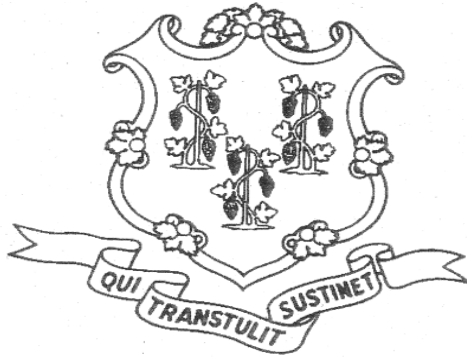


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center	
Address (No. & Street, City, State, Zip Code) 107 Osborne St., Danbury, CT 06810	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input type="checkbox"/> (Specify) (CCNH) (RHNS)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

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 d/b/a Western R	License No. 2409	Report for Year Ended 9/30/2020	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Mary Tobin			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 d/b/a Western Rehab Care Center		Period Covered:	From 10/1/2019	To 9/30/2020
Address of Facility 107 Osborne St., Danbury, CT 06810				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date 2/2/2021	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. 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 9/30/2020	Page 2	of 37
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Name of Facility (as shown on license) Senior Philanthropy of Danbury, LLC d/b/a Western Rehab C	Address (No. & Street, City, State, Zip) 107 Osborne St., Danbury, CT 06810
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License Numbers:	CCNH 2409	RHNS (Specify)	Medicare Provider No. 07-5274
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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.
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Administrator

Name of Administrator Mary Tobin	Nursing Home Administrator's License No.:
-------------------------------------	---

Other Operators/Owners who are assistant administrators (full or part time) of this facility.

Name N/A	License No.:

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a V	License No. 2409	Report for Year Ended 9/30/2020	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
RB Bridges	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CEO		
Gene Rensch	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Secretary		
Kimberly Justiniano	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CFO		
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC d/b/a Weste	2409	9/30/2020	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 d/b/a Western Re	License No. 2409	Report for Year Ended 9/30/2020	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 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Insurance, Accounting Fee	Various	1,287,664	1,287,664
Golden Hill Rehab	2028 Bridgeport Avenue, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff – Respiratory Therapist	Various	28,307	28,307
Cheshire Regional Rehab Center	745 Highland Ave., Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Admissions	Various	7,811	7,811
Long Ridge Post Acute Care	710 Long Ridge Rd., Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		COVID Supplies	Various	1,087	1,087
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	161,737	161,737
West River Rehab Center	245 Orange Avenue, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staf - Regional Educatorf	Various	25,976	25,976
Newington Rapid Recovery	240 Church Street, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees,	Various	1,803,552	1,803,552
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	282,249	282,249
Westport Rehabilitation Complex	1 Burr Rd., Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		COVID Supplies	Various	491	491

* 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 d/b/a We	License No. 2409	Report for Year Ended 9/30/2020	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western Rehab			License No. 2409		Report for Year Ended 9/30/2020		Page of 6 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
	<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 9/30/2020	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

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

1 Medicaid Cost Report Preparation	\$ 3,564
2 Accrued Accounting Expense	\$ 32,658
3 Audit Services	\$ 7,052
4	\$
	Charge for Services Provided
	\$ 43,274

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See schedule. 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	\$ 41,753
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 41,753

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

Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center			License No. 2409		Report for Year Ended 9/30/2020				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	111	111			111	111			83	83		
B. As of midnight of THIS report period	77	77			83	83			77	77		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,463	2,463			2,169	2,169			294	294		
B. Medicaid (Conn.)	30,625	30,625			24,087	24,087			6,538	6,538		
C. Medicaid (other states)												
D. Private Pay	646	646			522	522			124	124		
E. State SSI for RCH												
F. Other (Specify) HMO, HOS,INS,VA,HMO	2,008	2,008			1,517	1,517			491	491		
G. Total Care Days During Period (3A thru F)	35,742	35,742			28,295	28,295			7,447	7,447		
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)	35,742	35,742			28,295	28,295			7,447	7,447		

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a V			License No. 2409			Report for Year Ended 9/30/2020			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <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	2		72					3					
Per Diem Rate													
a. One bed rm.			286.61		547.55								
b. Two bed rms.					491.97								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,558	2,558			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									4,935	4,935			
2. Restorative Treatments													
C. Other									5,197	5,197			
D. Total Physical Therapy Treatments									12,690	12,690			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									481	481			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									598	598			
2. Restorative Treatments													
C. Other									1,001	1,001			
D. Total Speech Therapy Treatments									2,080	2,080			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									1,555	1,555			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									4,287	4,287			
2. Restorative Treatments													
C. Other									5,331	5,331			
D. Total Occupational Therapy Treatments									11,173	11,173			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western Rehab C	License No. 2409	Report for Year Ended 9/30/2020	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	122,511	2,174				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	80,177	2,611				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	433,623	21,757				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	298,312	15,468				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	101,716	4,137				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	73,206	3,891				
9. Barber and Beautician Services						
10. Protective Services	81,048	4,545				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	149,015	3,088				
b. RN						
1. Direct Care	712,084	10,939				
2. Administrative**	133,796	2,895				
c. LPN						
1. Direct Care	784,140	26,906				
2. Administrative**						
d. Aides and Attendants	1,398,819	79,291				
e. Physical Therapists	252,617	6,069				
f. Speech Therapists	91,073	2,164				
g. Occupational Therapists	169,309	4,567				
h. Recreation Workers	74,122	3,417				
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	66,096	2,160				
n. Marketing						
o. Other (Specify) See Attached Schedule	64,126	2,095				
<i>A-13. Total Salary Expenditures</i>	5,085,790	198,173				

* 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 Danbury, LLC d/b/a Western Rehab Care Cent				2409	9/30/2020			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
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 d/b/a Western Rehab Care Cen				2409		9/30/2020			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Evelyn Hackman (10/1/19 to 1/31/20)	40,119			Non-Discrim.	Administrator	774	A2			
Mary Tobin (1/20/20 to 9/30/20)	82,392			Non-Discrim.	Administrator	1,400	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 d/b/a Western	2409	9/30/2020	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	87,809	1,098				
2. Dentist	16,620	83				
3. Pharmacist	19,350	180				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	98,034	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	38,029	240				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	4,350	29				
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	1,080	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	13,089	312				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	93,178	1,712				
2. Administrative***	113,070	798				
b. LPN						
1. Direct Care	70,977	1,207				
2. Administrative***						
c. Aides	107,233	3,691				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	662,819	9,349				

* 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 d/b/a Western Rel		2409	9/30/2020		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, Log Angeles, CA 90084	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Samuel Antwi-Boasiako, 38 East Hayestown Rd., Unit 3, Danbury, CT 06811	PHY Consulting	<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 Group, 888 Worcester St. #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, PO Box 301076, Callas, TX 75303-1076	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/OT/ST	<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"/>			
Associated Neurologists PC, 69 Sandpit Rd., Suite 300, Danbury, CT 06810	Purchased Services - Nurology	<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 d/b/a Wes	2409	9/30/2020		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 474,142	474,142			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 26,453	26,453			
4. Social Security (F.I.C.A.)	\$ 375,082	375,082			
5. Health Insurance	\$ 1,438,037	1,438,037			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,914	3,914			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 313,968	313,968			
8. Uniform Allowance	\$ 8,133	8,133			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 3,351	3,351			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ (77,486)	(77,486)			
d. Accounting and Auditing	\$ 43,274	43,274			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 41,753	41,753			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 10,081	10,081			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 49,318	49,318			
2. Cellular Phones	\$ 3,034	3,034			
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	\$ 680,207	680,207			
Subtotal	\$ 3,393,261	3,393,261			

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

(Carry Subtotals forward to next page)

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

Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center
9/30/2020

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Expense-Nursing Admn	\$ 322		
Drug Free Expense-Nursing	\$ 2,243		
Employee Expense-Nursing	\$ (1,002)		
Employee Expense-Med Recs	\$ 41		
Employee Expense-Hskp	\$ 71		
Employee Benefits/Expense-Admin	\$ 1,676		
Total	\$ 3,351	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	(Specify)
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 d/b/a Western R	2409	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,393,261	3,393,261			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 12,678	12,678			
5. Education Expenses Related to Seminars and Conventions	\$ 1,900	1,900			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 748	748			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 9,824	9,824			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 1,489	1,489			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 4,150	4,150			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 12,763	12,763			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 8,985	8,985			
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>)	\$ 289,983	289,983			
12. Administrative Management Services**	\$ 282,249	282,249			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 138,560	138,560			
C-14 Total Administrative & General Expenditures	\$ 4,156,590	4,156,590			

* 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Special Events-Mkt	\$ 652		
Promo Items-Mkt	\$ 837		
Total Other Advertising	\$ 1,489	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Association of Health Care Facilities	\$ 12,763		
Total Dues	\$ 12,763	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Software Expense - Nursing Adm	\$ 13,389		
Licenses/Permits-Nursing Admn	\$ 395		
Background Checks-Nursing	\$ 1,170		
Supplies Med Rec	\$ 651		
Licenses/Permits-Dietary	\$ 550		
Licenses/Permits-Maint	\$ 480		
Licenses/Permits	\$ 1,347		
Patient Trust Bond	\$ 900		
Resident Reimburse on Lost/Stolen Items	\$ 866		
Hurricane/Emergency Costs	\$ 1,572		
Equipment Minor-Adm	\$ 1,993		
Internet Access-Adm	\$ 24,830		
Records Storage - Adm	\$ 4,557		
Parking Space - Adm	\$ 38,700		
Equipment Rental-Adm	\$ 4,390		
Collection Fees/Credit Card Fees	\$ 1,254		
Late fees/Fines/Finance Charges-Adm	\$ 24,208		
Bank Service Charges-Adm	\$ 17,308		
Total Other Administrative and General	\$ 138,560	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Danbury, LLC d/b	License No. 2409	Report for Year Ended 9/30/2020	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Hwy 19 N, Clearwater, FL, 33763	282,249	Handles all the operations and financial functions directly related to the facility.	16/m12

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

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

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western R		License No. 2409	Report for Year Ended 9/30/2020	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 383,292	383,292		
2.	Non-Food Supplies	\$ 27,199	27,199		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$ 73,935	73,935		
c. Other (Specify) _____ Supplies		\$ 4,797	4,797		
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 489,223	489,223		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*				
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western Rel		License No. 2409	Report for Year Ended 9/30/2020	Page 19	of 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)		\$	182,696	182,696	
c. Other (Specify) Supplies		\$	151	151	
3D. Total Laundry Expenditures (3a + b + c)		\$	182,847	182,847	
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)			

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Danbury, LLC d/b/a W		2409	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	90,077	90,077		
C.	Other (<i>Specify</i>) Supplies		\$ 1,225	1,225		
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 91,302	91,302		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	138,283	138,283		
b.	Medicine Cabinet Drugs	\$	23,718	23,718		
c.	Medical and Therapeutic Supplies	\$	179,982	179,982		
d.	Ambulance/Limousine***	\$	2,048	2,048		
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	12,366	12,366		
f.	X-rays and Related Radiological Procedures***	\$	4,303	4,303		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	33,758	33,758		
i.	Recreation	\$	4,715	4,715		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	75,327	75,327		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 474,500	474,500		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Equipment Minor	\$ 241		
Minor Equipment & Supplies - Therapy	\$ 3,826		
IV Supplies - Medicaid	\$ 1,514		
IV Drugs - Medicare	\$ 1,322		
Medical Equipment Rental	\$ (6,474)		
Minor Equipment - Nursing	\$ 32,199		
IV Drugs - Managed Care	\$ 240		
IV Supplies - Managed Care	\$ 471		
IV Drugs - Medicaid	\$ 1,191		
Medical Waste Disposal	\$ 3,182		
Utilities-Cable TV	\$ 37,615		
Total Other Resident Care	\$ 75,327	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center			License No. 2409		Report for Year Ended 9/30/2020				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Oak Ridge Hauling, LLC	307 White St, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	38,343			22	6f
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	54,509			19	3b
Rinaldi Linen Service	47 Commons Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	128,187			19	3b
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Houskeeping	90,077			20	4b
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	73,935			18	2b
		<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 d/b/a W	2409	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 45,260	45,260				
b. Heat	\$ 30,582	30,582				
c. Light & Power	\$ 93,547	93,547				
d. Water	\$ 68,396	68,396				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 92,905	92,905				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 330,690	330,690				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 45,444	45,444				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 107,497	107,497				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 152,941	152,941				
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	\$ 2,101,165	2,101,165				
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	\$ 11,453	11,453				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,375,503	2,375,503				

* 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)
Interco Contracted Services-Maint	\$ (13,011)		
Electrical-Maint	\$ 378		
Plumbing-Maint	\$ 3,476		
HVAC/Boiler Maint	\$ 13,115		
Paint-Maint	\$ 1,716		
Alarm Inspection-Maint	\$ 4,632		
Grounds Maintenance-Maint	\$ 18,565		
Sprinklers-Maint	\$ 2,030		
Elevator-Maint	\$ 11,106		
Pest Control-Maint	\$ 2,444		
Maint Contracts- Generator	\$ 3,127		
Equipment Minor-Maint	\$ 585		
Waste Disposal -Grease/Trash	\$ 38,343		
Copier- Maintenance Agreement	\$ 6,399		
Total Other Repairs and Maintenance	\$ 92,905	\$ -	\$ -

Annual Report of Long-Term Care Facility

Depreciation Schedule

Name of Facility				License No.			Report for Year Ended			Page	of	
Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center				2409			9/30/2020			23	37	
Property Item				Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals	
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				821,151		821,151	160,980	S/L	Various	44,434		
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)				10,095						1,010		
B-4. Subtotal											45,444	
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 Passengers						40,257	40,257	36,231	S/L	5	4,026	
b. Corporate Fleet - taxable sales tax						1,110	1,110	888	S/L	5	222	
c. Corporate Fleet - taxable sales tax						1,693	1,693	1,017	S/L	5	339	
d.												
2. Movable Equipment												
a. Acquired prior to this report period				Var	Var	1,243,910	1,243,910	981,373	S/L	Various	100,850	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)						10,301					2,060	
D-3. Subtotal												107,497
E. Total Depreciation												
											152,941	

Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center
9/30/2020

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:				
7/24/2020	Acs	\$ 10,095	10	\$ 1,010
Total additions for Building Improvements		\$ 10,095		\$ 1,010 *
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:				
11/1/2019	Copier	\$ (32,543)	5	\$ (6,509)
11/1/19	Copier	\$ 29,433	5	\$ 5,887
5/1/2020	Misc Equipment	\$ (18,770)	5	\$ (3,754)
6/25/2020	10T & 7.5T A/Cs	\$ 32,180	5	\$ 6,436
Total additions for Movable Equipment		\$ 10,301		\$ 2,060 *
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 d/b/a Western Rehab C			2409		9/30/2020			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
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 Danbury, LLC	License No. 2409	Report for Year Ended 9/30/2020	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	120				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
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, 107 Osborne St., Danbury, CT 06810	Building	04/01/15	120 mos.	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	9/30/2020		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. 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, L		2409		9/30/2020		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	245,333	245,333	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	245,333	245,333	
14. Insurance							
a. Insurance on Property (buildings only)				\$	23,368	23,368	
b. Insurance on Automobiles				\$	3,285	3,285	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	94,350	94,350	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. Total Insurance Expenditures (14a + b + c)				\$	121,003	121,003	
15. Total All Expenditures (A-13 thru C-14)				\$	14,215,600	14,215,600	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Car				2409	9/30/2020	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	12g	Occupational Therapy	\$ 169,309	169,309		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	B8e	Resident Care Physicians **	\$ 4,350	4,350		
6.	13	10a	Occupational Therapy	\$ 13,089	13,089		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ (77,486)	(77,486)		
10.			Accounting	\$			
10a.			Legal	\$ 2,300	2,300		
11.			Telephone	\$			
12.	15	1h	Cellular Telephone	\$ 1,594	1,594		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m3	Unallowable Advertising *	\$ 1,489	1,489		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	1	m13	Unallowable Management Fees	\$ 8,715	8,715		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 26,328	26,328		
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)				\$ 149,688	149,688		

* 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)
16	m13	Resident Reimburse on Lost/Stolen Items	\$ 866		
16	m13	Collection Fees/Credit Card Fees	\$ 1,254		
16	m13	Late fees/Fines/Finance Charges-Adm	\$ 24,208		
Total Other A&G Adjustments			\$ 26,328	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC d/b/a Western Rehab C				2409	9/30/2020	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 149,688	149,688		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 138,283	138,283		
28.	20	5d	Ambulance/Limousine	\$ 2,048	2,048		
29.	20	5f	X-rays, etc	\$ 4,303	4,303		
30.	20	5h	Laboratory	\$ 33,758	33,758		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 12,366	12,366		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 4,738	4,738		
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	\$			
49.	Total Amount of Decrease (Items 1 - 48)			\$ 345,184	345,184		

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

Senior Philanthropy of Danbury, LLC d/b/a Western Rehab Care Center
 9/30/2020

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	20/5j	IV Supplies - Medicaid	\$ 1,514		
	20/5j	IV Drugs - Medicare	\$ 1,322		
	20/5j	IV Drugs - Managed Care	\$ 240		
	20/5j	IV Supplies - Managed Care	\$ 471		
	20/5j	IV Drugs - Medicaid	\$ 1,191		
Total Other Ancillary Costs			\$ 4,738	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Senior Philanthropy of Danbury, LLC	d/b/ 2409	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 14,598,740	14,598,740				
b. Medicaid Room and Board Contractual Allowance **	\$ (6,257,202)	(6,257,202)				
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,139,977	1,139,977				
b. Medicare Room and Board Contractual Allowance **	\$ 491,328	491,328				
4. a. Private-Pay Residents and Other	\$ 1,603,976	1,603,976				
b. Private-Pay Room and Board Contractual Allowance **	\$ (112,331)	(112,331)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 105,490	105,490				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$ 68,133	68,133				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 488,000	488,000				
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$ 578,200	578,200				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$ 112,581	112,581				
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$ 227,700	227,700				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 342,400	342,400				
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$ 622,088	622,088				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$ (890,957)	(890,957)				
b. Other (<i>Specify</i>) - Non-Medicare	\$ (1,314,833)	(1,314,833)				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,803,290	11,803,290				
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>)	\$ (6,684)	(6,684)				
V. Total Other Revenue (1 thru 8)	\$ (6,684)	(6,684)				
VI. Total All Revenue (III +V)	\$ 11,796,606	11,796,606				

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6a	Laboratory	\$ 126		
30/II6a	Laboratory- MCR A-SNF	\$ 43,629		
30/II6a	IV Therapy-MCR A-SNF	\$ 1,848		
30/II6a	XRy MRA	\$ 5,267		
30/II6a	Contractual Adj- Ancill-MCR A-SNF	\$ (682,682)		
30/II6a	Flu Shots - MCR B - SNF	\$ 1,750		
30/II6a	Sequestration - MCR B	\$ (1,515)		
30/II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (259,380)		
Total Other Resident Revenue - Medicare		\$ (890,957)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	IV Therapy-SNF PVT	\$ 45		
30/II6b	Laboratory- MCD- SNF	\$ 24,317		
30/II6b	IV Therapy-MCD-SNF	\$ 5,552		
30/II6b	X-Ray - MCD	\$ 1,398		
30/II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (749,286)		
30/II6b	Laboratory-Hospice-SNF	\$ 5,197		
30/II6b	IV Therapy-Hospice-SNF	\$ 367		
30/II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (8,022)		
30/II6b	Lab Rev-Ins	\$ 718		
30/II6b	Contractual Allowance-Ins. R/S	\$ (740)		
30/II6b	Contractual Allowance Ancillary INS	\$ (10,358)		
30/II6b	Lab HMO	\$ 23,834		
30/II6b	IV THERAPY	\$ 945		
30/II6b	Radiology HMO	\$ 4,847		
30/II6b	Sequestration - HMO	\$ (824)		
30/II6b	Contractual Adj Ancillary HMO	\$ (612,823)		
Total Other Resident Revenue		\$ (1,314,833)	\$ -	\$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30.IV8	Copier Lease-Adm	\$ 620		
30.IV8	Gain/Loss-Sale/Disposal of Assets	\$ (7,304)		
Total Other Revenue		\$ (6,684)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Danbury, LLC d	2409	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	623,411
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,961,356
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	122,734
a. _____				
b. _____				
c. _____				
d. See Schedule		122,734		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	31,433

See Schedule		31,433		
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,738,933
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>831,246</u>		\$	624,822
	Accum. Depreciation <u>206,424</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>1,254,211</u>		\$	169,929
	Accum. Depreciation <u>1,084,283</u>	Net		
7. Motor Vehicles	*Historical Cost <u>43,060</u>		\$	338
	Accum. Depreciation <u>42,723</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(87,353)

See Schedule		(87,353)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	707,735

* 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 Senior Philanthropy of Danbury, LLC d	License No. 2409	Report for Year Ended 9/30/2020	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,446,668
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
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)			\$	3,446,668

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ 13,937
31	A5	Prepaid Taxes and Licenses	\$ 143
31	A5	Prepaid Uniforms	\$ 20,980
31	A5	Prepaid Other	\$ 14,727
31	A5	Prepaid Workers Comp	\$ 72,947
Total Prepaid Expenses			\$ 122,734

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

Page Ref	Line Ref	Description	
31	A8	Due from Cheshire	\$ 1,009
31	A8	Due from Westport	\$ 30,424
Total Other Current Assets (Itemize)			\$ 31,433

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

Page Ref	Line Ref	Description	
31	B9	Book vs Cost	\$ (87,353)
Total Other Fixed Assets (Itemize)			\$ (87,353)

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	
33	A2	Notes Payable - Current	\$ 5,604
33	A2	Note Payable - HSG	\$ 34,274
33	A2	Note Payable - TSM	\$ 111,548
Total Notes Payable			\$ 151,425

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

Page Ref	Line Ref	Description	
33	A12	Medicaid Remittance Adjustment	\$ (2,582)
33	A12	Employee Deductions- Garnishments	\$ 160
33	A12	Employee Deductions- HSA	\$ 12
33	A12	Employee Deductions- FSA	\$ 8,362
33	A12	Employee Deductions- ST/LIFE	\$ 8,988
33	A12	Employee Deductions- Child Support	\$ 292
33	A12	Employee Deductions - AFLAC	\$ 4,939
33	A12	Employee Deductions - Union Dues	\$ 1,526
33	A12	Resident Trust	\$ 102,730
33	A12	Deferred Rent - Current	\$ 971,647
33	A12	Uncleared Checks	\$ 124,525
33	A12	Accrued Insurance	\$ 239,638
33	A12	Unclaimed Property	\$ 891
33	A12	Accrued Legal Fees	\$ 57,725
33	A12	Accrued Accounting/Audit Fees	\$ 54,846
33	A12	Accrued Personal Property Taxes	\$ 4,090
33	A12	Accrued Other	\$ 15,089
33	A12	Accrued Workers Comp	\$ 203,986
33	A12	Due to Medicaid - Bed Fees	\$ 144,891
33	A12	Due to Waterfall Capital Note	\$ 2,742,804
33	A12	Medicare Advance Payable	\$ 309,422
33	A12	HHS Stimulus	1072600.84
33	A12	SBA PPP Loan	1478400
33	A12	Deferred Rent	3921314.29
Total Other Current Liabilities (Itemize)			\$ 11,466,297

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

Page Ref	Line Ref	Description	
34	B4	Long Term Capital Lease - Current	\$ 14,075
34	B4	Due to Medicaid - Long-Term	\$ 590,944
34	B4	Long Term Capital Lease	\$ 9,335
Total Other Current Liabilities (Itemize)			\$ 614,354

G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Danbury, LLC d/b/a	License No. 2409	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount
Total Brought Forward:				14,391,784
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>)				\$ 614,354

See Schedule		614,354		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 614,354
C. Total All Liabilities (Lines A-13 + B-5)				\$ 15,006,137

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	9/30/2020	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>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(9,140,475)
6. Gain or Loss for Period	10/1/2019	thru 9/30/2020	\$	(2,418,994)
7. Total Net Worth			\$	(11,559,469)
C. Total Reserves and Net Worth			\$	(11,559,469)
D. Total Liabilities, Reserves, and Net Worth			\$	3,446,668

H. Changes in Total Net Worth

Name of Facility Senior Philanthropy of Danbury, LLC d/	License No. 2409	Report for Year Ended 9/30/2020	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2019			\$	(7,915,489)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	11,796,606
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,215,600
D. Net Income or Deficit			\$	(2,418,994)
E. Balance			\$	(10,334,483)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(10,334,483)

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Danbury, LLC	License No. 2409	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
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	Date Signed		
Printed Name of Preparer				
CJLC LLC				
Address Address		Phone Number		
225 Pitkin Street, East Hartford, CT 06108		860-610-9009		
Annual Report Contact		Phone Number		
CJLC		860-610-9009		
Annual Report Contact Email Address				
annualreports@cjlc.com				