property Questionnaire						
Part A	UPW.		and the same of th			
Is the property either owned by th	e Facility	O 11	0	NT.	If "Yes," compl	ete Part B.
or leased from a Related Party?*		O Yes	•	NO	If "No," comple	ete Part C.
*If any owner or operator of this fac	cility is related by far	mily, marriage, ownership, abi	lity to control or			
business association to any person o	r organization from	whom buildings are leased, th	en it is considered a			
related party transaction.		Total		CONTRACTOR OF THE PARTY OF THE		100 m
Description 1. Date Land Purchased		Total				
Date Land Purchased Date Structure Completed					Design of	
3. If NOT Original Owner, Date	of Purchase					
Date of Initial Licensure						
5. Total Licensed Bed Capacity	9700	9	5			
Square Footage						
7. Acquisition Cost						
a. Land						
b. Building			高温度	(金)		
Part B - Owner and Related Pa	rties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mor	tgage
1. Financing		《新聞報》			100	
a. Type of Financing (e.g., f	ixed, variable)			22115		-
b. Date Mortgage Obtained c. Interest Rate for the Cost	Voca				-	
d. Term of Mortgage (numb						
e. Amount of Principal Borr						
f. Principal balance outstand						
Complete if Mortgage was			a designation			
During Current Cost Ye					"我"	
g. Type of Financing (e.g., f						
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (numb						
k. Amount of Principal Born						
Principal Outstanding on					<u> </u>	
Part C - Arms-Length Leas				T CT	J 4 J 4	ant of the second
Name and Address of Lesso		Property Leased	04/01/15		Annual Amou	778,117
745 Highland Ave LLC	Buil	ding	04/01/13	123 mo.		//0,11/
					0.00	10.17-7-1
			1		1	
	ь					
					1	
				1		

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.						
Senior Philanthropy of Cheshire, LLC 2407	9/30/2018			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	\$					
Name of Lender	Rate					
Address of Lender			K-706			
3. Third Mortgage	\$					
Name of Lender	Rate					
Address of Lender			A Market			
4. Fourth Mortgage	9	3				
Name of Lender	Rate			· · · · · · · · · · · · · · · · · · ·	A Partie	
Address of Lender			Š.		194	
B. CHEFA Loan Information						
Original Loan Amount	9	S				
2. Loan Origination Date						
3. Interest Rate %					· · · · · · · · · · · · · · · · · · ·	
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)		5				

(Carry Subtotals forward to next page)

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

Name of Facility Senior Philanthropy of Cheshire, LI License 2	No. 407		Report for Ye 9/30/2018	ar Ended		Page of 27 37
Team			Total	CCNH	RHNS	(Specify)
Item	1.4.4.1. D	- let Ede		CCNH	KHINS	(Specify)
	btotals Bro	ught Forward:				
12. C. Movable Equipment		6				
Automotive Equipment	I Date	\$		W. 1971	Real Francisco	5 BY 10 15 25
A. Item	Rate	Amount				
Lender		2 00				
Address of Lender						
2. Other (Specify)		\$			5454601	22500 V
A. Item	Rate	Amount				1-1-14-14-14-14-14-14-14-14-14-14-14-14-
Lender	100					
Address of Lender						
B. Item	Rate	Amount	STATE OF STATE OF			
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Inte	rest					
Expense (C1 + 2)		<u>\$</u>		242.266		
12. D. Other Interest Expense (Specify) Interest on a line of credit & other	interest	2	343,266	343,266		
			Miles Wall			
13. Total All Interest Expense (12B7 + 12	2C3 + 12D	\$	343,266	343,266		
14. Insurance				17.0	333.00	
a. Insurance on Property (buildings	only)	\$	12,162	12,162		
b. Insurance on Automobiles		\$		5,073		
c. Insurance other than Property (as	specified at	pove)				
1. Umbrella (Blanket Coverage)	550	\$	51,057	51,057		
Fire and Extended Coverage	- 102702	\$				
3. Other (Specify)		\$		7,623		
D&O and Crime Policy						
14d. Total Insurance Expenditures (14a +	b+c	\$	75,915	75,915	354, SA 10 10 10 10 10 10 10 10 10 10 10 10 10	0.0
15. Total All Expenditures (A-13 thru C-		\$		12,189,887		

D. Adjustments to Statement of Expenditures

	of Fa		opy of Cheshire, LLC d/b/a Cheshire Regional	ense No. 2407	Report for Year 9/30/2018	r Ended	Page 28	of 37
	Page No.	Line	Item Description	Total Amount of Decrease	CCNH	RHNS	(Spe	ecify)
Page	10 - 5	Salari	es and Wages					
1.			Outpatient Service Costs	\$	140.000000		Torright State of the State of	
2.			Salaries not related to Resident Care	\$				
3.	10	A12g	Occupational Therapy	\$ 24,430	24,430			
4.			Other - See attached Schedule	\$ 2,668	2,668		2500	
Page	13 - I	Profes	sional Fees					
5.	13	В8с	Resident Care Physicians **	\$ 34,843	34,843			
6.	13	B10a	Occupational Therapy	\$ 228,261	228,261			
7.			Other - See attached Schedule	\$ 400	400	N 1860		
Page	s 15 &	16 -	Administrative and General	7. 1. 1. 1. 1.	344	44.4F2 (F)	14000	
8.			Discriminatory Benefits	\$				
9.	15	1c	Bad Debts	\$ 126,735	126,735			
10.	15	1d	Accounting	\$ 				
10a.	1		Legal	\$ 8,704	8,704			
11.			Telephone	\$				
12.	15	h2	Cellular Telephone	\$ 990	990	010.00		
13.			Life insurance premiums on the life		100 W 100 W 100 W	设 数分类的		
			of Owners, Partners, Operators	\$				
14.	16	L3	Gifts, flowers and coffee shops	\$ 108	108			
15.			Education expenditures to colleges or		1000			
			universities for tuition and related costs	50 600				
			for owners and employees	\$				
16.			Travel for purposes of attending	AND AND	建			
			conferences or seminars outside the	华森 沃森				
			continental U.S. Other out-of-state					
			travel in excess of one representative	\$				
17.			Automobile Expense (e.g. personal use)	\$				
18.	16	m2/3	Unallowable Advertising *	\$ 3,156	3,156			
19.			Income Tax / Corporate Business Tax	\$				200
20.	16	m10	Fund Raising / Contributions	\$ 				
21.	16	m12	Unallowable Management Fees	\$ 45,287	45,287			
22.			Barber and Beauty	\$				
23.			Other - See attached Schedule	\$ 38,743	38,743			Statement in Colombia
Page	18 - 1	Dietai	y Expenditures	A 12 14 14 14 14 14 14 14 14 14 14 14 14 14				
24.			Meals to employees, guests and others					
			who are not residents	\$		E-A in factor-case to		COLUMN TOWN
		Laund	lry Expenditures					
25.			Laundry services to employees, guests		La mila di 1912			
			and others who are not residents	\$ Martin Marketin Market			CI DPOMAL TO A	S Mary
		House	keeping Expenditures			EDMANDE		
26.			Housekeeping services to employees, guests				and see	
			and others who are not residents	\$				
	arressan essen	12 mm	Subtotal (Items 1 - 26)	\$ 514,325	514,325			

^{*} 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)
10	12n	Marketing Salaries	\$ 2,668		10000000000000000000000000000000000000
					100
		Name of the Control o			
The state of the s			1		
					beauties il rivie de la
		The state of the s			
Total Othe	r Salaries	Adjustment	\$ 2,668	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CC	CNH	RHNS	(Specif	fy)
	As a second		200			A PART AND A STATE OF THE STATE	died
				14 10 9		I Dalle	
	Jan 19			See Bassin			
	on a lake			State of the	V and		
			men 1 casas				
		Traditions Management - Membership Trademark (Self-disallow)	S	400			
Total Othe	r Fees Adj	ustments	\$	400	\$	S	

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description		CCNH	RHNS	(Specify)
lee	Attached	Marketing Disallowances	\$_	746		
16	m13	Collateral Material-Mkt (Self-disallow)	\$	565		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$	850		
16	m13	Misc Decor-Adm (Self-disallow)	\$	61		
16	m13	Collection Fees/Credit Card Fees (Self-disallow)	\$	3,177		
16	m13	Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$	20,091		
16	m13	Employee/Guest meals (Self-disallow)	S	1,158		
16	m13	Monika McGrath - rental car (Self-disallow)	\$	238		
16	m13	Petty Cash (Self-disallow)	\$	572		
16	m13	Anne Audette - Cobra (Self-disallow)	\$	595	and the second	
15	1a9	Employee Appreciation Awards (Self-disallow)	\$	5,351		a service
15	1a9	Employee Food (Self-disallow)	\$	4,174		
15	1a9	Holiday Fund (Self-disallow)	\$	765		
16	m8	Traditions Management - Membership Trademark (Self-disallow)	\$	400		
otal Othe	er A&G Ac	ljustments	\$	38,743	\$ -	\$ -

Senior Philanthropy of Cheshire, LLC Calculation of Allowable Cell Phone Expense September 30, 2018

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

Total Bed Capacity	 95
# of Allowable Cell Phones	3

Allowable Cell Phone Exp	pense (per cell phone):	***
per month	\$	30
per year	\$	360

Page 15 Line 1h2	A1	mount	
Cell Phone expense per TB	\$	2,070	
Allowable Cell Phone expense	\$	1,080	
Disallowed Cell Phone expense	\$	990	Page 28 Line 12

Senior Philanthropy of Cheshire, LLC Calculation of Allowable Management Fee 9/30/2018

Descrption	Amount					
Management fees Charged	283,278	**				
Patient Days	38,977	Page 8 of	C/R			
Amount Per Patient Day		s	7.2678			
PPD Allowance Per Rate Agreement			6.67 0.07			
2018 CPI Increase			0.07	1		
PPD Allowance 9/30/2018			6.74	-		
Amount over (Under)		\$	0.5299			
Total Days			38,977	Page	8 of C/R	
Part 1 Disallowed Management Fee				\$	20,654	
Management fees Charged (Pg. 16 / Line m12)			307,911			
Actual Costs to the Related Party - Allowable Expense			283,278			
Part 2 Disallowed Management Fee				\$	24,633	-
Total Disallowed Mangement Fee				\$	45,287	Pg. 28 / line 21

^{**}Per as filed 12/31/17 Medicare cost report

Senior Philanthropy of Cheshire, LLC Marketing Disallowance September 30, 2018

Page	Line	Account	Description	Am	ount
15	1.a.1	490123	Workers Comp-Mkt		13
15	1.a.4	490121	Payroll Taxes-Mkt-FICA		300
15	1.a.6	490126	Employee Life Insurance-Mkt		10
		Tot	al Page 15 Marketing Disallowance		323
16	1.4	490950	Mileage Reimbursement-Mkt		423
		Tot	al Page 16 Marketing Disallowance	./// 	423
Disallowed	d Marketing D	epartment Ex	rpenses	\$	746

Annual Report of Long-Term Care Facility

CSP-29 Rev. 10/2006

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

			D. Adjustments to Statement					
	e of Fa		The same account and a second a	cense No.	Report for Y	ear Ended	Page 29	of
Senio	or Phil	anthro	opy of Cheshire, LLC d/b/a Cheshire Region	2407	9/30/2018	9/30/2018		37
				Total				
Item	Page	Line		Amount of			V. (2000)	
No.	No.	No.	Item Description	Decrease	CCNH	RHNS	(S ₁	pecify)
		-	Subtotals Brought Forward	514,325	514,325	No.		
Page	20 - 1	Reside	ent Care Supplies***		要是主义	4. 陶技院	大学	基制
27.	20	5a2	Prescription Drugs	132,156	132,156			
28.	20	5d	Ambulance/Limousine	8,147	8,147			
29.	20	5f	X-rays, etc		8,231	100	1	9. Bl/6
30.	20	5h	Laboratory		23,320			
31.	30	II2a/c	Medical Supplies	3,880	3,880		.0026	
32.	20	5e2	Oxygen (non emergency)	16,544	16,544	11 12 1	1	N - 42ALCO
33.			Occupational Therapy	6				
34.			Other - See Attached Schedule	36,157	36,157			7.00
Page	22 - 1	Maint	enance and Property					
35.			Excess Movable Equipment Depreciation	克里 (1000年)				
			See Attached Schedule	S		5-14		7.0
36.			Depreciation on Unallowable	"大学"				
			Motor Vehicles	S				
37.			Unallowable Property and Real	明成475岁 。	建筑是			門的
			Estate Taxes	S		a reconstruction and gard		The state of the s
38.			Rental of Building Space or Rooms	B				
39.				5		100		242-
Page	27 - 1	nsura						
40.	-			S				
41.				8		- X		2.0
Othe	r - Mi	scella	neous					
42.	T	T		B				
43.				8		\$478.02MM27		
44.			The second secon	S				
45.				8				
46.				\$			0 00	White
47.				1,999	1,999			2,100
	For P	rofit F	Providers Only			阿尔斯曼		
48.	_	J. 7	Building/Non Movable Eq. Depreciation	PATANCE SERVI			2,000	
			Unallowable Building Interest -					
		1		\$		N. S. P. S. D. B. S.		man bear died
10	Total	1 Amo		\$ 744,759	744,759	#23	ř	2000

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
20	5i	Cable TV in Excess (See attached Page 29b)	\$	4,825		
20	51	IV Drugs - Medicare (Self-disallow)	\$	13,287		
20	51	IV Drugs - Managed Care (Self-disallow)	S	18,045		
			2.0000			
			757			
and the same			1		225 N. I	
				102 H 102		WAR STATE OF THE S
				- 52,390		
Total Othe	r Ancillar	y Costs	\$	36,157	\$ -	\$

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
N. Company	THE PARTY		and the state of t		N. SANSA CONTRACTOR
a properties (1)					A PARTY
			A LONG THE PARTY.		· 文章以及 [1]
	- 1				
			ET-		All Carties
					A LANGUAGE
Total Exce	ss Movabl	e Equipment Depreciation	\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	100000000000000000000000000000000000000		Barrie .		3
E CARREST					
			11.0014		
TY SE			Lista di Branchi	or the same of	raighteach C
				Name of the last	The second of
AND PARTY	entra interne	The state of the s		AND THE STREET, STREET	(10.0mg) (10.0mg) (10.0mg)
estande de	Carlot New Park	The state of the s		The second section of the second	CONTRACTOR OF THE
		Control of the contro	100 may 200 may 1997	AND DESCRIPTION OF THE PARTY OF	CONTRACTOR OF THE PARTY OF THE
				CONTRACTOR OF THE STATE OF THE	
Total Othe	r Property	y Adjustments	s -	S -	\$ -

Page Ref	Line Ref	Description	(CCNH	RHNS	(Specify)
	14c3	D&O Insurance	\$	1,085		Please Street
30	30IV8	Vending Machine Revenue (Self-disallow)	S	914		
					3 100	
			Mal			
	ensitie at		4 3 5 6			
			1.000			
	200		MATE.	100	The same will	
	AN				alakering a	A STANLEY A
Total Othe	er Adjustm	ents	\$	1,999	\$	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	wage late alth			W. D.	100
			2 A S E	and Edition	
	+3450			1	
Legitaleolds	SAT SAT		ARE FROM		1.1524
Carrier P	Longillo		A STORY		
1000				(366)C	
				SWATE .	
				Halfston -	
	200 S (100 S)				
Visit I					
Cotal Una	llowable R	uilding Interest	s -	\$ -	\$ -

Senior Philanthropy of Cheshire, LLC Disallowance Schedule for Cable TV 9/30/2018

	Amount				
Total Cable TV Expense acct #560717	\$	8,425	TB Linked		
Monthly Allowable amount	\$	300			
Months in Cost Report Year		12			
Total Allowable Cost	\$	3,600			
Disallowed Cable TV	\$	4,825	-		

F. Statement of Revenue

F. Statement of Rev					I	
Name of Facility License No.		Report for Ye	ear Ended		Page 30	of 37
Senior Philanthropy of Cheshire, LLC d/b 2407		9/30/2018			30	31
Item		Total	CCNH	RHNS	(Spe	cify)
. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$	14,985,572	14,985,572			
b. Medicaid Room and Board Contractual Allowance **	\$	(6,969,958)	(6,969,958)			
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$	1,106,754	1,106,754			
b. Medicare Room and Board Contractual Allowance **	\$	200,948	200,948	1000		
4. a. Private-Pay Residents and Other	\$	2,210,451	2,210,451			
b. Private-Pay Room and Board Contractual Allowance **	\$	(472,788)	(472,788)	17		
II. Other Resident Revenue					76	
a. Prescription Drugs - Medicare	\$	102,771	102,771			
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$	103,647	103,647			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$	1,190	1,190			
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$	2,690	2,690			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$			18040		
3. a. Physical Therapy - Medicare	\$	474,355	474,355			
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$	282,308	282,308			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$	280,305	280,305			
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$	321,300	321,300			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	S	496,331	496,331			
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$		298,079			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$	(1,120,356)	(1,120,356)			
b. Other (Specify) - Non-Medicare	\$	120000000000000000000000000000000000000	(934,930)			
III. Total Resident Revenue (Section I. thru Section II.)	\$		11,368,669			
IV. Other Revenue*		- X 14		1 1877	1997	
Meals sold to guests, employees & others	\$. Subject and reality	A CONTRACTOR OF THE CONTRACTOR		296-6	3007 == T.E.S
Rental of rooms to non-residents	\$	-		 		
Telephone	\$		-	 		
Rental of Television and Cable Services	5					
Sentan of Television and Cable Services Interest Income (Specify)	5		66	1	1	
6. Private Duty Nurses' Fees		-	1 30	1		
7. Barber, Coffee, Beauty and Gift shops	5		t	1		
8. Other (Specify)			(201,200)			
V. Total Other Revenue (1 thru 8)	5			1	1	
			E	1	1	
VI. Total All Revenue (III+V)	- 1	11,167,535	11,167,535	1		

^{*} 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)
INVAS:			AND SHARE	
30П6а	Laboratory- MCR A-SNF	\$ 19,477		
30П6а	IV Therapy-MCR A-SNF	\$ 18,712	ment eller dir ce	
30П6а	XRay MRA	\$ 6,263	100年以上	
30II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (893,029)		
30I16a	Sequestration - MCR B	\$ (3,821)		
30II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (267,958)		
Total Oth	er Resident Revenue - Medicare	\$ (1,120,356)	\$ -	s -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
22.2				
30П6Ь	Laboratory	\$ 131		Biological States
30П6Ь	Routine Revenue Adjustment-SNF PVT	\$ (49,518)	10000000000000000000000000000000000000	Killy Vision
30II6b	Laboratory- MCD- SNF	\$ 1,170	三二女生 外線	
30II6b	IV Therapy-MCD-SNF	\$ 3,235	要の全して開	
30II6b	Other Service- MCD-SNF	\$ 495		i dele
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (238,327)		300 200
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (439)	第三世界 東	
30П6Р	Lab HMO	\$ 13,828	7.00	
30II6b	IV THERAPY	\$ 27,697	5.7%	Signature Signature
30II6b	Radiology HMO	\$ 5,791	159-05	100000000000000000000000000000000000000
30Ц6ь	Sequestration - HMO	S (35		
30П6ь	Contractual Adj Ancillary HMO	\$ (698,958)	7-7-7	
Total Oth	er Resident Revenue	\$ (934,930)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			100		
30IV5	Interest Income		\$ 66		
			SOLET IN		100
			54 A.S.		
Total Inte	rest Income		\$ 66	S -	S -

Schedule of Other Revenue

Page Ref	Description		CCNH	RHNS	(Spec	cify)
						915
30IV8	Vending Machine Revenue (Self-disallow)	\$	914	State of v		
BOIVE	Lighting Income - no associated expense	\$	56,835	48.5	140.6	still
30FV8	Gain/Loss on loan	\$	(258,949)		200	
123733						
					1000	
			1.1			13
902						1138
MIRE - N.S.					The second	
SAME .			4.	2 To 20 May 198	100	300
			7. 3	CAR CHAIR		J. Ale
	THE STATE OF THE S	225		584 BBBB	3000	
Total Oth	er Revenue	S	(201,200)	\$ -	S	

G. Balance Sheet

	f Facility	License No.		ort for Year E /2018	nded	Page 31	of 1 37
Senior P	hilanthropy of Cheshire, LLC		9/30/	/2018			nount
Assets		Account				All	Iount
Assets	irrent Assets				J		
	Cash (on hand and in banks)	\			\$		102,665
	Resident Accounts Receivab		or Bad l	Dehts)	\$		1,939,139
	Other Accounts Receivable				\$		1,727,107
	Inventories	Excidents owners or	riciate	d I di tios)	\$		
	Prepaid Expenses				\$	- W - W	41,296
5.							
	a. h						
	b. c.			*110.00			
	d. See Schedule			41,296			
6.	Interest Receivable				\$	3	
11.	Medicare Final Settlement R	leceivable			\$	3	MARKET STATE
	Other Current Assets (itemiz		155		\$	}	7,222
							2000年

	See Schedule			7,222	88		
A-9. To	otal Current Assets (Lines Al	thru 8)			\$	S	2,090,323
B. Fi	xed Assets		-174				
1.	Land				\$	3	
2.	Land Improvements	*Historical Cost		16,350	9	S	13,555
3000	51	Accum. Depreciati	ion	2,795			
3.	Buildings	*Historical Cost		391,893	9	S	307,922
		Accum. Depreciati	ion	83,971			
4.	Leasehold Improvements	*Historical Cost			15	5	
		Accum. Depreciati	ion		Net		
5.	Non-Movable Equipment	*Historical Cost	<u> </u>		5	5	
	3922	Accum. Depreciati	ion		Net		
6.	Movable Equipment	*Historical Cost		462,185	5	\$	278,702
	20000	Accum. Depreciati	ion	183,483			
7.	Motor Vehicles	*Historical Cost		43,060	2004 H	\$	13,537
111-5		Accum. Depreciat	ion	29,523			
8.	Minor Equipment-Not Depr	reciable				\$	
		1	4.27	***	5	\$	9,850
9.	Other Fixed Assets (itemize						1.50
	· 11.50 : 15.50 - 15.50 : 15.50 : 15.50 : 15.50 : 15.50 : 15.50 : 15.50 : 15.50 : 15.50 : 15.50 : 15.50 : 1	**************************************		9,850			
	Other Fixed Assets (itemize C/S vs. F/S Depreciation See Schedule	**************************************		9,850			

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

G. Balance Sheet (cont'd)

		Facility	License No.	Report for Year Ended 9/30/2018		Page 32	ĩ	of 37
Senic	or P	hilanthropy of Cheshire, LLC		9/30/2018			nount	31
			Account	Total Brought Forv	vard: \$			13,888
	Τ.,	asehold or like property recor	dad for Equity Duen		vaiu. p		2,7	13,000
C.			ded for Equity Full	0505.	\$			
		Land	*Historical Cost		Φ			
	2.	Land Improvements		ntion Net	\$			
	2	D. H.F.	*Historical Cost	ition Net	- 1			
	3.	Buildings	Accum. Deprecia	ntion Net	\$			
Y.3.	1	Non Mayable Equipment	*Historical Cost	iuon ivet	1	N		
	4.	Non-Movable Equipment		ntion Net	\$			
		Manufala Famina ant	*Historical Cost	ition Net	Φ		-	
	٥.	Movable Equipment	Accum. Deprecia	ntion Net	\$			
	-	Motor Vehicles	*Historical Cost	ition Net	- φ			-
	0.	Motor venicles	Accum. Deprecia	ntion Net	\$			
	7	Minor Equipment Not Done		ition Net	\$			
C 0		Minor Equipment-Not Depr		10 20	\$			ii —
C-8	51751717	tal Leasehold or Like Proper vestment and Other Assets	rues (C1 thru 1)		- 10			0.000
D.	1000	'에게 'B' (T. 1977) 이 10년 10년 10년 11년 12년 12년 12년 12년 12년 12년 12년 12년 12			\$	9		
-17-17-		Deferred Deposits			\$		2	59,712
		Escrow Deposits	*Historical Cost		- 1	<u> </u>		39,112
	3.	Organization Expense		ation Net	\$	6		
1		G 1 111 (D 1 1 1 1 0 1 1)	Accum. Deprecia	ation Net	\$			-
		Goodwill (Purchased Only)	Jant Cana Stancina)		19		-	-
	٥.	Investments Related to Resi	dent Care (temize)		1		Ta a	Since of the
		N						
		I C Political	Destina (dessina)		1			E-inject
	6.	Loans to Owners or Related		Loan Date	1) V		
	_	Name and Address	Amount	Loan Date				
			-					
			/4					
	7	Other Assets (itemize)				81.9310 - <u></u>		
	1.	Other Assets (itemize)					1111	
		See Schedule		W-1-1-1				
D.C	ar.	otal Investments and Other A	legate (Lines D1 the	n 7)	9	9220	2	59,712
		otal Investments and Other A otal All Assets (Lines A9 + B		u /)		<u> </u>		73,600

^{*} 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 Fac			License No.	Report for Year	Ended	Page 33	of
Senior Philar	nthro	by of Cheshire, LLC d/b/a C	2407	9/30/2018			37
Y 2 - L 21242		A	ccount			A	mount
Liabilities A.	C	rrent Liabilities			Į.		
A.	1.	Trade Accounts Payable			,	5	2,565,356
	2.	Notes Payable (itemize)		-		<u> </u>	708,267
	۷.	Notes I ayable (nemize)					100,201
				- 1000			。產
		See Schedule		708,26	7		
	3.	Loans Payable for Equipme	nt (Current portion	n)(itemize)		\$	
V 20		Name of Lender	Purpose	Amount	Date Due		
				0 S.702 Box**		Again in	
					1	學能 基	
						一边的模	
				1			
						17 (14 A) A	
							指指从上
			7.1				7
	4.	Accrued Payroll (Exclusive	of Owners and/or	Stockholders only)		\$	73,934
	5.	Accrued Payroll (Owners ar	nd/or Stockholder:	s only)		\$	
	6.	Accrued Payroll Taxes Paya	ible			\$	27,685
	7.	Medicare Final Settlement I	Payable			\$	
	8.	Medicare Current Financing	, Payable			\$	
	9.	Mortgage Payable (Current	Portion)		11125	\$	
	10	. Interest Payable (Exclusive	of Owner and/or	Related Parties)	Carllions .	\$	¥
	11	. Accrued Income Taxes*			- 11-15-8-7	\$	200
	12	. Other Current Liabilities (ite	emize)			\$	4,385,196
			a state and for				
		240,000	-13354	70.			
ļ		*					
İ		77. 33.10.77.1	2 311	See Schedule	4,385,196		
	. To	tal Current Liabilities (Lines	A 1 thm, 12)	See Schedule		\$	7,760,438

^{*} 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 9/30/2018	Ended	Page 34	of 37
Senior Philanthropy of Cheshire, LLC d/b/a	2407	19/30/2018			mount
	Account	Total Brone	ht Forward:		7,760,438
Liabilities (cont'd)		Total Broug	in I of ward.		7,700,438
B. Long-Term Liabilities					
Loans Payable-Equipment (itemize)			\$	
Name of Lender	Purpose	Amount	Date Due		
3000			and the same of th		
_		1			
•					
		1			
Mortgages Payable			-	\$	38.11.251
Loans from Owners or Relationships	nted Parties (itemize)		\$	
Name and Address of Lender	Amount	Loan I	Date		
			j	1	
			8		
-	4	3			
Other Long-Term Liabilitie	es (itamiza)		-	\$	12,055
Long Term Capital Lease	es (tiemize)	12,055		9	12,055
Long Term Capital Lease		12,033			
	01 - 044-04-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-				
See Schedule		1.00			
B-5. Total Long-Term Liabilities (\$	12,055
C. Total All Liabilities (Lines A-	13 + B-5)			\$	7,772,493

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description	Page R	ef L	ine	Ref 1	Descri	otion
-------------------------------	--------	------	-----	-------	--------	-------

31	A5	Prepaid Insurance	S	3,155
31	A5	Prepaid Taxes and Licenses	S	22,949
31	A5	Prepaid Uniforms	S	3,938
31	A5	Prepaid Other	S	11,255
SE BE				
NVE	Min H			
al Prep	aid Exp	enses	S	41,296

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

Page Ref Line Ref Description

31	A8	Due from TSM	\$	3,970
31	A8	Due from Golden Hill	\$	1,084
31	A8	Due from Long Ridge	S	1,084
31	A8	Due from Westport	\$	1,084
			21.0	12-11-12
			13	
tal Othe	r Curre	nt Assets (Itemize)	S	7,222

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

Page Ref Line Ref Description

		1	6.	1000		Helia de sel		Internal Lines		
	3 × 11					1. 3				eus)
	37	Evillari			HERESTEN					
								H. 15		
Tie.									100	E 7 100
							Series III		1	
Total Othe	er Other Fi	xed Assets (Itemize)						S	

Schedule of Other Assets Page 32 Line D7

Page Ref Line Ref Description

	1 3	2000								MIZ I	
			7 2 T	74.00					1		
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							Files			Sylvenia.	H.
Total Oth	er Assets					2 300	in lin			\$	

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref Line Ref Description

T	Line reci	Description	-	COMMUNICATION CO.
33	A2	Long Term Capital Lease - Current	\$	12,311
33	A2	Notes Payable - Current	\$	13,479
	A2	Note Payable - HSG	\$	40,269
	A2	Note Payable - TSM	\$	642,208
			ii.	1 :
	3. 5.		St.	
Total Note	s Payable		\$	708,267
1 100000K	PO12** 3*366885388			

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

Page Ref Line Ref Description

age itel	Pane Mer	Description	_	
33	A12	Medicaid Remittance Adjustment	\$	(12,191)
33	A12	Medicare Remittance Adjustment	\$	26,233
33	A12	Employee Deductions	\$	6,953
33	A12	Resident Trust	\$	57,442
33	A12	Uncleared Checks	\$	176,287
33	A12	Accrued Workers Comp	\$	170,003
33	A12	Accrued Vacation/Holiday Pay	\$	14,478
33	A12	Accrued Legal Fees	\$	4,000
33	A12	Accrued Accounting/Audit Fees	\$	22,414
33	A12	Accrued Personal Property Taxes	\$	10,883
33	A12	Due to Eagle Lake Foundation	\$	128,634
33	A12	Due to - Newington	\$	346,852
33	A12	Due to - West River	\$	543,916
33	A12	Due to - Western	\$	43,890
33	A12	Due to Sahara	\$	2,676,947
33	A12	Due to Medicaid - Bed Fees	\$	168,454
Fotal Othe	er Current	Liabilities (Itemize)	\$	4,385,196
LOTAL OTHE	er Current	Liabilities (Itellize)	-	1,50

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

Page Ref Line Ref Description

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- 4			
Total Othe	r Current I	iabilities (Itemize)	\$ -

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

		Report for Year 9/30/2018	r Ended	Page 35	of 1 37
Seni	or Philanthropy of Cheshire, LLC 2407 Account	9/30/2018			nount
A.	Reserves				
	Reserve for value of leased land			\$	
	 Reserve for depreciation value of leased buildings a to be amortized 	and appurtenar	nces	\$	7.0
	3. Reserve for depreciation value of leased personal pr	roperty (Equit	v)	\$	
	4. Reserve for leasehold real properties on which fair	rental value is	based	\$	
	5. Reserve for funds set aside as donor restricted	WR 55		\$	
	6. Total Reserves			\$	(lear as mill)
В.	Net Worth 1. Owner's Capital		\$		
	2. Capital Stock			\$	
	3. Paid-in Surplus	AV 4.4		\$	-115
	4. Treasury Stock			\$	
	5. Cumulated Earnings		-	\$	(3,669,035)
	6. Gain or Loss for Period 10/1/2017	thru	9/30/2018	\$	(1,029,857)
	7. Total Net Worth	Cap 4 17	4404	\$	(4,698,892)
C.	Total Reserves and Net Worth			\$	(4,698,892)
D.	Total Liabilities, Reserves, and Net Worth	-		\$	3,073,600

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of	
Senior Philanthropy of Cheshire, LLC	d/ 2407	9/30/2018		36	37	
			mount			
A. Balance at End of Prior Period a	s shown on Report of	of 09/30/2017		5	(2,652,331)	
B. Total Revenue (From Statement	of Revenue Page 30)		5	11,167,535	
C. Total Expenditures (From States	nent of Expenditures	Page 27)		5	12,197,392	
D. Net Income or Deficit				5	(1,029,857)	
E. Balance	3202			5	(3,682,188)	
F. Additions						
Additional Capital Contribution Total Expenditures PG 2 Depreciation Adjustment Rounding Total Expenditures Line	27 12,189, at 7,	507 (2)				
2. Other (itemize) Prior Period Adjustment	t .	(1,016,704)				
F-3. Total Additions				\$	(1,016,704)	
G. Deductions						
Drawings of Owners/Operate	ors/Partners (Specify)		\$		
Name and Address (No., Co	ity, State, Zip)	Title	Amount			
Other Withdrawings (Specify)	iv)			\$ \$		
Purpose						
3. Total Deductions				\$		
H. Balance at End of Period	09/3	0/18		\$	(4,698,892	

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Page of			
Senior Philanthropy of Cheshire, LLC	2407	9/30/2018 37 37			
	Check appropriate category				
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)			
	Preparer/Reviewer Certifica	ntion			
I have read the most recent Federal a appropriate personnel as to the possi applicable regulations. All non-rein automatically removed in the State reperformed by me are properly report	s report and am familiar with the applical and State issued field audit reports for the lible inclusion in this report of expenses we abursable expenses of which I am aware rate computation system) as a result of rested as such in this report on Pages 28 and tained in this report is in agreement with	which are not reimbursable under the (except those expenses known to be ading reports, inquiry or other services 129 (adjustments to statement of			
Matthew S. Bavolack					
Addres Address		Phone Number			
555 Long Wharf Drive, New Haven, CT 06	203-781-9600				
Annual Report Contact	Phone Number				
Manuel Lemus	727-210-0781				
Annual Report Contact Email Address	13 10				
mlemus@Traditionsmanagement.net					



ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab Center for the year ended September 30, 2018, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab Center. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Senior Philanthropy of Cheshire, LLC d/b/a Cheshire Regional Rehab Center and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT January 25, 2019

