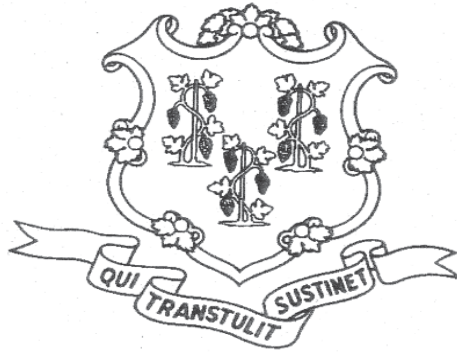


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion	
Address (No. & Street, City, State, Zip Code) 2028 Bridgeport Ave, Milford, CT 06460	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2410	RHNS	(Specify)	Medicare Provider 075213
------------------	--------------	------	-----------	-----------------------------

Medicaid Provider Numbers:	CCNH 8896	RHNS	ICF-IID
----------------------------	--------------	------	---------

**For Department Use Only**

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

### General Information

Name of Facility (as licensed) Senior Philanthropy of Milford B, dba Golden Hill Rel	License No. 2410	Report for Year Ended 9/30/2018	Page 1	of 37
-----------------------------------------------------------------------------------------	---------------------	------------------------------------	-----------	----------

#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion [facility name], for the cost report period beginning October 1, 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) Carla Dunford			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 2028 Bridgeport Ave, Milford, CT 06460				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 10/23/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 203-877-0371		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Milford B, dba Golden Hill Rehab Pav		Address (No. & Street, City, State, Zip ) 2028 Bridgeport Ave, Milford, CT 06460		
License Numbers:	CCNH 2410	RHNS (Specify)	Medicare Provider No. 075213	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Carla Dunford		Nursing Home Administrator's License No.:	2055	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		



## General Information and Questionnaire Corporate Owners

Name of Facility Senior Philanthropy of Milford B, dba Golder	License No. 2410	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion	2028 Bridgeport Ave, Milford, CT 06460		Florida	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Ben Atkins	24641 US Hwy 19 N., Clearwater, FL 33763-5007	Chairman		
Joseph A Garff	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Director		
Gene Rensch	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Secretary		
Chris Pape	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CFO		
RB Bridges	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CEO		
Names of Stockholders Owning at Least 10% of Shares				
N/A				

### General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill	2410	9/30/2018	3B	37

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

Owner(s) of Facility

N/A



**General Information and Questionnaire  
 Related Parties\***

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill Reh	2410	9/30/2018	4	37

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No				
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-5007	<input type="radio"/>	<input checked="" type="radio"/>	AHT Fees, Health Ins., Accounting Fees	Various	81,083	81,083
Cheshire, LLC dba Cheshire Regional Rehab Center	745 Highland Avenue, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>	Shared Staff - Regional Admissions	Various	14,268	14,268
Stamford, LLC dba Long Ridge Post-Acute Care	710 Long Ridge Road, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>	Zirmed Billing Software, Shared Staff	Various	1,252	1,252
Newington, LLC dba Newington Rapid Recovery	240 Church St, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>	Loan Interest, MDS Shared Staff, Bank Fees	Various	2,025,759	2,025,759
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>	Internet, Recruitment, IT Support	Various	92,807	92,807
Milford O, LLC dba West River Rehab Center	245 Orange Ave, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>	Shared Staff - Regional Educator	Various	68,145	68,145
Danbury, LLC dba Western Rehab Care Center	107 Osborne St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>	Shared Consulting Fees	Various	166	166
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>	Management Fees	Page 16 / Line m12	290,499	289,918

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Senior Philanthropy of Milford B, dba Golden H	License No. 2410	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist <i>(See listing page 13 )</i>
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

N/A - One Level of Care

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

N/A

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

N/A - One Level of Care

### 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 Year Ended		Page	of	
Senior Philanthropy of Milford B, dba Golden Hill Rehab P		2410	9/30/2018		6	37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Canon Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copier	06/01/15	60 months	7,176	7,176
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
<b>Total ***</b>							7,176

Is a Mileage Log Book Maintained for All Leased Vehicles ?       Yes       No

\* 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 6c.

### General Information and Questionnaire Accounting Basis

Name of Facility Senior Philanthropy of Milford B, c	License No. 2410	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 RX Audit 2 3 4	Address (No. & Street, City, State, Zip Code) 6001 SW County Road 141, Jasper, FL 32052
------------------------------------------------------	--------------------------------------------------------------------------------------------

Services Provided by This Firm (*describe fully*)

1 Pharmacy Bill Audits	\$	400
2 Accrued Accounting Expense (Provider will provide detail during audit)	\$	43,676
3	\$	
4	\$	
Charge for Services Provided		
\$		44,076

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

- Yes     No    Page 15, Line 1d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 See Attached Page 7a 2 3 4 5	Telephone Number
------------------------------------------------------------------------------------------	------------------

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

1		
2		
3		
4		
5		

Services Provided by This Firm (*describe fully*)

1	\$	50,045
2	\$	
3	\$	
4	\$	
5	\$	
Charge for Services Provided		
\$		50,045

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

- Yes     No    Page 15, Line 1e

### Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion	License No. 2410		Report for Year Ended 9/30/2018				Page 8	of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30			
				Total	CCNH	RHNS			(Specify)
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	120	120		120		120	120		
B. On last day of THIS report period	120	120		120		120	120		
2. Number of Residents									
A. As of midnight of PREVIOUS report period	100	100		100		107	107		
B. As of midnight of THIS report period	101	101		107		101	101		
3. Total Number of Days Care Provided During Period									
A. Medicare	3,248	3,248		2,525		723	723		
B. Medicaid (Conn.)	28,844	28,844		20,966		7,878	7,878		
C. Medicaid (other states)									
D. Private Pay	1,463	1,463		1,234		229	229		
E. State SSI for RCH									
F. Other (Specify)	3,218	3,218		2,330		888	888		
G. Total Care Days During Period (3A thru F)	36,773	36,773		27,055		9,718	9,718		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds									
A. Medicaid Bed Reserve Days									
B. Other Bed Reserve Days									
5. <b>Total Resident Days (3G + 4A + 4B)</b>	36,773	36,773		27,055		9,718	9,718		

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

Name of Facility Senior Philanthropy of Milford B, dba Golden			License No. 2410			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare	Medicaid		Self-Pay			Other State Assisted						
	CCNH	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	5	77		19									
Per Diem Rate													
a. One bed rm.	Various	235.63		564.00									
b. Two bed rms.	Various	235.63		526.00									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,830	2,830			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									3,708	3,708			
2. Restorative Treatments													
C. Other									10,516	10,516			
D. <b>Total Physical Therapy Treatments</b>									17,054	17,054			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									404	404			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									1,140	1,140			
2. Restorative Treatments													
C. Other									2,424	2,424			
D. <b>Total Speech Therapy Treatments</b>									3,968	3,968			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,713	1,713			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									3,062	3,062			
2. Restorative Treatments													
C. Other									8,893	8,893			
D. <b>Total Occupational Therapy Treatments</b>									13,668	13,668			

### Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavi	2410	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	91,474	1,920				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	127,876	5,551				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	342,251	20,167				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	192,761	13,195				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	37,406	2,525				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services	80,936	4,417				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	191,937	4,310				
b. RN						
1. Direct Care	530,614	8,574				
2. Administrative**	102,552	2,048				
c. LPN						
1. Direct Care	1,110,396	39,258				
2. Administrative**						
d. Aides and Attendants	1,256,248	78,716				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	109,363	4,777				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	73,675	3,414				
n. Marketing	3,525	78				
o. Other (Specify) See Attached Schedule	132,255	4,270				
<i>A-13. Total Salary Expenditures</i>	4,383,269	193,220				

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

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

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

**Schedule of Other Salaries and Wages (Page 10)**

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Salaries Respiratory Therapist	\$ 73,769	2,190				
Salaries - Admissions Coordinator	\$ 58,486	2,080				
<b>Total</b>	\$ 132,255	4,270	\$ -	-	\$ -	-

**Schedule of Other Fees (Page 13)**

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



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

Name of Facility	License No.		Report for Year Ended		Page	of			
	2410		9/30/2018				11	37	
Name	Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
<b>Section I - Operators/Owners</b>									
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>									

\* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.  
 \*\* Include all employment worked during the cost year.

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

Name of Facility (as licensed)	License No.	Report for Year Ended		Name and Address of All Other Employment**	Page	of	
		9/30/2018	12				37
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion	2410	Salary Paid		Line Where Claimed on Page 10	Total Hours Worked	Total Hours Worked	Compensation Received
		CCNH	RHNS (Specify)				
<b>Section III - Administrators***</b>							
Ted Vinci (10/01/17 - 2/5/18)		29,254		600 A2			
Carla Dunford (2/5/18 - current)		62,220		1,320 A2			
<b>Section IV - Assistant Administrators</b>							

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

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Milford B, dba Golden Hill I	2410	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian	25,060	455				
2. Dentist	8,088	55				
3. Pharmacist	27,703	180				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	315,711	4,264	Estimate			
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	43,358	480				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	188	1				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Cardiologist	30,000	120				
9. Speech Therapist						
a. Resident Care	115,086	992	Estimate			
b. Other						
10. Occupational Therapist						
a. Resident Care	206,768	2,370	Estimate			
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	(10,532)	(280)				
2. Administrative***	87,217	1,163				
b. LPN						
1. Direct Care	2,111	49				
2. Administrative***						
c. Aides	40,776	1,514				
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>891,534</b>	<b>11,363</b>				

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill Reha		2410	9/30/2018	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
DR Channa Parera PO Box 1127, Orange Ct 06477	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Tami Reilly, 122 Allen Hill Rd, Brimfield, MA 01010	R.N. Administrative	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Anuruddha Walaliyada, 12 Cooke Road, Wallingford, CT 06492	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Jasdeep Sidana 849 Boston Post Rd, Milford CT 06460	Contracted Service Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Cardiology Physicians of Fairfield, PO Box 848538, Boston, MA 02284	Cardiologist	<input type="radio"/>	<input checked="" type="radio"/>		
CT Mental Health, 270 Farmington Ave, CT 06032	Physician Service	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Service Group, 3220 Tillman Dr Suite 300, Bensalem, PA 19020	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>		
The Rehab Dept, 24761 US HWY 19 N, Clearwater, FL 33763	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental Group, 888 Worcester St. #130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Encore Rehabilitation Services, 33533 W 12 Mile Road Suite 290, Farmington Hills, MI 48331	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>		
ReadyNurse Staffing, PO Box 301076, Dallas, TX 75303	RN, LPN, & Aides	<input type="radio"/>	<input checked="" type="radio"/>		
Maxim Staffing Solutions, 12558 Collections Center Drive, Chicago IL 60693	RN, LPN, & Aides	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba Golden Hi	2410	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 333,960	333,960			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 132,324	132,324			
4. Social Security (F.I.C.A.)	\$ 335,541	335,541			
5. Health Insurance	\$ 545,896	545,896			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 969	969			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$				
8. Uniform Allowance	\$ 13,169	13,169			
9. Other (Specify) See Attached Schedule	\$ 7,156	7,156			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 114,080	114,080			
d. Accounting and Auditing	\$ 44,076	44,076			
e. Legal (Services should be fully described on Page 7)	\$ 50,045	50,045			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 8,350	8,350			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 55,219	55,219			
2. Cellular Phones	\$ 1,767	1,767			
i. Appraisal (Specify purpose and attach copy)*	\$				
j. Corporation Business Taxes (franchise tax)	\$				
k. Other Taxes (Not related to property - See Page 22)					
1. Income*	\$				
2. Other (Specify) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 673,206	673,206			
<b>Subtotal</b>	\$ 2,315,758	2,315,758			

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

(Carry Subtotals forward to next page)

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

Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion  
9/30/2018

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	(Specify)
	-		
Employee Food (Self-disallow)	\$ 1,243		
Staff Appreciation/Employee of the Month (Self-disallow)	\$ 1,445		
Holiday Funds (Self-disallow)	\$ 675		
Marketing Expense (Self-disallow)	\$ 6		
Administrator Hotel (Self-disallow)	\$ 213		
Employee Physicals	\$ 562		
Employee Drug Testing	\$ 1,659		
Employee Assistance Program - Carebridge	\$ 638		
Petty Cash (Self-disallow)	\$ 715		
<b>Total</b>	<b>\$ 7,156</b>	<b>\$ -</b>	<b>\$ -</b>

**Schedule of Other Taxes**

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba Golden Hill Re	2410	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>		2,315,758	2,315,758		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 223	223			
3. Gifts to Staff and Residents	\$ 61	61			
4. Employee Travel	\$ 9,962	9,962			
5. Education Expenses Related to Seminars and Conventions	\$ 1,164	1,164			
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$ 1,351	1,351			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$ 7,111	7,111			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 4,742	4,742			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$ 20	20			
7. Postage	\$ 2,992	2,992			
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 9,493	9,493			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 8,858	8,858			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$ 186,939	186,939			
12. Administrative Management Services**	\$ 290,499	290,499			
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 50,457	50,457			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,889,630	2,889,630			

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

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
	-		
Media Advertising-Mkt	\$ 2,208		
Special Events-Mkt	\$ 2,262		
Collateral Material-Mkt	\$ 200		
Promo Items-Mkt	\$ 72		
<b>Total Other Advertising</b>	\$ 4,742	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
	-		
CT Association of Health Care Facilities membership dues	\$ 8,889		
Long Term Care Mutual Aid dues	\$ 266		
Traditions Management membership Trademark	\$ 338		
<b>Total Dues</b>	\$ 9,493	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
	-		
Software Expense - Nursing Adm	\$ 9,078		
Licenses/Permits-Nursing Admn	\$ 516		
Background Checks-Nursing	\$ 868		
Background Checks-Dietary	\$ 1,943		
Licenses/Permits-Dietary	\$ 300		
Background Checks-Hskp	\$ 158		
Background Checks-Maint	\$ 210		
Licenses & Permits-Trans	\$ 335		
Background Checks-Admin	\$ 184		
Licenses/Permits	\$ 370		
Patient Trust Bond	\$ 756		
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 718		
Equipment Minor-Adm	\$ 1,248		
Internet Access-Adm	\$ 16,509		
Records Storage - Adm	\$ 2,977		
Equipment Rental-Adm	\$ 1,005		
Mise Decor-Adm (Self-disallow)	\$ 61		
Collection Fees/Credit Card Fees (Self-disallow)	\$ 1,575		
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 5,622		
Bank Service Charges-Adm	\$ 3,836		
Employee/Guest meals (Self-disallow)	\$ 2,188		
<b>Total Other Administrative and General</b>	\$ 50,457	\$ -	\$ -



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

Name of Facility Senior Philanthropy of Milford B, dba Go	License No. 2410	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 are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Highway 19 North - Clearwater FL, 33763	290,499	All operation and financial functions directly related to facility	Page 16 / Line m12

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

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

Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rel		License No. 2410	Report for Year Ended 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 281,793	281,793		
2.	Non-Food Supplies	\$ 37,717	37,717		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
		\$ 159,118	159,118		
c. Other (Specify) _____ Other Dietary Supplies					
		\$ 2,996	2,996		
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 481,624</b>	<b>481,624</b>		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*					
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba Golden Hill Reha		2410	9/30/2018		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	4,493	4,493		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	144,886	144,886		
c. Other (Specify) Equipment Minor & Laundry Supplies		\$	1,897	1,897		
<b>3D. Total Laundry Expenditures (3a + b + c)</b>		\$	151,276	151,276		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.  
 All allocations should add to total recorded in 3E.  
 \*\*\* Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba Golden		2410	9/30/2018		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$				
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$	89,760	89,760		
	C. Other ( <i>Specify</i> ) Equipment Minor & Cleaning supplies	\$	3,045	3,045		
4D.	<b>Total Housekeeping Expenditures</b> (4a + b + c)	\$	92,805	92,805		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	176,273	176,273		
	b. Medicine Cabinet Drugs	\$	21,424	21,424		
	c. Medical and Therapeutic Supplies	\$	163,339	163,339		
	d. Ambulance/Limousine***	\$	5,627	5,627		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	17,397	17,397		
	f. X-rays and Related Radiological Procedures***	\$	9,190	9,190		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	37,768	37,768		
	i. Recreation	\$	16,541	16,541		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	129,381	129,381		
5M.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	576,940	576,940		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
	-		
Minor Equipment & Supplies - Therapy	\$ 6,495		
IV Supplies - Medicaid	\$ 16,164		
IV Drugs - Medicare (Self-disallow)	\$ 4,656		
Medical Equipment Rental	\$ 51,950		
Minor Equipment - Nursing	\$ 27,942		
IV Drugs - Managed Care (Self-disallow)	\$ 14,877		
IV Drugs - Medicaid	\$ 5,577		
Medical Waste Disposal	\$ 1,720		
<b>Total Other Resident Care</b>	\$ 129,381	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion		License No. 2410	Report for Year Ended 9/30/2018	Page of 21   37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS (Specify)	Pg	Line
		Yes	No						
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Department Management	159,118		18	3b
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	89,760		20	4b
Rimaldi Linen Service	47 Commons Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	134,623		19	4b
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Department Management	12,676		22	6f
Total Lawn Care & More, LLC	15 Clark St., Apt 1, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Ground Maintenance	27,305		22	6f
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal Services	31,764		22	6f
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						
		<input type="radio"/>	<input checked="" type="radio"/>						

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Senior Philanthropy of Milford B, dba Golden	2410	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 50,722	50,722				
b. Heat	\$ 13,744	13,744				
c. Light & Power	\$ 117,827	117,827				
d. Water	\$ 9,995	9,995				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 7,176	7,176				
f. Other ( <i>itemize</i> )	\$ 116,114	116,114				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 315,578	315,578				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 31,806	31,806				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 80,932	80,932				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 112,738	112,738				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 748,838	748,838				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 42,874	42,874				
c. Personal property taxes	\$ 13,878	13,878				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 918,328	918,328				

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

**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	(Specify)
	-		
Contracted Maintenance	\$ 12,678		
Interco Contracted Services-Maint	\$ 580		
Electrical-Maint	\$ 6,045		
Plumbing-Maint	\$ 8,637		
HVAC/Boiler Maint	\$ 4,828		
Paint-Maint	\$ 1,444		
Alarm Monitoring-Maint	\$ 512		
Alarm Inspection-Maint	\$ 3,828		
Alarm Repairs-Maint	\$ 2,322		
Grounds Maintenance-Maint	\$ 25,539		
Sprinklers-Maint	\$ 893		
Elevator-Maint	\$ 5,160		
Pest Control-Maint	\$ 2,790		
Maint Contracts- Generator	\$ 2,903		
Waste Disposal -Grease/Trash	\$ 33,435		
Copier- Maintenance Agreement	\$ 4,520		
<b>Total Other Repairs and Maintenance</b>	<b>\$ 116,114</b>	<b>\$ -</b>	<b>\$ -</b>



### Depreciation Schedule

Name of Facility		License No.		Report for Year Ended					Page	of
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion		2410		9/30/2018					23	37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
<b>A. Land Improvements</b>										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
A-4. Subtotal										
<b>B. Building and Building Improvements</b>										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
B-4. Subtotal										
<b>C. Non-Movable Equipment</b>										
1. Acquired prior to this report period										
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
								31,806		
<b>D. Movable Equipment</b>										
1. Motor Vehicles (Specify name, model and year of each vehicle)										
a. 2015 Ford Transit 250 -10 Passenger				40,257		S/L		5 8,051		
b. Corporate Fleet -taxable value		1,110		1,110		S/L		5 222		
c. Corporate Fleet -taxable value		1,693		1,693		S/L		5 339		
d.										
2. Movable Equipment										
a. Acquired prior to this report period										
b. Disposals (attach schedule)										
c. Acquired during this report period (attach schedule)										
D-3. Subtotal										
<b>E. Total Depreciation</b>										
								80,932		
								112,738		

Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion  
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
4/16/2018	Shower Room Reno	\$ 12,000	15	\$ 800
4/18/2018	Shower Room Reno	\$ 230	15	\$ 15
4/30/2018	Shower Room Reno	\$ 174	15	\$ 12
12/31/2017	Lighting	\$ 7,665	15	\$ 511
<b>Total additions for Building Improvement</b>		\$ 20,069		\$ 1,338 *
<b>Deletions:</b>				
<b>Total deletions for Building Improvement</b>		\$ -		\$ - **

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
2/1/2018	Bed Package - 7 Beds	\$ 8,846	10	\$ 885
2/12/2018	3 Vital Machines	\$ 5,309	5	\$ 1,062
4/4/2018	10 Computers	5363	5	1072
8/2/2018	Nurse Call Station	23078	10	2308
<b>Total additions for Movable Equipmen</b>		\$ 42,596		\$ 5,327 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipmen</b>		\$ -		\$ - **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Senior Philanthropy of Milford B, dba Golden Hill Rehab Pa	Date of Acquisition		License No. 2410	Report for Year Ended 9/30/2018		Page 24	of 37
	Month	Year		Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**		
<b>A. Organization Expense</b>							
1.							
2.							
3.							
A-4. Subtotal							
<b>B. Mortgage Expense</b>							
1.							
2.							
3.							
B-4. Subtotal							
<b>C. Leasehold Improvements and Other</b>							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
C-4. Subtotal							
<b>D. Total Amortization</b>							

\* Straight-line method must be used.  
 \*\* Specify which of the following bases were used:  
 A. Minimum of 5 years or 60 months.  
 B. Life of mortgage; OR  
 C. Remaining Life of Lease; OR  
 D. Actual Life if owned by Related Party.

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

Name of Facility Senior Philanthropy of Milford B, dba	License No. 2410	Report for Year Ended 9/30/2018	Page 25	of 37	
<b>11. Property Questionnaire</b>					
<b>Part A</b>					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If <b>NOT</b> Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	120				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
2028 Bridgeport Ave LLC	Building	04/01/15	123 months	748,838	

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba		2410	9/30/2018		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. <b>Total Building Interest Expense</b> (A1 - A4 + B5)			\$			

*(Carry Subtotals forward to next page )*

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

Name of Facility		License No.		Report for Year Ended		Page	of
Senior Philanthropy of Milford B,		2410		9/30/2018		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	223,564	223,564	
Other Interest & Interest on line of credit							
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	223,564	223,564	
14. Insurance							
a. Insurance on Property (buildings only)				\$	8,724	8,724	
b. Insurance on Automobiles				\$	3,648	3,648	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	51,057	51,057	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	7,614	7,614	
D&O and Crime Policy							
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	71,043	71,043	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	10,995,591	10,995,591	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion				2410	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 3,525	3,525		
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ 188	188		
6.	13	B10a	Occupational Therapy	\$ 206,768	206,768		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 114,080	114,080		
10.	15	1d	Accounting	\$			
10a.			Legal	\$ 22,002	22,002		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 327	327		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 4,742	4,742		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 42,727	42,727		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 14,970	14,970		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 409,329	409,329		

\* 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	A12n	Marketing Salaries	\$ 3,525		
<b>Total Other Salaries Adjustment</b>			\$ 3,525	\$ -	\$ -

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
See	Attached	Marketing Disallowances	\$ 509		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 718		
16	m13	Misc Decor-Adm (Self-disallow)	\$ 61		
16	m13	Collection Fees/Credit Card Fees (Self-disallow)	\$ 1,575		
16	m13	Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 5,622		
16	m13	Employee/Guest meals (Self-disallow)	\$ 2,188		
15	1a9	Employee Food (Self-disallow)	\$ 1,243		
15	1a9	Staff Appreciation/Employee of the Month (Self-disallow)	\$ 1,445		
15	1a9	Holiday Funds (Self-disallow)	\$ 675		
15	1a9	Marketing Expense (Self-disallow)	\$ 6		
15	1a9	Administrator Hotel (Self-disallow)	\$ 213		
15	1a9	Petty Cash (Self-disallow)	\$ 715		
<b>Total Other A&amp;G Adjustments</b>			\$ 14,970	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba Golden Hill Rehab Pa				2410	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 409,329	409,329		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 176,273	176,273		
28.	20	5d	Ambulance/Limousine	\$ 5,627	5,627		
29.	20	5f	X-rays, etc	\$ 9,190	9,190		
30.	20	5h	Laboratory	\$ 37,768	37,768		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 17,397	17,397		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 24,232	24,232		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 3,341	3,341		
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 683,157	683,157		

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

Senior Philanthropy of Milford B, dba Golden Hill Rehab Pavilion  
9/30/2018

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV in Excess	\$ 4,699		
20	51	IV Drugs - Medicare (Self-disallow)	\$ 4,656		
20	51	IV Drugs - Managed Care (Self-disallow)	\$ 14,877		
<b>Total Other Ancillary Costs</b>			\$ 24,232	\$ -	\$ -

**Schedule of Excess Movable Equipment Depreciation**

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

**Schedule of Other Property Adjustments**

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14C3	D&O Insurance	\$ 1,001		
30	IV8	Vending Machine Revenue (Self-disallow)	\$ 562		
30	IV8	Donations (Self-disallow)	\$ 725		
30	IV8	Interco Contracted Services -Social Serv (Self-disallow)	\$ 739		
30	IV8	Interco Contracted Services - Activities (Self-disallow)	\$ 314		
<b>Total Other Adjustments</b>			\$ 3,341	\$ -	\$ -

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, dba Gol 2410		9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 12,657,916	12,657,916			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,682,627)	(5,682,627)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents( <i>all inclusive</i> )	\$ 1,370,594	1,370,594			
b. Medicare Room and Board Contractual Allowance **	\$ 530,115	530,115			
4. a. Private-Pay Residents and Other	\$ 2,019,420	2,019,420			
b. Private-Pay Room and Board Contractual Allowance **	\$ (284,047)	(284,047)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 129,264	129,264			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 94,241	94,241			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 1,890	1,890			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 3,070	3,070			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 623,901	623,901			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 495,030	495,030			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 324,129	324,129			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 340,905	340,905			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 500,589	500,589			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 361,598	361,598			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (1,418,279)	(1,418,279)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (1,224,161)	(1,224,161)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 10,843,548	10,843,548			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 45	45			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ (139,354)	(139,354)			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ (139,309)	(139,309)			
<b>VI. Total All Revenue</b> (III +V)	\$ 10,704,239	10,704,239			

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

\*\* Facility should report all contractual allowances and/or payer discounts.

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30II6a	Laboratory- MCR A-SNF	\$ 27,666		
30II6a	IV Therapy-MCR A-SNF	\$ 7,735		
30II6a	XRay MRA	\$ 7,861		
30II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (1,256,958)		
30II6a	Sequestration - MCR B	\$ (2,629)		
30II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (201,954)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (1,418,279)	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30II6b	Laboratory- MCD- SNF	\$ 1,643		
30II6b	IV Therapy-MCD-SNF	\$ 37,649		
30II6b	Other Service- MCD-SNF	\$ 297		
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (648,410)		
30II6b	Laboratory-Hospice-SNF	\$ 324		
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (1,689)		
30II6b	Lab HMO	\$ 19,866		
30II6b	IV THERAPY	\$ 16,623		
30II6b	Radiology HMO	\$ 3,991		
30II6b	Evercare Revenue - A	\$ 2,790		
30II6b	Sequestration - HMO	\$ (1,809)		
30II6b	Contractual Adj Ancillary HMO	\$ (655,436)		
<b>Total Other Resident Revenue</b>		\$ (1,224,161)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30IV5	Interest Income		\$ 45		
<b>Total Interest Income</b>			\$ 45	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30IV8	Donations (Self-disallow)	\$ 725		
30IV8	Vending Machine Revenue (Self-disallow)	\$ 562		
30IV8	Lighting Income - no associated expense	\$ 19,642		
30IV8	Interco Contracted Services -Social Serv (Self-disallow)	\$ 739		
30IV8	Interco Contracted Services - Activities (Self-disallow)	\$ 314		
30IV8	Gain/Loss on Loan	\$ (161,336)		
<b>Total Other Revenue</b>		\$ (139,354)	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba G	2410	9/30/2018	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash ( <i>on hand and in banks</i> )			\$	73,187
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,381,222
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,468
4. Inventories			\$	
5. Prepaid Expenses			\$	35,489
a. _____				
b. _____				
c. _____				
d. See Schedule		35,489		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	2,593
_____				
_____				
See Schedule		2,593		
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>2,493,959</b>
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____	477,103	\$	405,874
	Accum. Depreciation _____	71,229	Net	
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost _____	326,597	\$	200,212
	Accum. Depreciation _____	126,385	Net	
7. Motor Vehicles	*Historical Cost _____	43,060	\$	13,537
	Accum. Depreciation _____	29,523	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(20,974)
F/S vs. C/R Cost Basis Adjustment		(20,974)		
See Schedule				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>598,649</b>

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

(Carry Total forward to next page )

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

Name of Facility Senior Philanthropy of Milford B, dba G	License No. 2410	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 3,092,608	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____		\$
3. Buildings			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____		\$
4. Non-Movable Equipment			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____		\$
5. Movable Equipment			\$	
	*Historical Cost	701,227	Net	
	Accum. Depreciation	500,455		\$ 200,772
6. Motor Vehicles			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____		\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <b>Total Leasehold or Like Properties</b> (C1 thru 7)			\$ 200,772	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$ 300,768	
3. Organization Expense			\$	
	*Historical Cost	_____	Net	
	Accum. Depreciation	_____		\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$ 500	
	Deposits on Utilities	500		
See Schedule				
D-8. <b>Total Investments and Other Assets</b> (Lines D1 thru 7)			\$ 301,268	
D-9. <b>Total All Assets</b> (Lines A9 + B10 + C8 + D8)			\$ 3,594,648	

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



**Schedule of Prepaid Expenses Page 31 Line A5**

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ 2,582
31	A5	Prepaid Taxes and Licenses	\$ 23,302
31	A5	Prepaid Uniforms	\$ 4,538
31	A5	Prepaid Other	\$ 5,067
<b>Total Prepaid Expenses</b>			<b>\$ 35,489</b>

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

Page Ref	Line Ref	Description	
31	A8	Due from Cheshire	\$ 648
31	A8	Due from Long Ridge	\$ 648
31	A8	Due from Western	\$ 648
31	A8	Due from Westport	\$ 649
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 2,593</b>

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

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

**Schedule of Other Assets Page 32 Line D7**

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

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
33	A2	Notes Payable - Current	\$ 19,753
33	A2	Notes Payable - HSG	\$ 13,397
33	A2	Notes Payable - TSM	\$ 550,084
33	A2	Notes Payable	\$ 20,302
<b>Total Notes Payable</b>			<b>\$ 603,536</b>

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

Page Ref	Line Ref	Description	
33	A12	Employee Deductions	\$ 2,012
33	A12	Resident Trust	\$ 34,031
33	A12	Long Term Capital Lease - Current	\$ 20,470
33	A12	Uncleared Checks	\$ 144,553
33	A12	Accrued Workers Comp	\$ 185,180
33	A12	Accrued Legal Fees	\$ 13,500
33	A12	Accrued Accounting/Audit Fees	\$ 12,293
33	A12	Accrued Personal Property Taxes	\$ 10,001
33	A12	Due to Eagle Lake Foundation	\$ 356,353
33	A12	Due to - Newington	\$ 759,640
33	A12	Due to - West River	\$ 42,352
33	A12	Due to Sahara	\$ 1,667,849
33	A12	Due to Medicaid - Bed Fees	\$ 179,490
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 3,427,724</b>

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Senior Philanthropy of Milford B, dba Golden	2410	9/30/2018	33	37	
Account			Amount		
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable			\$	2,426,863	
2. Notes Payable ( <i>itemize</i> )			\$	603,536	
_____					
_____					
See Schedule				603,536	
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$		
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	96,077	
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$		
6. Accrued Payroll Taxes Payable			\$	29,873	
7. Medicare Final Settlement Payable			\$	13,909	
8. Medicare Current Financing Payable			\$		
9. Mortgage Payable ( <i>Current Portion</i> )			\$		
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )			\$		
11. Accrued Income Taxes*			\$		
12. Other Current Liabilities ( <i>itemize</i> )			\$	3,427,724	
_____					
_____					
_____					
See Schedule				3,427,724	
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)			\$	<b>6,597,982</b>	

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

*(Carry Total forward to next page)*

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

Name of Facility Senior Philanthropy of Milford B, dba Golden	License No. 2410	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount
Total Brought Forward:				6,597,982
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				
Name of Lender	Purpose	Amount	Date Due	\$
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date	\$	
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
Long Term Capital Lease		3,267	3,267	
See Schedule				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 3,267
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 6,601,249

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba	2410	9/30/2018	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$	200,772
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	200,772
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,924,009)
6. Gain or Loss for Period			\$	(283,364)
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	(3,207,373)
<b>C. Total Reserves and Net Worth</b>			\$	(3,006,601)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	3,594,648

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, dba G	2410	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(2,588,892)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	10,704,239
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	10,987,603
D. Net Income or Deficit			\$	(283,364)
E. Balance			\$	(2,872,256)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenditures PG 27	10,995,591			
Depreciation Adjustment	(7,989)			
Rounding	1			
Total Expenditures Line C	10,987,603			
2. Other <i>(itemize)</i>				
Prior Period Adjustment		(335,117)		
F-3. Total Additions			\$	(335,117)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(3,207,373)
	09/30/18			

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

Name of Facility Senior Philanthropy of Milford B, dba	License No. 2410	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Matthew S. Bovolack				
Address Address		Phone Number		
555 Long Wharf Drive, New Haven, CT 06511		203-781-9600		
Annual Report Contact		Phone Number		
Manuel Lemus		727-210-0781		
Annual Report Contact Email Address				
mlemus@Traditionsmanagement.net				