

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute Care	
Address (No. & Street, City, State, Zip Code) 710 Long Ridge Rd., Stamford, CT 06902	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2408	RHNS	(Specify)	Medicare Provider 07-5394
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Medicaid Provider Numbers:	CCNH 21197	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed) Senior Philanthropy of Stamford d/b/a Long Ridge Pos	License No. 2408	Report for Year Ended 9/30/2020	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute Care [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

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

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute Care	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 710 Long Ridge Rd., Stamford, CT 06902				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date 2/2/2021		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <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 203-329-4026		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute		Address (No. & Street, City, State, Zip ) 710 Long Ridge Rd., Stamford, CT 06902		
License Numbers:	CCNH 2408	RHNS (Specify)	Medicare Provider No. 07-5394	
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 Marion Najamy		Nursing Home Administrator's License No.:	1548	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		









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

Name of Facility Senior Philanthropy of Stamford d/b/a Long Ridge Post	License No. 2408	Report for Year Ended 9/30/2020	Page 4	of 37				
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input checked="" type="radio"/> No								
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.								
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No								
If "Yes," provide the following information:								
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Ins., Accounting Fees	Various	1,190,896	1,190,896
Golden Hill Rehab	2028 Bridgeport Avenue, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – Respiratory Therapist, COVID	Various	23,635	23,635
Cheshire Regional Rehab Center	745 Highland Ave., Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Admissions	Various	7,730	7,730
Newington Rapid Recovery	240 Church Street, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees	Various	1,513,459	1,513,459
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	191,099	191,099
Western Rehab Care Center	107 Osborne Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Note Interest	Various	41,097	41,097
West River Rehab Center	245 Orange Avenue, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – Regional Educator	Various	25,551	25,551
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	281,834	281,834
Westport Rehabilitation Complex	1 Burr Rd., Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		COVID Supplies	Various	2,751	2,751

\* 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 Stamford d/b/a Long Rid	License No. 2408	Report for Year Ended 9/30/2020	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.

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

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

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

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Senior Philanthropy of Stamford d/b/a Long Ridge Post-Ac			License No. 2408		Report for Year Ended 9/30/2020		Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
<b>Total ***</b>								

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

\*\* Attach copies of newly acquired leases.

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

**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Senior Philanthropy of Stamford d/	License No. 2408	Report for Year Ended 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

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

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report Preparation	\$ 2,848
2 Accrued Accounting Expnese	\$ 25,883
3 Audit Services	\$ 7,052
4	\$
	<b>Charge for Services Provided</b>
	\$ 35,783

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney	Telephone Number
1 See schedule.	
2	
3	
4	
5	

Address (*No. & Street, City, State, Zip Code*)  
 1  
 2  
 3  
 4  
 5

Services Provided by This Firm (*describe fully*)

1	\$ 31,789
2	\$
3	\$
4	\$
5	\$
	<b>Charge for Services Provided</b>
	\$ 31,789

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

**Schedule of Resident Statistics**

Name of Facility Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute Care			License No. 2408		Report for Year Ended 9/30/2020				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	110	110			110	110			77	77		
B. As of midnight of THIS report period	81	81			77	77			81	81		
3. Total Number of Days Care Provided During Period												
A. Medicare	4,430	4,430			3,509	3,509			921	921		
B. Medicaid (Conn.)	28,160	28,160			22,716	22,716			5,444	5,444		
C. Medicaid (other states)												
D. Private Pay	1,593	1,593			1,145	1,145			448	448		
E. State SSI for RCH												
F. Other (Specify) HMO,HOS,INS,VA, HMA	1,530	1,530			1,303	1,303			227	227		
G. Total Care Days During Period (3A thru F)	35,713	35,713			28,673	28,673			7,040	7,040		
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>	35,713	35,713			28,673	28,673			7,040	7,040		

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

Name of Facility Senior Philanthropy of Stamford d/b/a Long R			License No. 2408			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <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	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	9	62				5			5				
Per Diem Rate													
a. One bed rm.			308.34			585.42							
b. Two bed rms.						521.48							
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B									TOTAL	CCNH	RHNS	(Specify)	
B. Medicaid (Exclusive of Part B)									284	284			
1. Maintenance Treatments									2,711	2,711			
2. Restorative Treatments													
C. Other									20,438	20,438			
D. <b>Total Physical Therapy Treatments</b>									23,433	23,433			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									33	33			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									615	615			
2. Restorative Treatments													
C. Other									2,650	2,650			
D. <b>Total Speech Therapy Treatments</b>									3,298	3,298			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									593	593			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									2,430	2,430			
2. Restorative Treatments													
C. Other									22,759	22,759			
D. <b>Total Occupational Therapy Treatments</b>									25,782	25,782			

## Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

## Report of Expenditures - Salaries &amp; Wages

Name of Facility Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acut	License No. 2408	Report for Year Ended 9/30/2020	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<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)	147,165	2,110				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	172,420	5,857				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	636,967	30,405				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	331,258	18,368				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	101,036	3,976				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	64,829	3,457				
9. Barber and Beautician Services						
10. Protective Services	119,128	5,387				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	401,342	7,631				
b. RN						
1. Direct Care	1,035,302	18,103				
2. Administrative**	173,957	2,911				
c. LPN						
1. Direct Care	1,114,707	38,536				
2. Administrative**						
d. Aides and Attendants	1,670,895	94,155				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	89,983	3,851				
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	105,732	2,905				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	76,388	2,125				
A-13. Total Salary Expenditures	6,241,109	239,778				

\* 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 - Admissions Coordinator	\$ 76,388	2,125				
<b>Total</b>	\$ 76,388	2,125	\$ -	-	\$ -	-

**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
Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute Care				2408	9/30/2020				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section I - Operators/Owners</b>										
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute Care				2408	9/30/2020			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
<b>Section III - Administrators***</b>										
Marion Najamy (10/1/19 to 9/30/20)	147,165			Non-Discrim.	Administrator	2,110	A2			
<b>Section IV - Assistant Administrators</b>										

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

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Stamford d/b/a Long Ridge F	2408	9/30/2020	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						
2. Dentist	13,032	65				
3. Pharmacist	26,097	120				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	416,696	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	23,231	480				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	(8,039)	(32)				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	215,981	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	481,678	Contract				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	(331)	11				
2. Administrative***	79,479	1,023				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	1,247,824	1,667				

\* 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 Stamford d/b/a Long Ridge Post-		License No. 2408		Report for Year Ended 9/30/2020	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Michael Fusco, MD, 90 Morgan St., Suite 304, Stamford, CT 06905	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"/>			
Pact Physicians Alliance of CT LLC, 322 East Main St., Suite 1B, Branford, CT 06405	Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Health Drive Dental Group, 888 Worcester St. #130, Wellesley, MA 02482	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>			
Encore Rehabilitation Services, 33533 W 12 Mile Rd., Suite 290, Farmington Hills, MI 48331	PT/OT/ST	<input type="radio"/>	<input checked="" type="radio"/>			
Pact Physicians Alliance of CT LLC, 322 East Main St., Suite 1B, Branford, CT 06405	Pulmonologist	<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<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 Stamford d/b/a Long Ridg	2408	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 238,411	238,411		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 19,459	19,459		
4. Social Security (F.I.C.A.)	\$ 461,804	461,804		
5. Health Insurance	\$ 1,292,364	1,292,364		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,765	4,765		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 354,520	354,520		
8. Uniform Allowance	\$ 9,735	9,735		
9. Other ( <i>Specify</i> ) See Attached Schedule	\$ 18,762	18,762		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 41,381	41,381		
d. Accounting and Auditing	\$ 35,783	35,783		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 31,789	31,789		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 10,264	10,264		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 70,594	70,594		
2. Cellular Phones	\$ 1,040	1,040		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$			
k. Other Taxes ( <i>Not related to property - See Page 22</i> )				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 642,981	642,981		
<b>Subtotal</b>	\$ 3,233,652	3,233,652		

\* 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 Stamford d/b/a Long Ridge Post-Acute Care  
9/30/2020

Attachment Page 15

**Schedule of Other Employee Benefits**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Employee Expense-Nursing Admn	\$ 912		
Drug Free Expense-Nursing	\$ 450		
Employee Expense-Nursing	\$ 6,769		
Employee Benefits/Expense-Admin	\$ 10,631		
<b>Total</b>	\$ 18,762	\$ -	\$ -

---

**Schedule of Other Taxes**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>Total</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 Stamford d/b/a Long Ridge Pos	2408	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b><i>Subtotals Brought Forward:</i></b>	3,233,652	3,233,652			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$	2,817	2,817		
5. Education Expenses Related to Seminars and Conventions	\$	890	890		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$				
7. Other ( <i>Specify</i> ) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$	6,501	6,501		
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$				
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$	796	796		
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$	4,424	4,424		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$	14,366	14,366		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$	11,353	11,353		
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> )	\$	213,745	213,745		
12. Administrative Management Services**	\$	281,834	281,834		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$	80,269	80,269		
<b><i>C-14 Total Administrative &amp; General Expenditures</i></b>	\$	3,850,647	3,850,647		

\* 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)
Promo Items-Mkt	\$ 796		
<b>Total Other Advertising</b>	\$ 796	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CT Association of Health Care Facilities	\$ 14,366		
<b>Total Dues</b>	\$ 14,366	\$ -	\$ -

**Schedule of Contributions**

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

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
Background Checks-Nursing Admn	\$ 106		
Software Expense - Nursing Adm	\$ 3,648		
Licenses/Permits-Nursing Admn	\$ 626		
Background Checks-Nursing	\$ 851		
Licenses/Permits-Dietary	\$ 379		
Licenses/Permits	\$ 1,131		
Patient Trust Bond	\$ 804		
Resident Reimburse on Lost/Stolen Items	\$ 137		
Hurricane/Emergency Costs	\$ 1,200		
Equipment Minor-Adm	\$ 2,278		
Internet Access-Adm	\$ 31,501		
Records Storage - Adm	\$ 6,414		
Equipment Rental-Adm	\$ 1,217		
Collection Fees/Credit Card Fees	\$ 3,861		
Late fees/Fines/Finance Charges-Adm	\$ 7,075		
Bank Service Charges-Adm	\$ 19,041		
<b>Total Other Administrative and General</b>	\$ 80,269	\$ -	\$ -



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

Name of Facility Senior Philanthropy of Stamford d/b/a Lo	License No. 2408	Report for Year Ended 9/30/2020	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Hwy 19 N, Clearwater, FL, 33763	281,834	Handles all the operations and financial functions directly related to the facility.	16/m12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Stamford d/b/a Long Ridge Pos		2408	9/30/2020		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 249,519	249,519			
2.	Non-Food Supplies	\$ 59,587	59,587			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Other (Specify) _____ Supplies						
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>		<b>\$ 325,355</b>	<b>325,355</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 checked="" type="radio"/> Yes	<input type="radio"/> No	If yes, specify amt.		\$1,350
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 Stamford d/b/a Long Ridge Post-		2408	9/30/2020		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )		\$	168,137	168,137		
c. Other ( <i>Specify</i> ) Supplies		\$	1,635	1,635		
3D. <b>Total Laundry Expenditures</b> (3a + b + c)		\$	169,772	169,772		
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 Stamford d/b/a Long Ri		2408	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$				
	b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$	73,942	73,942		
	c. Other ( <i>Specify</i> )		\$ 138	138		
<b>4D.</b>	<b>Total Housekeeping Expenditures (4a + b + c)</b>		\$ 74,080	74,080		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	166,827	166,827		
	b. Medicine Cabinet Drugs	\$	22,794	22,794		
	c. Medical and Therapeutic Supplies	\$	162,728	162,728		
	d. Ambulance/Limousine***	\$	1,507	1,507		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	17,031	17,031		
	f. X-rays and Related Radiological Procedures***	\$	9,470	9,470		
	g. Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
	h. Laboratory***	\$	17,682	17,682		
	i. Recreation	\$	1,817	1,817		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	90,241	90,241		
<b>5M.</b>	<b>Total Resident Care Expenditures (5a - 5j)</b>		\$ 490,097	490,097		

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

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

\*\*\* Facility should self-disallow the expense on Page 29 of the Cost Report.

\*\*\*\* ICFMR's should provide a detailed schedule of all Day Program Costs.

**Schedule of Other Resident Care**

Description	CCNH	RHNS	(Specify)
Equipment Minor	\$ 241		
Minor Equipment & Supplies - Therapy	\$ 4,049		
IV Supplies - Medicaid	\$ 616		
IV Drugs - Medicare	\$ 12,763		
IV Supplies - Medicare	\$ 39		
Medical Equipment Rental	\$ 30,728		
Minor Equipment - Nursing	\$ 19,283		
IV Drugs - Managed Care	\$ 1,626		
IV Supplies - Managed Care	\$ 30		
IV Drugs - Medicaid	\$ 2,701		
Medical Waste Disposal	\$ 1,054		
Utilities-Cable TV	\$ 17,111		
<b>Total Other Resident Care</b>	\$ 90,241	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute Care			License No. 2408		Report for Year Ended 9/30/2020			Page of 21   37		
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Davis Disposal Service Inc.	127 Orchard St., Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal Services	32,524			22	6f
Brian Capone Land Services LLC	27 Diamondcrest Lane, Stamford, CT 06903	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance	52,161			22	6f
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	63,393			19	3b
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Houskeeping	73,942			20	4b
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary	16,249			18	2b
Rinaldi Linen Service	47 Commons Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	104,744			19	3b
		<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 Stamford d/b/a Long R	2408	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 26,071	26,071				
b. Heat	\$ 38,181	38,181				
c. Light & Power	\$ 121,017	121,017				
d. Water	\$ 76,933	76,933				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 167,111	167,111				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 429,313	429,313				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 31,637	31,637				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 86,700	86,700				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 118,337	118,337				
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	\$ 1,406,619	1,406,619				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 114,057	114,057				
c. Personal property taxes	\$ 8,728	8,728				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 1,647,741	1,647,741				

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Electrical-Maint	\$ 2,077		
Plumbing-Maint	\$ 10,801		
HVAC/Boiler Maint	\$ 20,360		
Paint-Maint	\$ 808		
Alarm Inspection-Maint	\$ 6,553		
Alarm Repairs-Maint	\$ 9,707		
Grounds Maintenance-Maint	\$ 52,161		
Sprinklers-Maint	\$ 3,450		
Elevator-Maint	\$ 10,770		
Pest Control-Maint	\$ 2,241		
Maint Contracts- Generator	\$ 5,781		
Equipment Minor-Maint	\$ 4,381		
Waste Disposal -Grease/Trash	\$ 32,524		
Copier- Maintenance Agreement	\$ 5,497		
<b>Total Other Repairs and Maintenance</b>	\$ 167,111	\$ -	\$ -



### Depreciation Schedule

Name of Facility			License No.		Report for Year Ended			Page	of			
Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute Care			2408		9/30/2020			23	37			
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
<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	476,540		476,540	66,477	S/L	Various	28,819					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	28,180						2,818					
B-4. Subtotal								31,637				
<b>C. Non-Movable Equipment</b>												
1. Acquired prior to this report period												
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
C-4. Subtotal												
	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
<b>D. Movable Equipment</b>												
1. Motor Vehicles (Specify name, model and year of each vehicle)												
a. 2015 Ford Transit 250 - 10 Passenger			7	15	40,257		40,257	36,230	S/L	5	4,027	
b. Corporate Fleet - taxable sales taxes			5	16	1,110		1,110	888	S/L	5	222	
c. Corporate Fleet - taxable sales taxes			9	17	1,693		1,693	1,017	S/L	5	339	
d. Transfer of Van to BR			7	15	(43,060)		(43,060)	(17,224)	S/L	5	(8,612)	
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	1,399,859		1,399,859	1,200,752	S/L	Various	84,165	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)					29,358						6,559	
D-3. Subtotal												86,700
<b>E. Total Depreciation</b>												118,337

Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute Care  
9/30/2020

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>				
6/11/2020	Replace elevator door edges and power supply	\$ 13,252	10	\$ 1,325
6/29/2020	Transformer	\$ 6,888	10	\$ 689
7/26/2020	Hydraulic Jack for Elevator	\$ 8,040	10	\$ 804
<b>Total additions for Building Improvement</b>		\$ 28,180		\$ 2,818 *
<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>				
2/1/2020	CDW Laptops	\$ 5,153	3	\$ 1,718
6/12/2020	Exhaust Fan Motors	\$ 6,125	5	\$ 1,225
6/18/2020	2 RTUs	\$ 18,080	5	\$ 3,616
<b>Total additions for Movable Equipmen</b>		\$ 29,358		\$ 6,559 *
<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

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

CSP-24 Rev. 10/2006

**Amortization Schedule\***

Name of Facility			License No.		Report for Year Ended			Page	of
Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acut			2408		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<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 Stamford d/b/a	License No. 2408	Report for Year Ended 9/30/2020	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
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
710 Long Ridge Rd. LLC, 710 Long Ridge Rd., Stamford, CT 06902	Building	04/01/15	10 yrs	1,406,077

**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 Stamford d/b/a		2408	9/30/2020			26	37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. <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 Stamford d/t		2408		9/30/2020		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	147,863	147,863	
13. <b>Total All Interest Expense (12B7 + 12C3 + 12D)</b>				\$	147,863	147,863	
14. Insurance							
a. Insurance on Property (buildings only)				\$	24,543	24,543	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	62,901	62,901	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures (14a + b + c)</b>				\$	87,444	87,444	
15. <b>Total All Expenditures (A-13 thru C-14)</b>				\$	14,711,245	14,711,245	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acute				2408	9/30/2020	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	B8c	Resident Care Physicians **	\$ (8,039)	(8,039)		
6.	13	10a	Occupational Therapy	\$ 481,678	481,678		
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 41,381	41,381		
10.			Accounting	\$			
10a.			Legal	\$ 235	235		
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 796	796		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 8,300	8,300		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 11,073	11,073		
<b>Page 18 - Dietary Expenditures</b>							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 1,350	1,350		
<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)				\$ 536,774	536,774		

\* All except "Help Wanted".

(Carry Subtotal forward to next page )

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



**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	m13	Resident Reimburse on Lost/Stolen Items	\$ 137		
16	m13	Collection Fees/Credit Card Fees	\$ 3,861		
16	m13	Late fees/Fines/Finance Charges-Adm	\$ 7,075		
<b>Total Other A&amp;G Adjustments</b>			\$ 11,073	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford d/b/a Long Ridge Post-Acu				2408	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 536,774	536,774		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 166,827	166,827		
28.	20	5d	Ambulance/Limousine	\$ 1,507	1,507		
29.	20	5f	X-rays, etc	\$ 9,470	9,470		
30.	20	5h	Laboratory	\$ 17,682	17,682		
31.			Medical Supplies	\$			
32.	20	5f	Oxygen (non emergency)	\$ 17,031	17,031		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 4,357	4,357		
<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	\$			
<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>				\$ 753,648	753,648		

\*\*\* 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 Stamford d/b/a Long Ridge Post-Acute Care  
9/30/2020

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Drugs - Managed Care	\$ 1,626		
20	5j	IV Supplies - Managed Care	\$ 30		
20	5j	IV Drugs - Medicaid	\$ 2,701		
<b>Total Other Ancillary Costs</b>			\$ 4,357	\$ -	\$ -

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

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 Stamford d/b/a	Lo: 2408	9/30/2020		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> )	\$ 14,843,362	14,843,362			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,198,836)	(6,198,836)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 2,371,228	2,371,228			
b. Medicare Room and Board Contractual Allowance **	\$ 990,543	990,543			
4. a. Private-Pay Residents and Other	\$ 1,196,920	1,196,920			
b. Private-Pay Room and Board Contractual Allowance **	\$ 328,184	328,184			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 191,028	191,028			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 74,408	74,408			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 1,488,600	1,488,600			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 402,191	402,191			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 430,060	430,060			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 157,285	157,285			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 1,685,000	1,685,000			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 394,657	394,657			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other ( <i>Specify</i> ) - Medicare	\$ (3,001,106)	(3,001,106)			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ (1,039,195)	(1,039,195)			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 14,314,329	14,314,329			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$ 1,350	1,350			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ (4)	(4)			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ (18,229)	(18,229)			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ (16,883)	(16,883)			
<b>VI. Total All Revenue</b> (III +V)	\$ 14,297,446	14,297,446			

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30/116a	Laboratory- MCR A-SNF	\$ 38,649		
30/116a	IV Therapy-MCR A-SNF	\$ 14,674		
30/116a	XRay MRA	\$ 22,265		
30/116a	Contractual Adj-Ancill-MCR A-SNF	\$ (1,857,527)		
30/116a	Flu Shots - MCR B - SNF	\$ 2,100		
30/116a	Sequestration - MCR B	\$ (8,172)		
30/116a	Contractual Adj- Ancill- MCR B-SNF	\$ (1,213,095)		
<b>Total Other Resident Revenue - Medicare</b>		\$ (3,001,106)	\$ -	\$ -

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

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30/116b	Laboratory	\$ 289		
30/116b	Laboratory- MCD- SNF	\$ 5,118		
30/116b	IV Therapy-MCD-SNF	\$ 8,546		
30/116b	X-Ray - MCD	\$ 1,997		
30/116b	Contractual Adj- Ancillaries- MCD-SNF	\$ (610,338)		
30/116b	Contractual Adj- Ancill- Hospice-SNF	\$ (275)		
30/116b	Lab Rev-Ins	\$ (208)		
30/116b	Contractual Allowance-Ins. R/S	\$ 181		
30/116b	Contractual Allowance Ancillary INS	\$ (7,280)		
30/116b	Lab HMO	\$ 5,692		
30/116b	IV THERAPY	\$ 1,350		
30/116b	Radiology HMO	\$ 5,683		
30/116b	Sequestration - HMO	\$ (2,791)		
30/116b	Contractual Adj Ancillary HMO	\$ (447,159)		
<b>Total Other Resident Revenue</b>		\$ (1,039,195)	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/1V5	Interest Income		\$ (4)		
<b>Total Interest Income</b>			\$ (4)	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30/1V8	Donations	\$ 140		
30/1V8	Miscellaneous Operating Income-Admin	\$ (6,236)		
30/1V8	Gain/Loss-Sale/Disposal of Assets	\$ (12,133)		
<b>Total Other Revenue</b>		\$ (18,229)	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford d/b/a I	2408	9/30/2020	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,467,622
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	859,110
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	73,696
a. _____				
b. _____				
c. _____				
d. See Schedule		73,696		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	4,182,219
_____				
_____				
See Schedule		4,182,219		
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>6,582,647</b>
B. Fixed Assets				
1. Land				
2. Land Improvements				
	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
3. Buildings	*Historical Cost	504,720	\$	406,606
	Accum. Depreciation	98,113		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	1,429,216	\$	137,740
	Accum. Depreciation	1,291,476		Net
7. Motor Vehicles	*Historical Cost	_____	\$	(16,887)
	Accum. Depreciation	16,887		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	(48,700)
_____				
See Schedule		(48,700)		
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>478,759</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 Stamford d/b/a I	License No. 2408	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	7,061,406
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )			\$	
_____				
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$</b>	
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$ 7,061,406</b>	

\* 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	\$ 11,043
31	A5	Prepaid Taxes and Licenses	\$ 28,770
31	A5	Prepaid Uniforms	\$ 20,187
31	A5	Prepaid Other	\$ 13,695
<b>Total Prepaid Expenses</b>			<b>\$ 73,696</b>

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

Page Ref	Line Ref	Description	
31	A8	Due from Westport	\$ 4,473
31	A8	Due from Waterfall Capital Note	\$ 4,177,746
<b>Total Other Current Assets (Itemize)</b>			<b>\$ 4,182,219</b>

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

Page Ref	Line Ref	Description	
31	B9	Book vs Cost	\$ (48,700)
<b>Total Other Other Fixed Assets (Itemize)</b>			<b>\$ (48,700)</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	\$ 13,801
33	A2	Note Payable - HSG	\$ 3,113
33	A2	Note Payable - TSM	\$ 112,102
33	A2	Notes Payable	\$ 9,462
<b>Total Notes Payable</b>			<b>\$ 138,478</b>

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

Page Ref	Line Ref	Description	
33	A12	Medicaid Remittance Adjustment	\$ (10,766)
33	A12	Employee Deductions- Garnishments	\$ 199
33	A12	Employee Deductions- HSA	\$ 385
33	A12	Employee Deductions- FSA	\$ 911
33	A12	Employee Deductions- ST/LIFE	\$ 9,088
33	A12	Employee Deductions- Child Support	\$ 471
33	A12	Employee Deductions - AFLAC	\$ 8,991
33	A12	Employee Deductions - Union Dues	\$ 1,538
33	A12	Resident Trust	\$ 49,337
33	A12	Deferred Rent - Current	\$ 382,802
33	A12	Uncleared Checks	\$ 77,431
33	A12	Accrued Workers Comp	\$ 361,746
33	A12	Accrued Insurance	\$ 187,664
33	A12	Unclaimed Property	\$ 3,388
33	A12	Accrued Legal Fees	\$ 50,055
33	A12	Accrued Accounting/Audit Fees	\$ 45,735
33	A12	Accrued Personal Property Taxes	\$ 2,351
33	A12	Accrued Other	\$ 13,143
33	A12	Due to Medicaid - Bed Fees	\$ 126,582
33	A12	Due to Medicaid - Copays	\$ 10,574
33	A12	Due to PO	\$ 160,310
33	A12	Medicare Advance Payable	\$ 647,381
33	A12	Due to Members	\$ 28,656
33	A12	HHS Stimulus	\$ 908,042
33	A12	SBA PPP Loan	\$ 1,527,300
33	A12	Due to Medicaid - Long-Term	456106
33	A12	Deferred Rent	1687149.01
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 6,736,568</b>

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

Page Ref	Line Ref	Description	
34	B4	Long Term Capital Lease - Current	\$ 18,959
34	B4	Long Term Capital Lease	\$ 28,965
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ 47,924</b>

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

CSP-33 Rev. 6/95

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

Name of Facility Senior Philanthropy of Stamford d/b/a Long R		License No. 2408	Report for Year Ended 9/30/2020	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,348,631
2. Notes Payable ( <i>itemize</i> )				\$	138,478
_____					
_____					
See Schedule					138,478
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> )				\$	163,561
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	45,715
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable ( <i>Current Portion</i> )				\$	
10. Interest Payable ( <i>Exclusive of Owner and/or Related Parties</i> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	6,736,568
_____					
_____					
_____					
				See Schedule	6,736,568
<b>A-13. Total Current Liabilities</b> (Lines A1 thru 12)				\$	<b>9,432,954</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 Stamford d/b/a Long		License No. 2408	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
Total Brought Forward:				9,432,954	
<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> )				\$ 47,923	
_____					
_____					
See Schedule		47,923			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$ 47,923	
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 9,480,877	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford d/b/a	2408	9/30/2020	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> )			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(2,005,671)
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	(413,799)
7. Total Net Worth			\$	(2,419,470)
<b>C. Total Reserves and Net Worth</b>			\$	(2,419,470)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	7,061,406

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford d/b/a Lc	2408	9/30/2020	36	37
<b>Account</b>			<b>Amount</b>	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(2,005,682)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,297,446
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,711,245
D. Net Income or Deficit			\$	(413,799)
E. Balance			\$	(2,419,481)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions				
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. <b>Balance at End of Period</b>			\$	(2,419,481)

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

Name of Facility Senior Philanthropy of Stamford d/b/a	License No. 2408	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<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				
CJLC LLC				
Address Address			Phone Number	
225 Pitkin Street, East Hartford, CT 06108			860-610-9009	
Annual Report Contact			Phone Number	
CJLC			860-610-9009	
Annual Report Contact Email Address				
annualreports@cjlc.com				