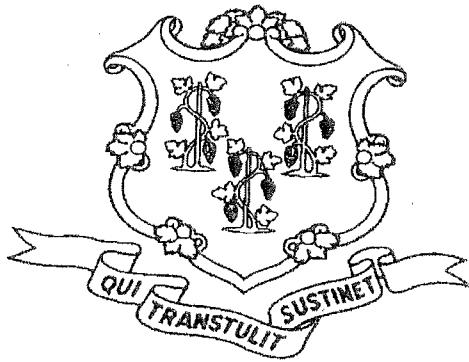


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2019

Name of Facility (as licensed) Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center	
Address (No. & Street, City, State, Zip Code) 107 Osborne St. Danbury, CT 06810	
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 2409	RHNS	(Specify)	Medicare Provider 07-5274
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Medicaid Provider Numbers:	CCNH 10389	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 Danbury, LLC dba Western Re	License No. 2409	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 Danbury, LLC dba Western Rehab Care 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) Evelyn Hackman			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 Danbury, LLC dba Western Rehab Care Center		Period Covered:	From 10/1/2018	To 9/30/2019
Address of Facility 107 Osborne St. Danbury, CT 06810				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 1/24/2020	
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 203-792-8102		Report for Year Ended 9/30/2019	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Danbury, LLC dba Western Rehab Care		Address (No. & Street, City, State, Zip) 107 Osborne St. Danbury, CT 06810		
License Numbers:	CCNH 2409	RHNS (Specify)	Medicare Provider No. 07-5274	
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 Evelyn Hackman		Nursing Home Administrator's License No.:	2073	
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 Danbury, LLC dba Western	2409	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 Danbury, LLC dba Western Rel	License No. 2409	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	24641 US Hwy 19 N., Clearwater, FL 33763-5007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Insurance, Accounting Fee	Various	1,147,642	1,147,642
Senior Philanthropy of Cheshire LLC, dba Cheshire	24641 US Hwy 19 N., Clearwater, FL 33763-5007	<input type="radio"/>	<input checked="" type="radio"/>		Regional Liason	Various	14,397	14,397
Senior Philanthropy of Stamford, LLC, dba Long	710 Long Ridge Rd, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Billing Access	Various	1,177	1,177
Traditions Senior Management	24641 US Highway, 19 North, Clearwater, FL 33763	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	132,760	132,760
Senior Philanthropy of Newington LLC, dba	240 Church St, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees,	Various	1,589,379	1,589,379
Senior Philanthropy of Milford O LLC, dba West	245 Orange Ave, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Admin & Nursing Staff	Various	16,477	16,477
Senior Philanthropy of Milford B, LLC dba Golden	2028 Bridgeport Ave, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Respiratory Therapist	Various	12,197	12,197
Traditions Senior Management	24641 US Highway, 19 North, Clearwater, FL 33763	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Page 16 / Line m12	350,649	350,649
Senior Philanthropy of Westport, LLC dba Westport	1 Burr Rd, Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff & Legal Fees	Various	1,553	1,553

* 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 Danbury, LLC dba West	License No. 2409	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 Danbury, LLC dba Western Rehab C			License No. 2409	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 Danbury, L	License No. 2409	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
 No
 If "No," explain.

N/A

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Marcum LLP	555 Long Wharf Drive, 12th Floor, New Haven, CT 06511
2 NEHCEHPF	
3 Eagle Lake Foundation	24641 US HWY 19 N, Clearwater, FL 33763
4	

Services Provided by This Firm (*describe fully*)

1 Postage	\$ 9
2 Pension INT Thru 10/18	\$ 2,869
3 Accrued Accounting Expenses	\$ 55,049
4	\$
Charge for Services Provided	
\$ 57,927	

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	Telephone Number
1 See Attached Pg. 7a	
2	
3	
4	
5	

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

1
2
3
4
5

Services Provided by This Firm (*describe fully*)

1	\$ 37,372
2	\$
3	\$
4	\$
5	\$
Charge for Services Provided	
\$ 37,372	

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 Ace American Insurance	436 Walnut St., Philadelphia, PA 19106	
2 CT Corporation	PO Box 4349, Carol Stream, IL 60197	
3 Murtha Cullina, LLP	265 Church Street, New Haven, CT 06510	
4 Goldman Gruder & Woods	200 Connecticut Ave, Norwalk, CT 06854	
5 Costangy, Brooks & Smith, LLP	PO Box 10476, Atlanta, GA 30368-0476	
6 Cook and Stadorf	No Address	
7 Littler Mendelson PC	PO Box 45547, San Francisco, CA 94145	

Services Provided by This Firm	Charge for Service Provided
1 FMLA Consult	29
2 Domestic Representation (Self-disallow)	235
3 Regulatory consulting	4,465
4 No Description (Self-Disallow)	109
5 Resident Dispute	6,117
6 Dispute with Rehab Company	1,139
7 Accrued Legal Fees - Client will provide detail during audit	22,500
8 No Description (Self-Disallow)	13
9 Conservator Fees (Self-Disallow)	2,765
Total	<u>37,372</u>

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center		2409			9/30/2019				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	150	150			150	150			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	137	137			137	137			115	115			
B. As of midnight of THIS report period	111	111			115	115			111	111			
3. Total Number of Days Care Provided During Period													
A. Medicare	2,064	2,064			1,652	1,652			412	412			
B. Medicaid (Conn.)	39,594	39,594			30,356	30,356			9,238	9,238			
C. Medicaid (other states)													
D. Private Pay	1,021	1,021			876	876			145	145			
E. State SSI for RCH													
F. Other (Specify)	1,720	1,720			1,319	1,319			401	401			
G. Total Care Days During Period (3A thru F)	44,399	44,399			34,203	34,203			10,196	10,196			
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)	44,399	44,399			34,203	34,203			10,196	10,196			

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Danbury, LLC dba W			License No. 2409			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 type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5		93		13								
Per Diem Rate													
a. One bed rm.	Various		266.00		627.75								
b. Two bed rms.	Various		266.00		470.54								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									3,932	3,932			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									2,697	2,697			
2. Restorative Treatments													
C. Other									7,287	7,287			
D. Total Physical Therapy Treatments									13,916	13,916			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									432	432			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									291	291			
2. Restorative Treatments													
C. Other									1,211	1,211			
D. Total Speech Therapy Treatments									1,934	1,934			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									116	116			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									4,086	4,086			
2. Restorative Treatments													
C. Other									8,470	8,470			
D. Total Occupational Therapy Treatments									12,672	12,672			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Danbury, LLC dba Western Rehab Ca	2409	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)	100,163	1,967				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	142,949	4,943				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	467,188	24,366				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	297,951	16,736				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	101,063	4,221				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	165,365	9,062				
9. Barber and Beautician Services						
10. Protective Services	74,254	4,408				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	196,944	4,264				
b. RN						
1. Direct Care	1,006,599	15,769				
2. Administrative**	181,424	3,562				
c. LPN						
1. Direct Care	1,017,634	35,618				
2. Administrative**						
d. Aides and Attendants	1,663,808	102,895				
e. Physical Therapists	198,707	5,012				
f. Speech Therapists	86,546	1,891				
g. Occupational Therapists	216,979	5,514				
h. Recreation Workers	169,924	8,116				
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	83,861	3,288				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	73,021	2,235				
<i>A-13. Total Salary Expenditures</i>	6,244,380	253,867				

* 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
	0					
Salaires - Admissions Coordinator	\$ 73,021	2,235				
Total	\$ 73,021	2,235	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	0					
Purchased Services - Other	\$ 2,061	27				
Total	\$ 2,061	27	\$ -	-	\$ -	-

**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 Danbury, LLC dba Western Rehab Care Cent			2409		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 Danbury, LLC dba Western Rehab Care Center				2409	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***										
David Ostermayer (10/1/17-4/29/19)	64,104			Non - Discrim	Administrator	1,263	A2			
Evelyn Hackman (5/22/19-Current)	36,059			Non - Discrim	Administrator	704	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 Danbury, LLC dba Western	2409	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	96,060					
2. Dentist	16,620	83				
3. Pharmacist	21,831	180				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	104,238	1,450				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	40,828	75				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Physician Services	3,897	26				
9. Speech Therapist						
a. Resident Care	1,080	7				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	9,795	512				
2. Administrative***	43,080	503				
b. LPN						
1. Direct Care	40,880	906				
2. Administrative***						
c. Aides	9,163	311				
d. Other						
12. Other (Specify) See Attached Schedule	2,061	27				
B-13 Total Fees Paid in Lieu of Salaries	389,533	4,080				

* 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 Danbury, LLC dba Western Reha		2409	9/30/2019		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
IPC Hospitalists of New England PC, PO Box 844929, Los Angeles, CA 90084	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Samuel Antwi-Boasiako, 38 East Hayestown Road Unit 3, Danbury, CT 06811	PHY Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy of CT PO Box 9689 Uniondale NY 11555-9689	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>			
Health Drive Dental Group, 888 Worcester Street, Suite 130, Wellesley, MA 02482	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Richard Mileto, 53 Federal Rd Unit 1A, Danbury, CT 06810	Podiatrist	<input type="radio"/>	<input checked="" type="radio"/>			
Ready Nurse Staffing Services, Po Box 301076, Dallas, TX 75303	RN, LPN, & Aides	<input type="radio"/>	<input checked="" type="radio"/>			
All American Healthcare Service, Inc., PO Box 7445, Jamesburg, NJ 08831	RN, LPN, & Aides	<input type="radio"/>	<input checked="" type="radio"/>			
The Rehab Dept, 24761 US HWY 19 N, Clearwater, FL 33763	PT, ST & OT	<input type="radio"/>	<input checked="" type="radio"/>			
Urology Associates of Danbury, 51-53 Kenosia Ave, Danbury, CT 06810	Purchased Services - Urology	<input type="radio"/>	<input checked="" type="radio"/>			
Associated Neurologists PC, 69 Sandpit Road, Suite 300, Danbury, CT 06810	Purchased Services - Neurology	<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 Danbury, LLC dba Western	2409	9/30/2019	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 267,721	267,721		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 109,043	109,043		
4. Social Security (F.I.C.A.)	\$ 457,060	457,060		
5. Health Insurance	\$ 1,591,574	1,591,574		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,373	4,373		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 435,805	435,805		
8. Uniform Allowance	\$ 39,182	39,182		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 7,965	7,965		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 1,676,296	1,676,296		
d. Accounting and Auditing	\$ 57,927	57,927		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 37,372	37,372		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 14,091	14,091		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 51,244	51,244		
2. Cellular Phones	\$ 3,187	3,187		
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	\$ 866,424	866,424		
Subtotal	\$ 5,619,264	5,619,264		

* 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		
Petty Cash (Self-Disallow)	\$ 636		
Employee Food (Self-Disallow)	\$ 385		
Employee Assistance Care Program	\$ 2,310		
Employee Drug Testing	\$ 1,415		
Holiday Funds (Self-Disallow)	\$ 1,215		
Employee Appreciation Awards/EOM (Self-Disallow)	\$ 429		
Health Insurance Claims	\$ 1,575		
Total	\$ 7,965	\$ -	\$ -

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 Danbury, LLC dba Western Reh	2409	9/30/2019		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		5,619,264	5,619,264		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 94	94			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 8,445	8,445			
5. Education Expenses Related to Seminars and Conventions	\$ 2,011	2,011			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 688	688			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 24,031	24,031			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,711	1,711			
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	\$ 2,793	2,793			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 14,571	14,571			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 4	4			
9. Subscriptions	\$ 11,060	11,060			
10. Contributions*** See Attached Schedule	\$ 100	100			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 263,588	263,588			
12. Administrative Management Services**	\$ 350,649	350,649			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 160,827	160,827			
C-14 Total Administrative & General Expenditures	\$ 6,459,836	6,459,836			

* 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	\$ 1,213		
Promo Items-Mkt	\$ 498		
Total Other Advertising	\$ 1,711	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CT Association of Health Care Facilities	\$ 13,205		
Dues/Subscriptions-Admin	\$ 1,366		
Total Dues	\$ 14,571	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
	0		
Contributions	100		
Total Contributions	\$ 100	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Software Expense - Nursing Adm	\$ 15,824		
Licenses/Permits-Nursing Admn	\$ 960		
Background Checks-Nursing	\$ 1,331		
Background Checks- Trans	\$ 106		
Background Checks-Therapy	\$ 213		
Background Checks-Dietary	\$ 210		
Licenses/Permits-Dietary	\$ 450		
Licenses/Permits	\$ 388		
Background Checks-Nursing Admn	\$ 211		
Background Checks-Admin	\$ 210		
Patient Trust Bond	\$ 853		
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 759		
Equipment Minor-Adm	\$ 3,796		
Internet Access-Adm	\$ 18,374		
Records Storage - Adm	\$ 4,929		
Parking Space - Adm	\$ 37,800		
Equipment Rental-Adm	\$ 4,492		
Misc Decor-Adm (Self-disallow)	\$ 40		
Collection Fees/Credit Card Fees (Self-disallow)	\$ 1,666		
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 29,625		
Bank Service Charges-Adm	\$ 38,087		
Employee/Guest meals (Self-disallow)	\$ 492		
Champion Awards of Milford	\$ 11		
Total Other Administrative and General	\$ 160,827	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Highway, 19 North, Clearwater, FL 33763	350,649	Handles all operational and financial functions directly related to facility	Page 16 / Line m12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Danbury, LLC dba Western Reh		2409	9/30/2019		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 456,296	456,296			
2.	Non-Food Supplies	\$ 38,055	38,055			
3.	Other (Specify) _____	\$ 2,929	2,929			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 92,730	92,730			
c. Other (Specify) _____ Other Dietary Supplies						
		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 590,010	590,010			
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 Danbury, LLC dba Western Reha		2409	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. \$	133	133	
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>)		\$	60,837	60,837	
c. Other (<i>Specify</i>)		\$	2,856	2,856	
3D. Total Laundry Expenditures (3a + b + c)		\$	63,826	63,826	
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 Danbury, LLC dba West		2409	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. \$	89,283	89,283		
	c. Other (<i>Specify</i>)	\$	1,688	1,688		
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	90,971	90,971		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	118,077	118,077		
	b. Medicine Cabinet Drugs	\$	28,248	28,248		
	c. Medical and Therapeutic Supplies	\$	168,446	168,446		
	d. Ambulance/Limousine***	\$	3,774	3,774		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	9,890	9,890		
	f. X-rays and Related Radiological Procedures***	\$	4,310	4,310		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	26,153	26,153		
	i. Recreation	\$	46,818	46,818		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (Specify)**** See Attached Schedule	\$	54,153	54,153		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	459,869	459,869		

* 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	\$ 5,268		
IV Supplies - Medicaid	\$ 2,108		
IV Drugs - Medicare (Self-disallow)	\$ 3,000		
Medical Equipment Rental	\$ 22,127		
Minor Equipment - Nursing	\$ 15,549		
IV Drugs - Managed Care (Self-disallow)	\$ 2,133		
IV Drugs - Medicaid	\$ 530		
Medical Waste Disposal	\$ 3,438		
Total Other Resident Care	\$ 54,153	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center			License No. 2409		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"/>		Laundry	60,833			19	3b
Healthcare Service Group	Suite 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	89,280			20	4b
Winter Bros Hauling of CT	307 White St, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	36,608			22	6f
Healthcare Service Group	Suite 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	92,725			18	3b
White Birch Landscaping, Inc.	PO Box 680, Brewster, NY 10509	<input type="radio"/>	<input checked="" type="radio"/>		Ground Maintenance	11,913			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 Danbury, LLC dba Wes	2409	9/30/2019			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 44,737	44,737				
b. Heat	\$ 50,164	50,164				
c. Light & Power	\$ 98,093	98,093				
d. Water	\$ 103,477	103,477				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>) See Attached Schedule	\$ 92,820	92,820				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 389,291	389,291				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 44,436	44,436				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 116,637	116,637				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 161,073	161,073				
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	\$ 2,100,438	2,100,438				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 109,944	109,944				
c. Personal property taxes	\$ 12,570	12,570				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,384,025	2,384,025				

* 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	(11,498.00)		
Electrical-Maint	2,512.00		
Plumbing-Maint	4,765.00		
HVAC/Boiler Maint	3,456.00		
Paint-Maint	892.00		
Alarm Monitoring-Maint	0.00		
Alarm Inspection-Maint	4,145.00		
Alarm Repairs-Maint	2,494.00		
Grounds Maintenance-Maint	21,102.00		
Elevator-Maint	5,852.00		
Pest Control-Maint	3,018.00		
Maint Contracts- Generator	11,130.00		
Waste Disposal -Grease/Trash	38,522.00		
Bldg Inspection Fees	0.00		
Copier- Maintenance Agreement	6,430.00		
Total Other Repairs and Maintenance	\$ 92,820	\$ -	\$ -

Depreciation Schedule

Name of Facility Senior Philanthropy of Danbury, LLC dba Western Rehab Care Center				License No. 2409		Report for Year Ended 9/30/2019			Page 23	of 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				796,913		796,913	116,544	S/L	Various	42,011			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				24,238		24,238		S/L	Various	2,425			
B-4. Subtotal											44,436		
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			5	8,051	
b. Van - Taxable sales tax						6	16	1,110	666		5	222	
c. Van - Taxable sales tax						4	17	1,693	678		5	339	
d.													
2. Movable Equipment													
a. Acquired prior to this report period						Var.	Var.	1,200,138	873,348	S/L	Various	99,270	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						Var.	Var.	43,772		S/L	Various	8,755	
D-3. Subtotal													116,637
E. Total Depreciation													161,073

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:				
	Fire Doors	\$ 4,415	10	\$ 442
	Fire Doors	\$ 14,478	10	\$ 1,448
	Automatic Door Openers	\$ 5,345	10	\$ 535
Total additions for Building Improvements		\$ 24,238		\$ 2,425 *
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:				
	Air Handler in Kitchen	\$ 7,490	5	\$ 1,498
	Computer	\$ 3,739	5	\$ 748
	Copier	\$ 32,543.00	5	\$ 6,509
Total additions for Movable Equipment		\$ 43,772		\$ 8,755 *
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 Danbury, LLC dba Western Rehab Ca			2409		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.

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

	Date Acquired	Life	Method	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											
Asset Additions 10/1/2014-3/31/2015											
			S/L	4,936	164	574	164	738	164	902	4,034
<i>2015 Additions</i>											
Elevator repair	6/1/2015	20	S/L	6,842	342	855	342	1,197	342	1,539	5,303
Renovations	8/25/2015	20	S/L	414,577	20,729	51,822	20,729	72,551	20,729	93,280	321,297
Renovations	9/23/2015	20	S/L	35,000	1,750	4,375	1,750	6,125	1,750	7,875	27,125
<i>Total 2015 Additions</i>				456,419	22,821	57,052	22,821	79,873	22,821	102,694	353,725
<i>2016 Additions</i>											
Wandergard*	1/27/2016	20	S/L	3,378	169	338	169	507	169	676	2,702
Floor Renovation		20	S/L	(2,442)	(122)	(244)	(122)	(366)	(122)	(488)	(1,954)
Patio Cover*	3/14/2016	20	S/L	3,852	193	385	193	578	193	771	3,081
Mag Locks*	3/16/2016	20	S/L	2,403	120	240	120	360	120	480	1,922
Door/Mag IV Control*	3/18/2016	20	S/L	827	41	83	41	124	41	165	662
Front Door*	3/18/2016	20	S/L	930	47	93	47	140	47	187	743
Laundry Floor plumbing	6/9/2015	20	S/L	9,097	455	910	455	1,365	455	1,820	7,277
Kitchen Door	5/20/2016	20	S/L	2,408	120	241	120	361	120	481	1,927
AC Unit	6/13/2016	20	S/L	10,538	527	1,054	527	1,581	527	2,108	8,430
Elevator Car	7/19/2016	20	S/L	15,479	774	1,548	774	2,322	774	3,096	12,383
Gas Shutoff to Dryers in Laundry Rm	8/4/2016	20	S/L	1,500	75	150	75	225	75	300	1,200
Conduit Raceway through Walls	8/17/2016	20	S/L	3,450	173	345	173	518	173	691	2,759
AC Condensor Oil	8/24/2016	20	S/L	4,650	233	465	233	698	233	931	3,719
Elevator Controller	8/23/2016	20	S/L	1,454	73	145	73	218	73	291	1,163
AC Unit	6/13/2016	20	S/L	358	18	36	18	54	18	72	286
Controller in Elevator	8/16/2016	20	S/L	8,373	419	837	419	1,256	419	1,675	6,697
<i>Total 2016 Additions</i>				66,253	3,313	6,625	3,315	9,940	3,315	13,255	52,998
<i>2017 Additions</i>											
Door Repair	12/16/2016	20	S/L	10,099	505	505	505	1,010	505	1,515	8,584
Building Renovation	10/1/2016	20	S/L	101,673	5,084	5,084	5,084	10,168	5,084	15,252	86,421
Facility Lighting	1/1/2017	15	S/L	89,661	5,977	5,977	5,977	11,954	5,977	17,931	71,730
Wandergard*	1/27/2016	20	S/L	(3,378)	(169)	(338)	(169)	(507)	(169)	(676)	(2,702)
Patio Cover*	3/14/2016	20	S/L	(3,852)	(193)	(385)	(193)	(578)	(193)	(771)	(3,081)
Mag Locks*	3/16/2016	20	S/L	(2,403)	(120)	(240)	(120)	(360)	(120)	(480)	(1,922)
Door/Mag IV Control*	3/18/2016	20	S/L	(827)	(41)	(83)	(41)	(124)	(41)	(165)	(662)
Front Door*	3/18/2016	20	S/L	(930)	(47)	(93)	(47)	(140)	(47)	(187)	(743)
Elevator Controller	8/23/2016	20	S/L	(1,454)	(73)	(145)	(73)	(218)	(73)	(291)	(1,163)
<i>Total 2017 Additions</i>				188,590	10,924	10,282	10,923	21,205	10,923	32,128	156,462
<i>2018 Additions</i>											
Retaining Wall	4/25/2018	20	S/L	15,075	-	-	754	754	754	1,508	13,567

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

	Date Acquired	Life	Method	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
Facility Lighting	12/31/2017	15	S/L	45,100	-	-	3,007	3,007	3,007	6,014	39,086
Elevator Upgrade	1/8/2018	20	S/L	20,540	-	-	1,027	1,027	1,027	2,054	18,486
<i>Total 2018 Additions</i>				80,715	-	-	4,787	4,787	4,788	9,575	71,139
<i>2019 Additions</i>											
Fire Doors	2/21/2019	10	S/L	4,415	-	-	-	-	442	442	3,973
Fire Doors	5/3/2019	10	S/L	14,478	-	-	-	-	1,448	1,448	13,030
Automatic Door Openers	7/31/2019	10	S/L	5,345	-	-	-	-	535	535	4,810
<i>Total 2019 Additions</i>				24,238	-	-	-	-	2,425	2,425	21,813

* Due to change in capitalization policy these assets were reclassified and expensed.

Total Building Improvements				821,151	37,221	74,533	42,010	116,543	44,436	160,979	660,172
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Vehicles

<i>2015 Additions</i>											
2015 Ford Transit 250 -10 Passenger Wagon	5/1/2015	5	S/L	40,257	8,051	20,129	8,051	28,180	8,051	36,231	4,026
<i>2016 Additions</i>											
Van- Taxable	6/16/2016	5	S/L	1,110	222	444	222	666	222	888	222
<i>2017 Additions</i>											
Van- Taxable	4/1/2017	5	S/L	1,693	339	339	339	678	339	1,017	676
Total Vehicles				43,060	8,612	20,912	8,612	29,524	8,612	38,136	4,925

Moveable Equipment

Prior Owners Moveable Equipment (Fully Depreciation Assets Removed)	Various	Various	S/L	784,194	34,561	630,934	27,770	658,704	25,780	684,484	99,710
Asset Additions 10/1/2014-3/31/2015	Various	Various	S/L	33,291	2,282	7,987	2,282	10,269	2,282	12,551	20,740
<i>2015 Additions</i>											
Sonic Wall	4/30/2015	15	S/L	3,609	241	601	241	842	241	1,083	2,525
Canon Copiers @2	5/30/2015	5	S/L	28,624	5,725	14,311	5,725	20,036	5,725	25,761	2,862
Slings	5/28/2015	5	S/L	27,817	5,563	13,909	5,563	19,472	5,563	25,035	2,782
Slings	6/1/2015	5	S/L	15,279	3,056	7,640	3,056	10,696	3,056	13,752	1,527
New Dryer	6/2/2015	10	S/L	7,175	718	1,794	718	2,512	718	3,230	3,945
AHT Software	7/1/2015	3	S/L	3,022	1,007	2,519	503	3,022	-	3,022	0
<i>Total 2015 Additions</i>				85,525	16,309	40,774	15,806	56,580	15,303	71,883	13,643
<i>2016 Additions</i>											

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

	Date	Life	Method	Historical	9/30/2017	9/30/2017		9/30/2018		9/30/2019		Net
	Acquired					Cost	Expense	Accum	Expense	Accum	Expense	
						Deprec.		Deprec.		Deprec.		Value
Plastic Card Printer	2/1/2015	5	S/L	1,142	228	457	228	685	228	913		229
Sonic Wall & Comp Equip	2/1/2015	15	S/L	3,109	207	415	207	622	207	829		2,280
Computer	2/1/2015	5	S/L	996	199	398	199	597	199	796		200
Chair Scale	3/1/2015	5	S/L	722	144	289	144	433	144	577		145
Computer Server	3/1/2015	5	S/L	575	115	230	115	345	115	460		115
Nurse Call System Installation	11/18/2015	5	S/L	22,975	4,595	9,190	4,595	13,785	4,595	18,380		4,595
Misc Equipment	10/1/2015	5	S/L	18,770	3,754	7,508	3,754	11,262	3,754	15,016		3,754
Washer	5/1/2015	10	S/L	(7,175)	(718)	(1,435)	(718)	(2,153)	(718)	(2,871)		(4,304)
Washer	5/1/2015	10	S/L	7,437	744	1,487	744	2,231	744	2,975		4,462
Refrigerator	6/8/2015	10	S/L	465	46	93	46	139	46	185		280
Pressure Relieving Mattress	6/12/2015	5	S/L	506	101	202	101	303	101	404		102
Printer	6/12/2015	5	S/L	898	180	359	180	539	180	719		179
Computer	6/30/2015	5	S/L	777	155	311	155	466	155	621		156
Digital Transmitter	7/7/2015	5	S/L	2,109	422	844	422	1,266	422	1,688		421
Channel Hardware	7/27/2015	5	S/L	465	93	186	93	279	93	372		93
Projector	4/6/2015	5	S/L	423	85	169	85	254	85	339		84
Stethoscope & Thermometers	4/13/2015	5	S/L	461	92	184	92	276	92	368		92
TV	5/6/2015	5	S/L	679	136	272	136	408	136	544		135
Floor Machine	5/11/2015	5	S/L	984	197	393	197	590	197	787		196
Anti Rollback Device	8/26/2015	5	S/L	306	61	122	61	183	61	244		62
TV & Wreaths	9/15/2015	5	S/L	1,170	234	468	234	702	234	936		234
Thermometer	9/28/2015	5	S/L	882	176	353	176	529	176	705		177
Lifts/ Slings	10/1/2015	10	S/L	2,816	282	563	282	845	282	1,127		1,689
Office Drawer Desk	9/23/2015	5	S/L	1,079	216	432	216	648	216	864		215
Computer & Hardware	10/19/2015	5	S/L	995	199	398	199	597	199	796		199
Laptop Computer Cart	11/12/2015	5	S/L	2,048	410	819	410	1,229	410	1,639		409
Chair Folding Pad	11/12/2015	5	S/L	432	86	173	86	259	86	345		87
Wheelchair	11/18/2015	10	S/L	366	37	73	37	110	37	147		219
Digital Transmitter	12/21/2015	5	S/L	499	100	200	100	300	100	400		99
Refrigerator	12/16/2015	10	S/L	1,147	115	229	115	344	115	459		688
Desk & Chair	12/24/2015	5	S/L	1,635	327	654	327	981	327	1,308		327
Canon	5/30/2015	5	S/L	2,974	595	1,190	595	1,785	595	2,380		594
Ice Maker	9/8/2015	5	S/L	3,685	737	1,474	737	2,211	737	2,948		737
Defibrillator	1/1/2016	5	S/L	1,845	369	738	369	1,107	369	1,476		369
Med Equip	1/25/2016	5	S/L	14,680	2,936	5,872	2,936	8,808	2,936	11,744		2,936
OXY Concentrators	2/5/2016	5	S/L	1,622	324	649	324	973	324	1,297		325
Furniture	2/2/2016	5	S/L	59,818	11,964	23,927	11,964	35,891	11,964	47,855		11,963
Kiosks	2/9/2016	5	S/L	1,984	397	794	397	1,191	397	1,588		396
Carts & OXY Tank Holders	2/23/2016	10	S/L	5,189	519	1,038	519	1,557	519	2,076		3,113
Mattresses	3/1/2016	5	S/L	1,350	270	540	270	810	270	1,080		270
Transmitters	3/7/2016	5	S/L	1,886	377	754	377	1,131	377	1,508		377
Wheelchair	3/10/2016	10	S/L	931	93	186	93	279	93	372		559

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

	Date	Life	Method	Historical	9/30/2017	9/30/2017	9/30/2018	9/30/2018	9/30/2019	9/30/2019	Net
	Acquired			Cost	Expense	Accum Deprec.	Expense	Accum Deprec.	Expense	Accum Deprec.	Book Value
Digital Scales	6/5/2015	5	S/L	3,300	660	1,320	660	1,980	660	2,640	660
Beds	9/11/2015	5	S/L	2,803	561	1,121	561	1,682	561	2,243	560
Mattresses	9/18/2015	5	S/L	1,644	329	658	329	987	329	1,316	328
OXY Concentrators	2/8/2016	10	S/L	1,209	121	242	121	363	121	484	725
Sentra	3/8/2016	5	S/L	864	173	346	173	519	173	692	172
Multi Layer Mattress	11/19/2015	5	S/L	2,714	543	1,086	543	1,629	543	2,172	543
Multi Layer Mattress	9/15/2015	5	S/L	2,717	543	1,087	543	1,630	543	2,173	544
Multi Layer Mattress	9/1/2015	5	S/L	2,725	545	1,090	545	1,635	545	2,180	545
Cubicle Curtains	12/1/2015	5	S/L	4,552	910	1,821	910	2,731	910	3,641	911
Cement Boring & Wire Snaking	4/6/2016	10	S/L	3,250	325	650	325	975	325	1,300	1,950
Telephone Equipment & Set Up	3/31/2016	5	S/L	5,191	1,038	2,076	1,038	3,114	1,038	4,152	1,038
Telephone Equipment	6/23/2016	5	S/L	5,598	1,120	2,239	1,120	3,359	1,120	4,479	1,119
Nurse Station Annunicator Panel	6/10/2016	5	S/L	2,907	581	1,163	581	1,744	581	2,325	582
Cords/ Lifts	6/23/2016	10	S/L	1,421	142	284	142	426	142	568	853
AC Cleaner	6/24/2016	10	S/L	1,135	113	227	113	340	113	453	682
Water Solenoid	6/30/2016	10	S/L	783	78	157	78	235	78	313	471
Ceiling Tile	2/18/2016	15	S/L	509	34	68	34	102	34	136	373
Ceiling Tile	2/22/2016	15	S/L	751	50	100	50	150	50	200	551
Actuator/Battery	9/1/2016	10	S/L	542	54	108	54	162	54	216	326
Ice Machine	9/14/2016	5	S/L	1,211	242	484	242	726	242	968	242
Fluid Monitor	9/16/2016	5	S/L	2,278	456	911	456	1,367	456	1,823	455
<i>Total 2016 Additions</i>				213,758	40,217	80,435	40,217	120,652	40,217	160,869	52,889
<i>2017 Additions</i>											
Mattress BuyOut	11/16/2016	5	S/L	15,568	3,114	3,114	3,114	6,228	3,114	9,342	6,226
Resident Room Chairs	9/16/2016	5	S/L	34,561	6,912	6,912	6,912	13,824	6,912	20,736	13,825
Bladder Scanner	2/3/2017	5	S/L	7,147	1,429	1,429	1,429	2,858	1,429	4,287	2,860
<i>Total 2017 Additions</i>				57,276	11,455	11,455	11,455	22,910	11,455	34,365	22,911
<i>2018 Additions</i>											
Nurse Call Station	11/17/2017	5	S/L	5,621	-	-	1,124	1,124	1,124	2,248	3,372
Telephone Wiring	5/30/2018	15	S/L	7,393	-	-	493	493	493	986	6,408
Unimac Washer	6/18/2018	5	S/L	13,079	-	-	2,616	2,616	2,616	5,232	7,848
<i>Total 2018 Additions</i>				26,093	-	-	4,233	4,233	4,233	8,466	17,628
<i>2019 Additions</i>											
Air Handler in Kitchen	6/20/2019	5	S/L	7,490	-	-	-	-	1,498	1,498	5,992
Computer	9/1/2019	5	S/L	3,739	-	-	-	-	748	748	2,991
Copier	12/1/2018	5	S/L	32,543	-	-	-	18,036	6,509	24,545	7,998
<i>Total 2019 Additions</i>				43,772	-	-	-	-	8,755	26,791	16,981
Total Moveable Equipment				1,243,910	104,825	771,585	101,762	873,348	108,025	999,408	244,502

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

	Date Acquired	Life	Method	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
Total for 2019				2,108,122	150,658	867,030	152,385	1,019,414	161,073	1,198,523	909,599

Net Book Value per Trial Balance	A.01	-	820,019								
Net Book Value per C/R Depreciation	B.01	-	909,599								
Landlord's NBV of Assets	B.01	-	(99,710)	99,710	Adjustment on page 35, Line A3						
CR vs. TB Adjustment page 31 of the Cost Report		-	10,131								

Depreciation Adjustment	<u>C/R</u>	<u>Book</u>	<u>Adjustment</u>
Building Improvements	44,436	33,723	(10,713)
Moveable Equipemnt	116,637	91,173	(25,463.90)
	161,073	124,896	(36,177)

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

Name of Facility Senior Philanthropy of Danbury, LLC	License No. 2409	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
107 Osborne Street LLC	Building	04/01/15	120 mo.	2,100,438

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 Danbury, LLC		2409	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 Danbury, LI		2409		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)				\$	220,895	220,895	
Interest on line of Credit & Other Interest							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	220,895	220,895	
14. Insurance							
a. Insurance on Property (buildings only)				\$	13,203	13,203	
b. Insurance on Automobiles				\$	3,051	3,051	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	83,013	83,013	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	10,907	10,907	
D&O and Crime Insurance & Other Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	110,174	110,174	
15. Total All Expenditures (A-13 thru C-14)				\$	17,402,810	17,402,810	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC dba Western Rehab Care				2409	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.			Occupational Therapy	\$ 203,460	203,460		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 1,676,296	1,676,296		
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,747	1,747		
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 *	\$ 1,711	1,711		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 100	100		
21.	16	m12	Unallowable Management Fees	\$ 50,951	50,951		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 36,248	36,248		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)				\$ 1,970,513	1,970,513		

* 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	Holiday Funds (Self-Disallow)	\$ 1,215		
15	1a9	Employee Food (Self-Disallow)	\$ 506		
15	1a9	Employee Appreciation Awards/EOM (Self-Disallow)	\$ 495		
16	m13	Resident Reimburse on Lost/Stolen Items	\$ 759		
16	m13	Misc Decor - Adm	\$ 40		
16	m13	Collection Fees/Credit Card Fees	\$ 1,666		
16	m13	Late Fees/Fines/Finance Charges Adm	\$ 29,625		
16	m13	Employee Guest Meals	\$ 492		
15	1a9	Employee Appreciation Awards/EOM (Self-Disallow)	\$ 429		
15	1a9	Petty Cash (Self-Disallow)	\$ 636		
15	1a9	Employee Food (Self-Disallow)	\$ 385		
Total Other A&G Adjustments			\$ 36,248	\$ -	\$ -

Senior Philanthropy of Danbury, 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	140
# of Allowable Cell Phones	4

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

Page 15 Line 1h2	<u>Amount</u>
Cell Phone expense per TB	\$ 3,187
Allowable Cell Phone expense	\$ 1,440
Disallowed Cell Phone expense	<u><u>\$ 1,747</u></u> Page 28 Line 12

<u>Description</u>	<u>Amount</u>
Management fees Charged	350,649 **
Patient Days	44,399 <small>Page 8 of C/R</small>
Amount Per Patient Day	\$ 7.8977
PPD Allowance Per Rate Agreement	6.74
2019 CPI Increase	0.01 <small>J.01a</small>
PPD Allowance 9/30/2019	6.75
Amount over (Under)	\$ 1.1476
Total Days	44,399 <small>Page 8 of C/R</small>
Part 1 Disallowed Management Fee	\$ 50,951
Management fees Charged (Pg. 16 / Line m12)	350,649
Actual Costs to the Related Party - Allowable Expense	350,649
Part 2 Disallowed Management Fee	\$ -
Total Disallowed Mangement Fee	<u>\$ 50,951</u> <small>Pg. 28 / line 21</small>

**Per as filed 12/31/17 Medicare cost report

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC dba Western Rehab C				2409	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,970,513	1,970,513		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 118,077	118,077		
28.	20	5d	Ambulance/Limousine	\$ 3,774	3,774		
29.	20	5f	X-rays, etc	\$ 4,310	4,310		
30.	20	5h	Laboratory	\$ 26,153	26,153		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 9,890	9,890		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 39,740	39,740		
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	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$ 1,544	1,544		
49. Total Amount of Decrease (Items 1 - 48)				\$ 2,174,001	2,174,001		

*** 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)
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14c3	D&O Life Insurance (Self-Disallowance)	\$ 1,544		
Total Unallowable Building Interest			\$ 1,544	\$ -	\$ -

**Senior Philanthropy of Danbury, LLC
Disallowance Schedule for Cable TV
9/30/2019**

	<u>Amount</u>	
Total Cable TV Expense acct #560717	\$ 38,207	TB Linked
Monthly Allowable amount	\$ 300	
Months in Cost Report Year	<u>12</u>	
Total Allowable Cost	\$ 3,600	
Disallowed Cable TV	<u><u>\$ 34,607</u></u>	

F. Statement of Revenue

Name of Facility Senior Philanthropy of Danbury, LLC db: 2409		License No.		Report for Year Ended 9/30/2019		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)			
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (<i>CT only</i>)	\$ 19,246,337	19,246,337					
b. Medicaid Room and Board Contractual Allowance **	\$ (8,124,105)	(8,124,105)					
2. a. Medicaid (<i>All other states</i>)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 983,733	983,733					
b. Medicare Room and Board Contractual Allowance **	\$ 268,340	268,340					
4. a. Private-Pay Residents and Other	\$ 1,313,930	1,313,930					
b. Private-Pay Room and Board Contractual Allowance **	\$ (164,619)	(164,619)					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare	\$ 66,429	66,429					
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$ 80,718	80,718					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$						
2. a. Medical Supplies - Medicare	\$ 1,820	1,820					
b. Medical Supplies - Medicare Contractual Allowance **	\$						
c. Medical Supplies - Non-Medicare	\$ 3,990	3,990					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$						
3. a. Physical Therapy - Medicare	\$ 527,524	527,524					
b. Physical Therapy - Medicare Contractual Allowance **	\$						
c. Physical Therapy - Non-Medicare	\$ 433,914	433,914					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$						
4. a. Speech Therapy - Medicare	\$ 146,795	146,795					
b. Speech Therapy - Medicare Contractual Allowance **	\$						
c. Speech Therapy - Non-Medicare	\$ 164,801	164,801					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$						
5. a. Occupational Therapy - Medicare	\$ 454,018	454,018					
b. Occupational Therapy - Medicare Contractual Allowance **	\$						
c. Occupational Therapy - Non-Medicare	\$ 434,510	434,510					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$						
6. a. Other (<i>Specify</i>) - Medicare	\$ (977,015)	(977,015)					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (989,738)	(989,738)					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,871,382	13,871,382					
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>)	\$ 10,980	10,980					
V. Total Other Revenue (1 thru 8)	\$ 10,980	10,980					
VI. Total All Revenue (III +V)	\$ 13,882,362	13,882,362					

* 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		
30I16a	Laboratory- MCR A-SNF	\$ 14,349		
30I16a	IV Therapy-MCR A-SNF	\$ 4,500		
30I16a	XRay MRA	\$ 3,171		
30I16a	VBP Medicare A	\$ (609)		
30I16a	Contractual Adj-Ancill-MCR A-SNF	\$ (713,076)		
30I16a	Sequestration - MCR B	\$ (3,430)		
30I16a	Contractual Adj- Ancill- MCR B-SNF	\$ (281,920)		
Total Other Resident Revenue - Medicare		\$ (977,015)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		0		
30I16b	Routine Revenue Adjustment-SNF PVT	\$ 115		
30I16b	Laboratory- MCD- SNF	\$ (7,300)		
30I16b	IV Therapy-MCD-SNF	\$ 3,947		
30I16b	Other Service- MCD-SNF	\$ 4,068		
30I16b	Contractual Adj- Ancillaries- MCD-SNF	\$ 304		
30I16b	Laboratory-Hospice-SNF	\$ (447,581)		
30I16b	Contractual Adj- Ancill- Hospice-SNF	\$ 256		
30I16b	Contractual Allowance-Ins. R/S	\$ 263		
30I16b	Contractual Allowance Ancillary INS	\$ (2,694)		
30I16b	Lab HMO	\$ 10,974		
30I16b	IV THERAPY	\$ 3,109		
30I16b	Radiology HMO	\$ 2,649		
30I16b	Contractual Adj Ancillary HMO	\$ (557,848)		
Total Other Resident Revenue		\$ (989,738)	\$ -	\$ -

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	Evercare Revenue - A	\$ 5,175		
30IV8	Credit for Prior Period Expense-No expenses do not disallow	\$ 5,805		
Total Other Revenue		\$ 10,980	\$ -	\$ -

Annual Report of Long-Term Care Facility

CSP-31 Rev. 6/95

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC d	2409	9/30/2019	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	213,801
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,891,878
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	15,512
a. Prepaid Insurance	3,920			
b. Prepaid Taxes and Licenses	713			
c. Prepaid Other	10,879			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,066,553

See Schedule	1,066,553			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,187,744
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 821,151		\$	660,172
	Accum. Depreciation 160,979	Net		
4. Leasehold Improvements	*Historical Cost 459,716		\$	162,827
	Accum. Depreciation 296,889	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 43,060		\$	4,924
	Accum. Depreciation 38,136	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(7,904)
F/S vs. C/R Cost Basis Adjustment	(7,904)			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	820,019

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

Page Ref	Line Ref	Description	
31	A8	Due from Eagle	\$ 489,725
31	A8	Due from Cheshire	\$ 1,610
31	A8	Due from Golden Hill	\$ 2,960
31	A8	Due from Newington	\$ 223,195
31	A8	Due from West River	\$ 20
31	A8	Due from Westport	\$ 340,020
31	A8	AR Med Coins Bad Debt	\$ 23
31	A8	Deposits on Professional Services	\$ 9,000
Total Other Current Assets (Itemize)			\$ 1,066,553

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	Medicaid Remittance Adjustment	\$ 640.00
33	A12	Employee Dedications	\$ 18,409.00
33	A12	Resident Trust	\$ 47,635.00
33	A12	Unreconciled Checks	\$ 233,290.00
33	A12	Accrued Workers Comp	\$ 27,472.00
33	A12	Accrued Legal Fees	\$ 40,847.00
33	A12	Accrued Accounting/Audit Fees	\$ 30,047.00
33	A12	Accrued Personal Property Taxes	\$ 3,542.00
33	A12	Accrued Other	\$ 63,226.00
33	A12	Due to Medicaid - Bed Fees	\$ 200,342.00
33	A12	Deferred Rent	#####
33	A12	Accrued Insurance	\$ 239,638.00
Total Other Current Liabilities (Itemize)			\$ 3,819,978

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

Page Ref	Line Ref	Description	
34	B4	Long Term Capital Lease - Current	\$ 16,963.00
34	B4	Deferred Rent - Current	#####
34	B4	Unclaimed Property	\$ 314.00
34	B4	Due to Triumph	#####
34	B4	Due to Long Ridge	\$ 27,460.00
34	B4	Due to Traditions Senior Management	#####
34	B4	Note Payable - TSM	\$ 111,548.00
34	B4	Long Term Capital Lease	\$ 1,715.00
Total Other Current Liabilities (Itemize)			\$ 4,445,828

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC db		2409	9/30/2019	32	37
Account				Amount	
Total Brought Forward:				\$	4,007,763
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	784,194	Accum. Depreciation	684,484
			Net	\$	99,710
6.	Motor Vehicles	*Historical Cost _____	Accum. Depreciation _____	Net	\$
7.	Minor Equipment-Not Depreciable				\$
C-8	Total Leasehold or Like Properties (C1 thru 7)				\$ 99,710
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				
D-8.	Total Investments and Other Assets (Lines D1 thru 7)				\$
D-9.	Total All Assets (Lines A9 + B10 + C8 + D8)				\$ 4,107,473

* 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 Danbury, LLC dba Wes		2409	9/30/2019	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,338,908
2. Notes Payable (<i>itemize</i>)				\$	1,116,505
Notes Payable-Current					18,078
Notes Payable					1,098,427
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>)				\$	162,814
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	39,219
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>)				\$	3,819,978
See Schedule					3,819,978
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	7,477,424

* 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 Danbury, LLC dba V		License No. 2409	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				7,477,424	
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>)					\$ 4,445,828
_____ _____ _____ See Schedule					
					4,445,828
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 4,445,828
C. Total All Liabilities (Lines A-13 + B-5)					\$ 11,923,252

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC d	2409	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>)			\$	99,710
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			\$	99,710
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(4,431,218)
6. Gain or Loss for Period			\$	(3,484,271)
				10/1/2018 thru 9/30/2019
7. Total Net Worth			\$	(7,915,489)
C. Total Reserves and Net Worth			\$	(7,815,779)
D. Total Liabilities, Reserves, and Net Worth			\$	4,107,473

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC	2409	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>)			\$	99,710
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			\$	99,710
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(4,431,218)
6. Gain or Loss for Period			\$	(3,484,271)
	10/1/2018	thru	9/30/2019	
7. Total Net Worth			\$	(7,915,489)
C. Total Reserves and Net Worth			\$	(7,815,779)
D. Total Liabilities, Reserves, and Net Worth			\$	4,107,473

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Danbury, LLC db	2409	9/30/2019	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	* (4,431,218)		
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	13,882,362		
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	17,366,633		
D. Net Income or Deficit			\$	(3,484,271)		
E. Balance			\$	(7,915,489)		
F. Additions						
1. Additional Capital Contributed (<i>itemize</i>)						
Total Expenditures	\$17,402,810					
Depreciation Adjustment	\$(36,177)					
Total Expenditures	\$17,366,633					
2. Other (<i>itemize</i>)						
Prior Period Ending Balance	\$5,425,618					
(Less) 12/31 vs 9/30 AJE	(994,400)					
Revised Beginning Balance	\$4,431,218 *					
F-3. Total Additions					\$	
G. Deductions						
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)						
Name and Address (<i>No., City, State, Zip</i>)	Title	Amount				
2. Other Withdrawings (<i>Specify</i>)						
Purpose	Amount					
3. Total Deductions					\$	
H. Balance at End of Period					\$	(7,915,489)
	09/30/19					

I. Preparer's/Reviewer's Certification

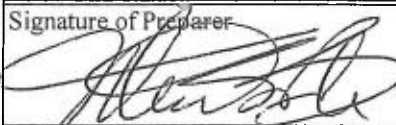
Name of Facility Senior Philanthropy of Danbury, LLC dba	License No. 2409	Report for Year Ended 9/30/2019	Page 37	of 37
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Check appropriate category

- | | | |
|---|---|------------------------------------|
| <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

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.

Signature of Preparer 	Title Principal	Date Signed 2/3/20
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Printed Name of Preparer

Matthew S. Bovolack

Address Address 555 Long Wharf Drive, New Haven, CT 06511	Phone Number 203-781-9600
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Contacted Person Regarding Additional Information Needed Regarding This Report Manuel Lemus	Phone Number 727-210-0781
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Contact Email Address
mlemus@Traditionsmanagement.net