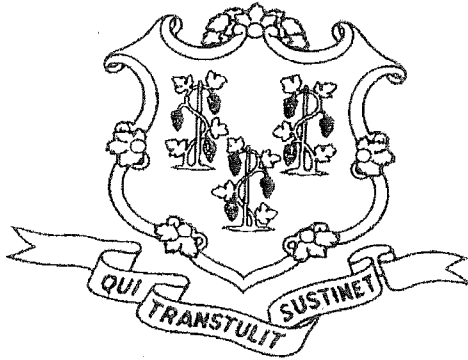


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Senior Philanthropy of Milford O LLC, dba West River Rehab Center	
Address (No. & Street, City, State, Zip Code) 245 Orange Ave, Milford, CT 06461	
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 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH 2404	RHNS	(Specify)	Medicare Provider 07-5377
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Medicaid Provider Numbers:	CCNH 20925	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 Milford O LLC, dba West Rive	License No. 2404	Report for Year Ended 9/30/2019	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 Milford O LLC, dba West River Rehab Center [facility name], for the cost report period beginning October 1, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

{a} Subject to Desk Audit

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Senior Philanthropy of Milford O LLC, dba West River Rehab Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 245 Orange Ave, Milford, CT 06461				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 12/16/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-876-5123		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Milford O LLC, dba West River Rehab		Address (No. & Street, City, State, Zip) 245 Orange Ave, Milford, CT 06461		
License Numbers:	CCNH 2404	RHNS (Specify)	Medicare Provider No. 07-5377	
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.				
N/A				
Administrator				
Name of Administrator T. Kevin Cleary		Nursing Home Administrator's License No.:	1401	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
N/A				

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford O LLC, dba West	2404	9/30/2019	3B	37

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

Owner(s) of Facility

N/A

**General Information and Questionnaire
Related Parties***

Name of Facility Senior Philanthropy of Milford O LLC, dba West River	License No. 2404	Report for Year Ended 9/30/2019	Page 4	of 37
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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, Acctg Fees	Various	753,544	753,544
Senior Philanthropy of Cheshire, LLC dba Cheshire	745 Highland Ave, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Admissions	Various	15,685	15,685
Senior Philanthropy of Stamford, LLC dba Long	710 Long Ridge Rd, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Zirmed Billing Software	Various	327	327
Senior Philanthropy of Milford B, LLC dba Golden	245 Orange Ave, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Respiratory Therapist	Various	13,337	13,337
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Internet, IT support, recruitment	Various	480,596	480,596
Senior Philanthropy of Danbury, LLC dba Western	107 Osborne st, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Consultin Fees	Various	20	20
Senior Philanthropy of Newington, LLC dba	240 Church St, Newington, CT 06111	<input checked="" type="radio"/>	<input type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees,	Various	1,607,409	1,607,409
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Management fees	Page 16 / Line m12	325,639	325,641
Senior Philanthropy of Westport, LLC dba Westport	1 Burr Rd, Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		Shared Legal Fees	Various	402	402

* 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 O LLC, dba We	License No. 2404	Report for Year Ended 9/30/2019	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

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

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 Milford O LLC, dba West River Reh			License No. 2404		Report for Year Ended 9/30/2019		Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire

Accounting Basis

Name of Facility Senior Philanthropy of Milford O I	License No. 2404	Report for Year Ended 9/30/2019	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 If "No," explain.
 No

N/A

Independent Accounting Firm

Name of Accounting Firm 1 Marcum LLP 2 NEHCEHPF 3 4	Address (No. & Street, City, State, Zip Code) 555 Long Wharf Drive, New Haven, CT 06511
---	--

Services Provided by This Firm (*describe fully*)

1 Postage	\$ 9
2 Accrued Accounting Expense	\$ 55,664
3 403b Audit	\$ 2,869
4	\$
	Charge for Services Provided
	\$ 58,542

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 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	\$ See page 7a
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Littler Mendelson PC	PO Box 45547, San Francisco, CA 94145	
2 Prince Benowitz, LLP	440 Monticello Ave, #1830A Norfolk, VA 23510	
3 American Arbitration Association	13727 Noeal Rd, Ste 700, Dallas, TX 75240	
4 CT Corporation	PO Box 4349, Carol Stream, IL 60197	
5 Goldman Gruder & Woods	200 Connecticut Ave, Norwalk, CT 06854	
6 Eagle Lake Foundation	24641 US HWY 19, Clearwater, FL 33763	
7 Constangy, Brooks & Smith, LLP	PO Box 10476 Atlanta, GA 30368-0476	
8 Murtha Cullina, LLP	1 City Ave, Hartford, CT 06103	
9 Ace American Insurance		

Services Provided by This Firm	Charge for Service Provided
1 FMLA/Pension Plan Case	5,492
2 Settlement (Self-Disallow)	17,000
3 Legal Consultant	285
4 Domestic Representation (Self-Disallow)	235
6 Accrued Legal Expense	33,488
7 Resident Lawsuit	2,810
8 Regualtory Consulting	2,575
9 Cook Saforf Loan Renewal	219
Total	<u>62,104</u>

Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Milford O LLC, dba West River Rehab Center			License No. 2404		Report for Year Ended 9/30/2019				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	117	117			117	117			113	113			
B. As of midnight of THIS report period	110	110			113	113			110	110			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,938	5,938			4,574	4,574			1,364	1,364			
B. Medicaid (Conn.)	28,912	28,912			21,699	21,699			7,213	7,213			
C. Medicaid (other states)													
D. Private Pay	2,498	2,498			1,793	1,793			705	705			
E. State SSI for RCH													
F. Other (Specify)	3,618	3,618			2,444	2,444			1,174	1,174			
G. Total Care Days During Period (3A thru F)	40,966	40,966			30,510	30,510			10,456	10,456			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	40,966	40,966			30,510	30,510			10,456	10,456			

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Milford O LLC, dba V			License No. 2404			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input checked="" type="radio"/> Yes <input type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	14		75		21								
Per Diem Rate													
a. One bed rm.	Various		273.00		634.71								
b. Two bed rms.	Various		273.00		557.82								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								6,378	6,378				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								667	667				
2. Restorative Treatments													
C. Other								19,941	19,941				
D. Total Physical Therapy Treatments								26,986	26,986				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								671	671				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								63	63				
2. Restorative Treatments													
C. Other								1,831	1,831				
D. Total Speech Therapy Treatments								2,565	2,565				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								6,110	6,110				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								647	647				
2. Restorative Treatments													
C. Other								23,594	23,594				
D. Total Occupational Therapy Treatments								30,351	30,351				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Milford O LLC, dba West River Reh	2404	9/30/2019	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	155,563	2,095				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	155,341	5,444				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	433,586	23,112				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	340,032	18,968				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	111,259	4,326				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	136,476	7,295				
9. Barber and Beautician Services						
10. Protective Services	38,758	2,476				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	171,373	3,379				
b. RN						
1. Direct Care	1,371,433	26,865				
2. Administrative**	257,054	7,752				
c. LPN						
1. Direct Care	1,011,640	34,892				
2. Administrative**						
d. Aides and Attendants	1,540,449	94,008				
e. Physical Therapists	5,994	364				
f. Speech Therapists	570	35				
g. Occupational Therapists	21,059	721				
h. Recreation Workers	171,937	7,737				
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	116,532	4,043				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	76,991	2,764				
<i>A-13. Total Salary Expenditures</i>	6,116,047	246,276				

* 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 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 Milford O LLC, dba West River Rehab Center			2404	9/30/2019				11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Senior Philanthropy of Milford O LLC, dba West River Rehab Center				2404	9/30/2019			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
T. Kevin Cleary	155,563			Non-Discrim	Administrator	2,095	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Milford O LLC, dba West R	2404	9/30/2019	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	110,448	1,841				
2. Dentist	11,628	58				
3. Pharmacist	24,644	180				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	503,912	7,577				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	73,000	111				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	508	3				
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	117,621	1,974				
b. Other						
10. Occupational Therapist						
a. Resident Care	557,606	10,162				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care	1,552	252				
2. Administrative***						
c. Aides	5,792	117				
d. Other						
12. Other (Specify) See Attached Schedule	1,772	24				
B-13 Total Fees Paid in Lieu of Salaries	1,408,483	22,299				

* 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 O LLC, dba West River		2404	9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Anu Walaliyadda, MD 12 Cooke Road, Wallingford, CT 06492	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"/>			
Health Drive Dental, 888 Worcester Street Suite 130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy of CT PO Box 9689 UnionDale NY 11555-9689	Utilization Review	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse Staffing Services, PO Box 301076, Dallas, TX 74303	LPN, & Aides	<input type="radio"/>	<input checked="" type="radio"/>			
Joseph Balsamo, 687 Campbell Avenue, West Haven, CT 06516	Medical Director, PHY Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Encore Rehabilitation Services, 33533 W 12 Mile Road, Suite 290, Farmington Hills, MI 48331	PT, ST, & OT	<input type="radio"/>	<input checked="" type="radio"/>			
Healthcare Services Group, 3220 Tillman Drive Suite 300, Bensalem, PA 19020	Dietitian	<input type="radio"/>	<input checked="" type="radio"/>			
Certified Languages International LLC, 4800 SW Macadam Ave Suite 400, Portland, OR 97239	Purchased Services - Interpreter	<input type="radio"/>	<input checked="" type="radio"/>			
Urological Associates of Bridgeport, PO Box 11901, Belfast, ME 04915	Purchased Services - Urology	<input type="radio"/>	<input checked="" type="radio"/>			
Affiliated Foot and Ankle Surgeons PC, 580 Blake Street New Haven, CT 06515	Purchased Services - Podiatry	<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 Milford O LLC, dba West	2404	9/30/2019		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 388,966	388,966			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 99,553	99,553			
4. Social Security (F.I.C.A.)	\$ 460,229	460,229			
5. Health Insurance	\$ 932,741	932,741			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,233	4,233			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 224,352	224,352			
8. Uniform Allowance	\$ 28,907	28,907			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 11,124	11,124			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 717,598	717,598			
d. Accounting and Auditing	\$ 58,542	58,542			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 62,105	62,105			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 9,082	9,082			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 65,588	65,588			
2. Cellular Phones	\$ 2,343	2,343			
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	\$ 712,620	712,620			
Subtotal	\$ 3,777,983	3,777,983			

* 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**

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	0		
Employee Food (Self-disallow)	\$ 3,923		
EOM/Employee Appreciation (Self-disallow)	\$ 1,559		
Holiday Funds (Self-disallow)	\$ 1,140		
Marketing Expense (Self-disallow)	\$ 130		
Employee Drug Testing	\$ 957		
Employee Assistance Program	\$ 1,671		
Petty cash (Self-disallow)	\$ 1,283		
Retirement Gift (Self-Disallow)	\$ 234		
Badge Holders	\$ 227		
Total	\$ 11,124	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
	0		
Total	\$ -	\$ -	\$ -

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 O LLC, dba West River	2404	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		3,777,983	3,777,983		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 1,135	1,135			
5. Education Expenses Related to Seminars and Conventions	\$ 481	481			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 754	754			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 12,147	12,147			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 2,561	2,561			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 3,025	3,025			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 8,534	8,534			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 3,661	3,661			
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>)	\$ 204,728	204,728			
12. Administrative Management Services**	\$ 325,641	325,641			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 89,351	89,351			
C-14 Total Administrative & General Expenditures	\$ 4,430,001	4,430,001			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
	0		
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	0		
Special Events-Mkt	\$ 2,561		
Total Other Advertising	\$ 2,561	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT Association of Health Care Memebership Dues	\$ 8,534		
Total Dues	\$ 8,534	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Software Expense - Nursing Adm	\$ 6,283		
Licenses/Permits-Nursing Admn	\$ 1,866		
Background Checks-Nursing	\$ 1,692		
Background Checks-Dietary	\$ 105		
Licenses/Permits-Dietary	\$ 300		
Dues/Subscriptions-Maint	\$ 9,000		
Licenses/Permits-Maint	\$ 300		
Alarm Monitoring-Maint	\$ 255		
Licenses & Permits-Trans	\$ 233		
Holiday Decorations-Activities-SNF (Self-Disallow)	\$ 54		
Licenses/Permits	\$ 547		
Non-Reimburse Expense (Self-Disallow)	\$ 4		
Patient Trust Bond	\$ 1,050		
Resident Reimburse on Lost/Stolen Items (Self-Disallow)	\$ 7,114		
Equipment Minor-Adm	\$ 864		
Internet Access-Adm	\$ 19,127		
Records Storage - Adm	\$ 8,597		
Equipment Rental-Adm	\$ 1,641		
Collection Fees/Credit Card Fees (Self-Disallow)	\$ 2,818		
Late fees/Pines/Finance Charges-Adm (Self-Disallow)	\$ 23,229		
Bank Service Charges-Admn	\$ 4,272		
Total Other Administrative and General	\$ 89,351	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Milford O LLC, db	License No. 2404	Report for Year Ended 9/30/2019	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 Mgmt 24641 US Highway 19 North, Clearwater, FLA	325,641	All operations and financial functions related to the facility	Page 16 Line m12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford O LLC, dba West River		2404	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 382,468	382,468			
2.	Non-Food Supplies	\$ 23,038	23,038			
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 93,453	93,453			
c. Other (Specify) _____ Other Dietary Supplies						
		\$ 2,626	2,626			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 501,585	501,585			
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*						
G. Is cost of employee meals included in 2D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No			
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Is any revenue collected 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)						
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
N. Is any revenue collected from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
O. 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 O LLC, dba West River		2404	9/30/2019	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 (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$	95,580	95,580		
c. Other (Specify)	\$	1,189	1,189		
3D. Total Laundry Expenditures (3a + b + c)	\$	96,769	96,769		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. 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 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford O LLC, dba Wes		2404	9/30/2019		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. \$	68,256	68,256		
C.	Other (<i>Specify</i>) Cleaning Supplies & Equipment Rental		\$ 6,305	6,305		
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 74,561	74,561		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	266,599	266,599		
b.	Medicine Cabinet Drugs	\$	24,577	24,577		
c.	Medical and Therapeutic Supplies	\$	176,419	176,419		
d.	Ambulance/Limousine***	\$	481	481		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	27,653	27,653		
f.	X-rays and Related Radiological Procedures***	\$	13,067	13,067		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	46,470	46,470		
i.	Recreation	\$	17,200	17,200		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	113,404	113,404		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	685,870	685,870		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	0		
Minor Equipment & Supplies - Therapy	\$ 3,109		
IV Supplies - Medicaid	\$ 4,579		
IV Drugs - Medicare (Self-disallow)	\$ 17,236		
Medical Equipment Rental	\$ 40,470		
Minor Equipment - Nursing	\$ 28,179		
IV Drugs - Managed Care (Self-disallow)	\$ 15,703		
IV Drugs - Medicaid	\$ 341		
Medical Waste Disposal	\$ 3,787		
Total Other Resident Care	\$ 113,404	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Milford O LLC, dba West River Rehab Center			License No. 2404		Report for Year Ended 9/30/2019			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
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	93,454			18	2b
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	68,257			20	4b
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	95,577			19	4b
Healthcare Service Group	736 19th Avenue, Lake Como, NJ 07719	<input type="radio"/>	<input checked="" type="radio"/>		Equipment Repair	13,741			22	226a-
Total Lawn Care & More	15 Clark St., Apt 1, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance	37,486			22	6f
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal Services	34,086			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"/>							

* 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 O LLC, dba W	2404	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 71,467	71,467				
b. Heat	\$ 37,380	37,380				
c. Light & Power	\$ 119,324	119,324				
d. Water	\$ 21,530	21,530				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 134,187	134,187				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 383,888	383,888				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 23,789	23,789				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 114,767	114,767				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 138,556	138,556				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 959,053	959,053				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 172,127	172,127				
c. Personal property taxes	\$ (882)	(882)				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,268,854	1,268,854				

* 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)
	0		
Interco Contracted Services-Maint	\$ (6,638)		
Electrical-Maint	\$ 224		
Plumbing-Maint	\$ 13,568		
HVAC/Boiler Maint	\$ 17,731		
Paint-Maint	\$ 1,248		
Alarm Inspection-Maint	\$ 174		
Alarm Repairs-Maint	\$ 2,939		
Grounds Maintenance-Maint	\$ 37,487		
Sprinklers-Maint	\$ 2,239		
Elevator-Maint	\$ 11,314		
Pest Control-Maint	\$ 1,902		
Maint Contracts- Generator	\$ 1,308		
Equipment Rental-Maint	\$ 5,868		
Waste Disposal -Grease/Trash	\$ 38,179		
Copier- Maintenance Agreement	\$ 6,644		
Total Other Repairs and Maintenance	\$ 134,187	\$ -	\$ -

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

	Date Acquired	Method	Life	Historical Cost	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	9/30/2019 Expense	9/30/2019 Accum Deprec.	Net Book Value	
Building Improvements												
<i>2015 Additions</i>												
Sprinkler System	5/13/2015	S/L	25	34,800	1,392	3,480	1,392	4,872	1,392	6,264	28,536	
60 Ton Carrier Chiller	4/1/2015	S/L	15	54,500	3,633	9,084	3,633	12,717	3,633	16,350	38,150	
Fire Alarm	6/11/2015	S/L	10	7,570	757	1,893	757	2,650	757	3,407	4,163	
Wanter Guard	6/12/2015	S/L	15	3,572	238	595	238	833	238	1,071	2,500	
Elevator repair	7/31/2015	S/L	20	10,093	505	1,261	505	1,766	505	2,271	7,821	
				110,534	6,525	16,313	6,525	22,838	6,525	29,363	81,171	
<i>2016 Additions</i>												
Mag Locks	6/29/2015	S/L	10	16,698	1,670	3,340	1,670	5,010	1,670	6,680	10,018	
Remove Oil	10/8/2015	S/L	10	10,093	1,009	2,019	1,009	3,028	1,009	4,037	6,056	
Paving/ Concrete work	11/9/2015	S/L	15	12,944	863	1,726	863	2,589	863	3,452	9,492	
Install Starter & Motor	11/27/2015	S/L	15	10,383	692	1,384	692	2,076	692	2,768	7,615	
Elevator Repair	2/4/2016	S/L	20	2,173	109	217	109	326	109	435	1,738	
Elevator Repair	2/17/2016	S/L	20	2,173	109	217	109	326	109	435	1,738	
Building Awning	6/21/2016	S/L	20	1,600	80	160	80	240	80	320	1,280	
Boiler Hot Water System	8/16/2016	S/L	10	35,709	3,571	7,142	3,571	10,713	3,571	14,284	21,425	
New Facility Lighting	7/16/2016	S/L	15	84,241	5,616	11,232	5,616	16,848	5,616	22,464	61,777	
Doors	6/2/2016	S/L	15	6,388	426	852	426	1,278	426	1,704	4,685	
Jack Hammer Floor	9/30/2016	S/L	15	2,090	139	279	139	418	139	557	1,533	
				184,492	14,284	28,567	14,284	42,851	14,284	57,135	127,356	
<i>2017 Additions</i>												
Jack Hammer Floor	10/14/2016	S/L	15	5,991	399	399	399	798	399	1,197	4,794	
Travel Cable Car Elevator	12/19/2016	S/L	20	10,635	532	532	532	1,064	532	1,596	9,039	
2 Fire Doors	12/19/2016	S/L	15	5,600	373	373	373	746	373	1,119	4,481	
Boiler Hot Water System Credit	8/16/2016	S/L	10	(774)	(77)	(155)	(77)	(232)	(77)	(309)	(465)	
				21,452	1,227	1,150	1,227	2,377	1,227	3,604	17,849	
<i>2018 Additions</i>												
New Facility Lighting	12/1/2017	S/L	15	26,302	-	-	1,753	1,753	1,753	3,506	22,796	
				26,302	-	-	1,753	1,753	1,753	3,506	22,796	
Total Building Improvements				342,780	22,036	46,030	23,789	69,819	23,789	93,608	249,172	
Vehicles												
<i>2015 Additions</i>												
2015 Ford Transit 250 -10 Passenger Wagon	5/1/2015	S/L	5	40,257	8,051	20,129	8,051	28,180	8,051	36,231	4,026	
<i>2016 Additions</i>												
Corporate Fleet taxable value	5/16/2016	S/L	5	1,110	222	444	222	666	222	888	222	
<i>2017 Additions</i>												
Corporate Fleet taxable value	4/1/2017	S/L	5	1,693	339	339	339	678	339	1,017	676	
Total Vehicles				43,060	8,612	20,911	8,612	29,523	8,612	38,135	4,924	

Moveable Equipment**Prior Owners Moveable Equipment (Fully
Depreciation Assets Removed)**

Various	S/L	Various	<u>412,906</u>	<u>27,696</u>	<u>338,454</u>	<u>21,388</u>	<u>359,842</u>	<u>16,051</u>	<u>375,893</u>	<u>37,013</u>
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Asset Additions 10/1/2014-3/31/2015

Various	S/L	Various	<u>22,581</u>	<u>2,722</u>	<u>9,527</u>	<u>2,722</u>	<u>12,249</u>	<u>2,722</u>	<u>14,971</u>	<u>7,610</u>
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2015 Additions

Sonic Wall	4/30/2015	S/L	15	3,609	241	601	241	842	241	1,083	2,526
Canon Copiers @2	5/30/2015	S/L	5	27,180	5,436	13,590	5,436	19,026	5,436	24,462	2,718

Shields	4/20/2015	S/L	15	3,181	212	530	212	742	212	954	2,227
Slings	6/1/2015	S/L	5	9,647	1,929	4,824	1,929	6,753	1,929	8,682	965
Chairs	5/4/2015	S/L	5	14,494	2,899	7,246	2,899	10,145	2,899	13,044	1,449
Elevator Repair	5/6/2015	S/L	20	17,392	870	2,174	870	3,044	870	3,914	13,478
Generator	7/27/2015	S/L	15	9,171	611	1,529	611	2,140	611	2,751	6,420
AHT Software	7/1/2015	S/L	3	3,022	1,007	2,519	503	3,022	-	3,022	0
Dietary Equipment	8/10/2015	S/L	5	5,765	1,153	2,883	1,153	4,036	1,153	5,189	576
Blixer	8/14/2015	S/L	5	4,237	847	2,119	847	2,966	847	3,813	424
				97,698	15,206	38,015	14,701	52,716	14,198	66,914	30,784
<i>2016 Additions</i>											
Lifts/Slings	9/15/2015	S/L	5	6,708	1,342	2,683	1,342	4,025	1,342	5,367	1,341
Bladder Scanner	10/14/2015	S/L	5	6,670	1,334	2,668	1,334	4,002	1,334	5,336	1,334
Rooftop Unit	10/13/2015	S/L	20	28,900	1,445	2,890	1,445	4,335	1,445	5,780	23,120
Fire Suppression Upgrade	11/17/2015	S/L	5	3,320	664	1,328	664	1,992	664	2,656	664
Misc Furniture	12/2/2015	S/L	5	6,349	1,270	2,540	1,270	3,810	1,270	5,080	1,270
Bariatric Bed	12/8/2015	S/L	10	3,609	361	722	361	1,083	361	1,444	2,165
32" TV	6/18/2015	S/L	5	650	130	260	130	390	130	520	130
32' TV	7/14/2015	S/L	5	650	130	260	130	390	130	520	130
LaserJet Printer	7/24/2015	S/L	5	921	184	369	184	553	184	737	185
Computers	1/14/2015	S/L	5	1,275	255	510	255	765	255	1,020	255
Laptop Computer Cart	11/12/2015	S/L	5	1,536	307	614	307	921	307	1,228	308
Ear Thermometer	8/24/2015	S/L	5	538	108	215	108	323	108	431	107
Protector Bedside Mat	5/5/2015	S/L	10	551	55	110	55	165	55	220	331
Adjustable Linen Cart	3/24/2015	S/L	5	658	132	263	132	395	132	527	131
Adjustable Linen Cart	8/14/2015	S/L	5	658	132	263	132	395	132	527	131
Shower Gurney	5/19/2015	S/L	10	791	79	158	79	237	79	316	475
Mattress	1/27/2015	S/L	5	1,005	201	402	201	603	201	804	201
VAC Freedom	3/31/2015	S/L	10	1,508	151	302	151	453	151	604	905
Battery Pack	10/1/2015	S/L	5	1,795	359	718	359	1,077	359	1,436	359
Pressure Release Foam Mat	11/1/2015	S/L	5	2,891	578	1,156	578	1,734	578	2,312	579
Mattresses & Accessories	10/1/2015	S/L	5	19,140	3,828	7,656	3,828	11,484	3,828	15,312	3,828
Computers	5/15/2015	S/L	5	2,807	561	1,123	561	1,684	561	2,245	562
2 Defibrillators	1/1/2016	S/L	5	3,649	730	1,460	730	2,190	730	2,920	729
Wheel Chair Scale	1/8/2016	S/L	10	650	65	130	65	195	65	260	390
Linen Hampers	1/1/2016	S/L	5	2,954	591	1,182	591	1,773	591	2,364	590
Therapy Equipment	1/25/2016	S/L	5	14,680	2,936	5,872	2,936	8,808	2,936	11,744	2,936
4 Probook Computers	2/17/2016	S/L	5	1,519	304	608	304	912	304	1,216	303
Machine to Clean Drains	12/4/2015	S/L	10	557	56	111	56	167	56	223	334
Mattress	2/4/2016	S/L	5	895	179	358	179	537	179	716	179
Body Lift Scale	9/2/2015	S/L	10	10,482	1,048	2,096	1,048	3,144	1,048	4,192	6,290
Scale	6/1/2015	S/L	10	550	55	110	55	165	55	220	330
Tax on 4 Probook Comp	2/17/2016	S/L	5	106	21	43	21	64	21	85	22
Wheelchair	5/1/2016	S/L	10	1,438	144	288	144	432	144	576	863
Wheelchair/Commode	5/12/2016	S/L	10	727	73	145	73	218	73	291	436
HP Probook	5/31/2016	S/L	5	790	158	316	158	474	158	632	158
Chiller Maintenance	6/7/2016	S/L	15	3,499	233	467	233	700	233	933	2,566
Telephone Set Up & Equip	3/31/2016	S/L	5	5,191	1,038	2,076	1,038	3,114	1,038	4,152	1,038
Telephone Set Up & Equip	6/23/2016	S/L	5	3,318	664	1,327	664	1,991	664	2,655	663

Lock with Keypad	8/13/2015	S/L	10	800	80	160	80	240	80	320	480
Lock with Keypad	10/27/2015	S/L	10	527	53	105	53	158	53	211	316
Side Hinged Door	9/18/2015	S/L	10	777	78	155	78	233	78	311	466
Surface Mount Kit for Door	7/23/2015	S/L	10	2,132	213	426	213	639	213	852	1,280
Surface Mount Kit for Door w/ Lock	7/27/2015	S/L	10	2,372	237	474	237	711	237	948	1,424
Generator Emergency Stop w enclosure	7/9/2015	S/L	15	2,235	149	298	149	447	149	596	1,639
Window Screen Fabrication	6/25/2015	S/L	10	1,040	104	208	104	312	104	416	624
Kickplate	8/4/2015	S/L	5	2,146	429	858	429	1,287	429	1,716	430
Amplifier	5/29/2015	S/L	10	1,079	108	216	108	324	108	432	648
Steam Table Infinite Switch	2/5/2015	S/L	10	565	57	113	57	170	57	227	338
Double Sided Sign	4/7/2015	S/L	5	2,000	400	800	400	1,200	400	1,600	400
Kiosk System	6/14/2016	S/L	5	2,366	473	946	473	1,419	473	1,892	473
Patient Stand/Lift Sara 3000	7/8/2016	S/L	10	1,320	132	264	132	396	132	528	792
3 Blower Motors for HVAC in Rooms	7/26/2016	S/L	10	1,329	133	266	133	399	133	532	797
Computers	8/26/2016	S/L	5	861	172	345	172	517	172	689	173
				165,483	24,717	49,434	24,719	74,153	24,719	98,872	66,612
<i>2017 Additions</i>											
Resident Room Furniture	10/1/2016	S/L	5	13,703	2,741	2,741	2,741	5,482	2,741	8,223	5,480
Tax on BSD Furniture Lease 2016	10/1/2016	S/L	5	126	25	25	25	50	25	75	51
Upgrade/Expansion to Generator	5/22/2017	S/L	5	5,684	1,137	1,137	1,137	2,274	1,137	3,411	2,273
Upgrade/Expansion to Generator	7/7/2017	S/L	5	5,013	1,003	1,003	1,003	2,006	1,003	3,009	2,004
				24,526	4,905	4,905	4,906	9,811	4,906	14,717	9,809
<i>2018 Additions</i>											
Nursing Kiosk Bundle	11/6/2017	S/L	5	5,452	-	-	1,090	1,090	1,090	2,180	3,272
Boiler & 2 Taco Pumps	9/11/2018	S/L	5	163,579	-	-	32,716	32,716	32,716	65,432	98,147
				169,031	-	-	33,806	33,806	33,806	67,612	101,419
<i>2019 Additions</i>											
Copier	12/1/2018	S/L	5	35,525	-	-	-	18,905	7,105	26,010	9,515
Nurse Station Call System	11/5/2018	S/L	5	5,509	-	-	-	-	1,102	1,102	4,407
POE Switch & Cabling	4/8/2019	S/L	5	7,729	-	-	-	-	1,546	1,546	6,183
				48,763	-	-	-	18,905	9,753	28,658	20,105
Total Moveable Equipment				940,988	75,245	440,335	102,242	561,482	106,155	667,637	273,351
Total for 2018				1,326,828	105,893	507,276	134,643	660,824	138,556	799,381	527,447

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended			Page	of			
Senior Philanthropy of Milford O LLC, dba West River Rehab Center		2404		9/30/2019			23	37			
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
A-4. Subtotal											
B. Building and Building Improvements											
1. Acquired prior to this report period	342,780		342,780	69,820	S/L	Various	23,789				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
B-4. Subtotal								23,789			
C. Non-Movable Equipment											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal											
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year							
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a. 2015 Ford Transit 250 - 10 Passenger											
			5	15	40,257	40,257	28,179	S/L	5	8,051	
			5	16	1,110	1,110	666	S/L	5	222	
			4	17	1,693	1,693	678	S/L	5	339	
2. Movable Equipment											
a. Acquired prior to this report period											
			Var	Var	892,225	892,225	542,577	S/L	Various	96,402	
b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)											
			Var	Var	48,763	48,763		S/L	Various	9,753	
D-3. Subtotal											
											114,767
E. Total Depreciation											
											138,556

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	Copier	\$ 35,525	5	\$ 7,105
	Nurse Station Call System	\$ 5,509	5	\$ 1,102
	POE Switch & Cabling	\$ 7,729	5	\$ 1,546
Total additions for Movable Equipment		\$ 48,763		\$ 9,753
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ -

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Senior Philanthropy of Milford O LLC, dba West River Reha			2404		9/30/2019			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

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

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

Name of Facility Senior Philanthropy of Milford O LLC	License No. 2404	Report for Year Ended 9/30/2019	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?*

Yes No

If "Yes," complete Part B.
If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity					
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of				
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease
245 Orange Ave LLC	Building	04/01/15	123 months	959,053

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.

Annual Report of Long-Term Care Facility

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford O LLC		2404	9/30/2019		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Senior Philanthropy of Milford O L		2404		9/30/2019		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) Interest on Line of Credit & Other Interest				\$	166,119	166,119	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	166,119	166,119	
14. Insurance							
a. Insurance on Property (buildings only)				\$	14,091	14,091	
b. Insurance on Automobiles				\$	4,035	4,035	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	55,335	55,335	
2. Fire and Extended Coverage				\$			
3. Other (Specify) D&O and Crime Policy				\$	24,383	24,383	
14d. Total Insurance Expenditures (14a + b + c)				\$	97,844	97,844	
15. Total All Expenditures (A-13 thru C-14)				\$	15,230,021	15,230,021	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford O LLC, dba West River Rehab				2404	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 21,059	21,059		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 508	508		
6.	13	B10a	Occupational Therapy	\$ 557,606	557,606		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 717,598	717,598		
10.			Accounting	\$			
10a.			Legal	\$ 17,235	17,235		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 903	903		
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 *	\$ 2,561	2,561		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 46,818	46,818		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 41,488	41,488		
Page 18 - Dietary Expenditures							
24.	18	2C	Meals to employees, guests and others who are not residents	\$ 561	561		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,406,337	1,406,337		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

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

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1A9	Employee Food (Self-disallow)	\$ 3,923		
15	1A9	EOM/Employee Appreciation (Self-disallow)	\$ 1,559		
15	1A9	Holiday Funds (Self-disallow)	\$ 1,140		
15	1A9	Marketing Expense (Self-disallow)	\$ 130		
15	1A9	Petty cash (Self-disallow)	\$ 1,283		
15	1A9	Retirement Gift (Self-Disallow)	\$ 234		
16	m13	Holiday Decorations-Activities-SNF (Self-Disallow)	\$ 54		
16	m13	Non-Reimburse Expense (Self-Disallow)	\$ 4		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-Disallow)	\$ 7,114		
16	m13	Collection Fees/Credit Card Fees (Self-Disallow)	\$ 2,818		
16	m13	Late fees/Fines/Finance Charges-Adm (Self-Disallow)	\$ 23,229		
Total Other A&G Adjustments			\$ 41,488	\$ -	\$ -

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

<u>Description</u>	<u>Amount</u>
Management fees Charged	325,639 **
Patient Days	<u>40,966</u> Page 8 of C/R
Amount Per Patient Day	\$ 7.9490
PPD Allowance Per Rate Agreement	6.74
2019 CPI Increase	<u>0.07</u>
PPD Allowance 9/30/2019	<u>6.81</u>
Amount over (Under)	\$ 1.1428
Total Days	40,966 Page 8 of C/R
Part 1 Disallowed Management Fee	\$ 46,816
Management fees Charged (Pg. 16 / Line m12)	325,641
Actual Costs to the Related Party - Allowable Expense	<u>325,639</u>
Part 2 Disallowed Management Fee	\$ 2
Total Disallowed Mangement Fee	<u>\$ 46,818</u> Pg. 28 / line 21

**Per as filed 12/31/19 Medicare cost report

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

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

Total Bed Capacity	120
# of Allowable Cell Phones	4

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

Page 15 Line 1h2

Amount

Cell Phone expense per TB \$ 2,343

Allowable Cell Phone expense \$ 1,440

Disallowed Cell Phone expense \$ 903 **Page 28 Line 12**

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford O LLC, dba West River Reha				2404	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,406,337	1,406,337		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 266,599	266,599		
28.	20	5d	Ambulance/Limousine	\$ 481	481		
29.	20	5f	X-rays, etc	\$ 13,067	13,067		
30.	20	5h	Laboratory	\$ 46,470	46,470		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 27,653	27,653		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 38,711	38,711		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 1,385	1,385		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,800,703	1,800,703		

*** 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.

Total Other Adjustments			\$	-	\$	-	\$	-

Schedule of Other - Miscellaneous Administrative Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	18	Vending Machine Revenue (Self-disallow)	\$ 93		
27	14C3	D&O Insurance	\$ 1,292		
Total Other Adjustments			\$ 1,385	\$ -	\$ -

Schedule of Unallowable Building Interest

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

**Senior Philanthropy of Milford O, LLC
Disallowance Schedule for Cable TV
September 30, 2019**

	<u>Amount</u>	
Total Cable TV Expense acct #560717	\$ 9,372	TB Linked
Monthly Allowable amount	\$ 300	
Months in Cost Report Year	12	
Total Allowable Cost	<u>\$ 3,600</u>	
Disallowed Cable TV	<u><u>\$ 5,772</u></u>	

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Senior Philanthropy of Milford O LLC, d 2404		9/30/2019			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 15,299,727	15,299,727				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,398,679)	(7,398,679)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,232,052	3,232,052				
b. Medicare Room and Board Contractual Allowance **	\$ 648,320	648,320				
4. a. Private-Pay Residents and Other	\$ 2,506,607	2,506,607				
b. Private-Pay Room and Board Contractual Allowance **	\$ (670,007)	(670,007)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 225,508	225,508				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 96,813	96,813				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$ 2,170	2,170				
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$ 1,680	1,680				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 1,493,412	1,493,412				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 434,235	434,235				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 681,825	681,825				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 125,000	125,000				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 1,707,244	1,707,244				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 438,426	438,426				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (3,720,991)	(3,720,991)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (246,482)	(246,482)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,856,860	14,856,860				
IV. Other Revenue*						
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>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 62,370	62,370				
V. Total Other Revenue (1 thru 8)	\$ 62,370	62,370				
VI. Total All Revenue (III +V)	\$ 14,919,230	14,919,230				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30II6a	Laboratory- MCR A-SNF	\$ 34,486		
30II6a	IV Therapy-MCR A-SNF	\$ 24,763		
30II6a	XRay MRA	\$ 14,687		
30II6a	VBP - Medicare A	\$ (55,132)		
30II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (3,091,070)		
30II6a	Sequestration - MCR B	\$ (7,233)		
30II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (641,590)		
30II6a	XRAY-INS	\$ 98		
Total Other Resident Revenue - Medicare		\$ (3,720,991)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30II6b	Laboratory	\$ 49		
30II6b	IV Therapy-SNF PVT	\$ 855		
30II6b	Routine Revenue Adjustment-SNF PVT	\$ (76,692)		
30II6b	Other Services SNF PVT	\$ 390		
30II6b	IV Therapy-MCD-SNF	\$ 6,612		
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (153,130)		
30II6b	Routine Services-Hospice-SNF	\$ 841,568		
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (566)		
30II6b	IV THERAPY - Ins	\$ 2,295		
30II6b	Contractual Allowance-Ins R/S	\$ (7,161)		
30II6b	Contractual Allowance Ancillary INS	\$ (10,208)		
30II6b	Lab HMO	\$ 16,113		
30II6b	IV Therapy	\$ 20,559		
30II6b	Radiology HMO	\$ 3,798		
30II6b	Sequestration - HMO	\$ (4,028)		
30II6b	Contractual Adj Ancillary HMO	\$ (886,936)		
Total Other Resident Revenue		\$ (246,482)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			0		
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30IV8	Donations (Self-disallow)	\$ (2,935)		
30IV8	Vending Machine Revenue (Self-disallow)	\$ 93		
30IV8	Gain/Loss on loan	\$ 6,411		
30IV8	Interco Contracted Services Revenue - Mkt (Self-disallow)	\$ 58,801		
Total Other Revenue		\$ 62,370	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford O LLC,	2404	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	327,225
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,956,881
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	50,678
a. _____				
b. _____				
c. _____				
d. See Schedule	50,678			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	2,087,399

See Schedule	2,087,399			
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,422,183
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>342,780</u>		\$	249,171
	Accum. Depreciation <u>93,609</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>940,988</u>		\$	273,351
	Accum. Depreciation <u>667,637</u>	Net		
7. Motor Vehicles	*Historical Cost <u>43,060</u>		\$	4,925
	Accum. Depreciation <u>38,135</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(315)
F/S vs. C/R	(315)			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	527,132

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	5	Prepaid Insurance	\$ 3,485
31	5	Prepaid Taxes and Licenses	\$ 39,960
31	5	Prepaid Other	\$ 7,233
Total Prepaid Expenses			\$ 50,678

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

Page Ref	Line Ref	Description	
31	A8	Due from Members	\$ 16,310
31	A8	Due from TSM	\$ 130,000
31	A8	Due from Cheshire	\$ 444,275
31	A8	Due From Golden Hill	\$ 279,275
31	A8	Due from Long Ridge	\$ 1,275
31	A8	Due from Newington	\$ 1,213,628
31	A8	Due from Western	\$ 1,275
31	A8	Due from Westport	\$ 1,275
31	A8	Due from Buildings - General	\$ 86
Total Other Current Assets (Itemize)			\$ 2,087,399

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

Page Ref	Line Ref	Description	
Total Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

Page Ref	Line Ref	Description	
33	A12	Employee Deductions	\$ 13,614
33	A12	Resident Trust	\$ 51,477
33	A12	Long Term Capital Lease - Current	\$ 13,066
33	A12	Unlearned Checks	\$ 358,830
33	A12	Accrued Workers Comp	\$ 266,263
33	A12	Accrued Legal Fees	\$ 77,693
33	A12	Accrued Accounting/Audit Fees	\$ 32,600
33	A12	Accrued Personal Property	\$ 33,822
33	A12	Accrued Other	\$ 2,143
33	A12	Due to Sahara	\$ 51,537
33	A12	Due to Medicent	\$ 717,628
33	A12	Due to FO	\$ 184,051
33	A12	Due to Members	\$ 576,726
Total Other Current Liabilities (Itemize)			\$ 2,379,450

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

Page Ref	Line Ref	Description	
34	B4	Unclaimed Property	\$ 1,641
34	B4	Note Payable - TSM	\$ 697,719
34	B4	Long Term Capital Lease	\$ 4,760
Total Other Current Liabilities (Itemize)			\$ 704,120

G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Milford O LLC, c	License No. 2404	Report for Year Ended 9/30/2019	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 4,949,315	
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	412,906	
		Accum. Depreciation	375,893	Net
\$ 37,013				
6. Motor Vehicles				
		*Historical Cost		
		Accum. Depreciation	Net	
\$				
7. Minor Equipment-Not Depreciable				
\$				
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$ 37,013	
D. Investment and Other Assets				
1. Deferred Deposits				
\$				
2. Escrow Deposits				
\$ 865,508				
3. Organization Expense				
		*Historical Cost		
		Accum. Depreciation	Net	
\$				
4. Goodwill (Purchased Only)				
\$				
5. Investments Related to Resident Care (<i>itemize</i>)				
\$				
6. Loans to Owners or Related Parties (<i>itemize</i>)				
\$				
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)				
\$				
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 865,508	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 5,851,836	

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford O LLC, dba We	2404	9/30/2019	33	37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 2,106,823
2. Notes Payable (<i>itemize</i>)				\$

See Schedule				
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>)				\$ 182,310
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$
6. Accrued Payroll Taxes Payable				\$ 47,572
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>)				\$ 2,379,450

See Schedule				2,379,450
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 4,716,155

* 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 O LLC, dba		License No. 2404	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				4,716,155	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 704,120	
See Schedule				704,120	
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 704,120	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 5,420,275	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford O LLC	2404	9/30/2019	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	37,013
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			\$	37,013
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	660,989
6. Gain or Loss for Period			\$	(266,441)
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	394,548
C. Total Reserves and Net Worth			\$	431,561
D. Total Liabilities, Reserves, and Net Worth			\$	5,851,836

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford O LLC, c	2404	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	489,434
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,919,230
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	15,185,671
D. Net Income or Deficit			\$	(266,441)
E. Balance			\$	222,993
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Total Expenditures Pg. 27	\$15,230,021			
Depreciation Adjustment	(\$44,350)			
Total Expenditures	\$15,185,671			
2. Other (<i>itemize</i>)				
Variance of FY vs Calendar balance from Prior y	171,555			
F-3. Total Additions			\$	171,555
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	394,548
09/30/19				

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Milford O LLC, dba	License No. 2404	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 2/4/20		
Printed Name of Preparer Matthew S. Bavolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Contacted Person Regarding Additional Information Needed Regarding This Report Manuel Lemus		Phone Number 727-210-0781		
Contact Email Address mlemus@Traditionsmanagement.net				