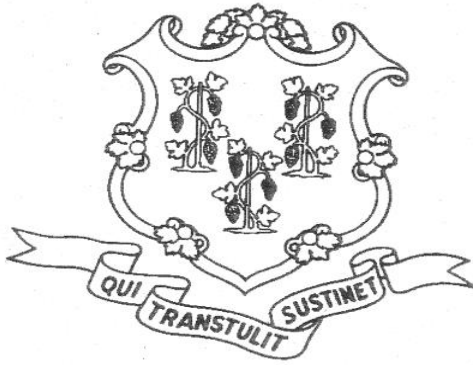


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Recovery Rehab Center	
Address (No. & Street, City, State, Zip Code) 240 Church St, Newington, CT 06111	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2406	RHNS	(Specify)	Medicare Provider 07-5286
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Medicaid Provider Numbers:	CCNH 10397	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

General Information

Name of Facility (as licensed) Senior Philanthropy of Newington, LLC d/b/a Newing	License No. 2406	Report for Year Ended 9/30/2022	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 Newington, LLC d/b/a Newington Rapid Recovery Rehab Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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 review

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

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Recovery Rehab Center		Period Covered:	From 10/1/2021	To 9/30/2022
Address of Facility 240 Church St, Newington, CT 06111				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 2/28/2023	
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 860-667-2256		Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Newington, LLC d/b/a Newington Rap		Address (No. & Street, City, State, Zip) 240 Church St, Newington, CT 06111		
License Numbers:	CCNH 2406	RHNS (Specify)	Medicare Provider No. 07-5286	
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 checked="" type="radio"/> LLC <input type="radio"/> Partnership <input 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.				
New Governance				
Administrator				
Name of Administrator Keisha Trowers		Nursing Home Administrator's License No.:	2110	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

**General Information and Questionnaire
 Related Parties***

Name of Facility Senior Philanthropy of Newington, LLC d/b/a Newingt	License No. 2406	Report for Year Ended 9/30/2022	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	%**				
Oasis Healthcare Group	19999 Cedarbridge Ave, Suite 3B, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>		Consulting Fee	Pg 16/Line m11	191,068	191,068
Intercompany Liabilities	N/A	<input type="radio"/>	<input checked="" type="radio"/>		Due To/From	Pg 34/Ln B3	Var	Var
Leading Edge Administrators	14 Wall St. Suite 5B, New York, NY 10005	<input type="radio"/>	<input checked="" type="radio"/>		Health Insurance	Pg 15/Ln 1a5	284,533	284,533
		<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.
 ** 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 Newington, LLC d/b/a N	License No. 2406	Report for Year Ended 9/30/2022	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 Newington, LLC d/b/a Newington R			License No. 2406		Report for Year Ended 9/30/2022		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						
N/A	<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"/>						
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 Newington,	License No. 2406	Report for Year Ended 9/30/2022	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 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St, East Hartford, CT 06108
--	---

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report Preparation	\$ 5,377
2	\$
3	\$
4	\$
Charge for Services Provided	
\$ 5,377	

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Various Conservators 2 Goldman, Gruder and Woods LLC 3 4 5	Telephone Number N/A 203-899-8900
--	---

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

1 N/A
2 200 Connecticut Avenue, Norwalk CT 06854
3
4
5

Services Provided by This Firm (*describe fully*)

1 Conservator Fees(Disallowed on Pg 28)	\$ 309
2 Probate Fees(Disallowed on Pg 28)	\$ 751
3 General Legal Matters(Disallowed on Pg 28)	\$ 9,910
4	\$
5	\$
Charge for Services Provided	
\$ 10,970	

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

Schedule of Resident Statistics

Name of Facility			License No.		Report for Year Ended				Page	of			
Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Recove			2406		9/30/2022				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	180	180			180	180							
B. On last day of THIS report period	180	180							180	180			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	126	126			126	126							
B. As of midnight of THIS report period	117	117							117	117			
3. Total Number of Days Care Provided During Period													
A. Medicare	1,916	1,916			1,371	1,371			545	545			
B. Medicaid (Conn.)	33,628	33,628			25,221	25,221			8,407	8,407			
C. Medicaid (other states)													
D. Private Pay	4,516	4,516			3,630	3,630			886	886			
E. State SSI for RCH													
F. Other (Specify) HMO, Hospice, Insurance, VA	4,761	4,761			3,533	3,533			1,228	1,228			
G. Total Care Days During Period (3A thru F)	44,821	44,821			33,755	33,755			11,066	11,066			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	148	148							148	148			
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	44,969	44,969			33,755	33,755			11,214	11,214			

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Newington, LLC d/b/a			License No. 2406			Report for Year Ended 9/30/2022			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	9		88		20								
Per Diem Rate													
a. One bed rm.	Various		290.00		628.00								
b. Two bed rms.	Various		290.00		574.00								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								1,110	1,110				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,016	1,016				
2. Restorative Treatments													
C. Other								7,282	7,282				
D. Total Physical Therapy Treatments								9,408	9,408				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								453	453				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								293	293				
2. Restorative Treatments													
C. Other								2,099	2,099				
D. Total Speech Therapy Treatments								2,845	2,845				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								1,130	1,130				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,721	1,721				
2. Restorative Treatments													
C. Other								9,603	9,603				
D. Total Occupational Therapy Treatments								12,454	12,454				

Report of Expenditures - Salaries & Wages

Name of Facility Senior Philanthropy of Newington, LLC d/b/a Newington Ra	License No. 2406	Report for Year Ended 9/30/2022	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)	173,787	2,365				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	1,956	51				
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	256,822	10,158				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	517,157	25,479				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	311,066	15,941				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	37,761	1,820				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	49,117	1,909				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	270,284	3,434				
b. RN						
1. Direct Care	1,327,318	18,937				
2. Administrative**	372,250	13,915				
c. LPN						
1. Direct Care	1,034,859	32,412				
2. Administrative**	18,515	615				
d. Aides and Attendants	2,050,485	101,010				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	140,037	6,078				
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	189,634	5,336				
n. Marketing						
o. Other (Specify) See Attached Schedule	143,056	4,060				
<i>A-13. Total Salary Expenditures</i>	6,894,104	243,520				

* 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 Newington, LLC d/b/a Newington Rapid Recd				2406	9/30/2022				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 Newington, LLC d/b/a Newington Rapid Reco				2406	9/30/2022			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***										
Keisha Trowers	73,618			Non-Discriminatory	7/1/2022 to 9/30/2022	446	A2			
Thomas Walkuski	100,619			Non-Discriminatory	10/1/2021 to 6/30/2022	1,919	A2			
Section IV - Assistant Administrators										
Bridget Royce	1,956			Non-Discriminatory	10/1/2021 - 6/30/2022	51	A4			

*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 Newington, LLC d/b/a Newi	2406	9/30/2022	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	83,595	1,548				
2. Dentist	13,086	65				
3. Pharmacist	17,365	110				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	217,567	Monthly				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	45,240	437				
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)						
9. Speech Therapist						
a. Resident Care	138,154	Monthly				
b. Other						
10. Occupational Therapist						
a. Resident Care	274,549	Monthly				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	73,275	502				
2. Administrative***						
b. LPN						
1. Direct Care	302,301	3,637				
2. Administrative***						
c. Aides	168,919	3,696				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,334,051	9,995				

* 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 Newington, LLC d/b/a Newington		2406	9/30/2022		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Dr. Jeffrey Kagan, 365 Willard Ave., Newington, CT 06111	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Encore Rehabilitation Services, 33533 W 12 Mile Rd., Suite 290, Farmington Hills, MI 48331	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Trinity Rehabilitation Services, LLC 72640 Fairpoint New Athens Road Saint Clairsville, OH	PT, ST, OT	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
HealthDrive Dental Group, 01 Centerpoint Dr Ste 215 Middletown, CT 06457	Dentist	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Gale Healthcare Solutions,POB 4729, Winter Park, FL 32793-4729	RN, LPN, CNA	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Grandison Management,1413 38th Street, Brooklyn NY 11218	RN, LPN, CNA	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
All American Healthcare Services, POB 825968, Philadelphia PA 19182-5968	LPNs, CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
Clipboard Health, POB 103125,Pasadena CA 91189-3125	LPNs, CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
MAS Staffing,POB 4473, Houston TX 77210-4473	LPNs, CNAs	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
SMS Services, 4547 US Highway 9 N, Suite Q, Howell NJ 07731	Dietician	<input type="radio"/>	<input checked="" type="radio"/>	N/A		
		<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 Newington, LLC d/b/a Ne	2406	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 96,000	96,000			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 50,340	50,340			
4. Social Security (F.I.C.A.)	\$ 524,582	524,582			
5. Health Insurance	\$ 1,010,582	1,010,582			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,291	3,291			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 290,302	290,302			
8. Uniform Allowance	\$ 44,275	44,275			
9. Other (<i>Specify</i>) See Attached Schedule	\$ 156,163	156,163			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 1,462,667	1,462,667			
d. Accounting and Auditing	\$ 5,377	5,377			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 10,970	10,970			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 45,877	45,877			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 77,981	77,981			
2. Cellular Phones	\$ 2,704	2,704			
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	\$ 1,351	1,351			
3. Resident Day User Fee	\$ 821,986	821,986			
Subtotal	\$ 4,604,448	4,604,448			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Newington, LLC d/b/a Newing	2406	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:		4,604,448	4,604,448		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 4,237	4,237			
2. Holiday Parties for Staff	\$ 708	708			
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 14,327	14,327			
5. Education Expenses Related to Seminars and Conventions	\$ 41,751	41,751			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 40	40			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 5,912	5,912			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 5,700	5,700			
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	\$ 5,136	5,136			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 2,960	2,960			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 4,989	4,989			
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>)	\$ 584,682	584,682			
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 80,657	80,657			
C-14 Total Administrative & General Expenditures	\$ 5,355,547	5,355,547			

* 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		
Promotional Advertising(Disallowed on pg 28)	\$ 5,700		
Total Other Advertising	\$ 5,700	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	0		
CAHCF	\$ 2,918		
Amex Membership Dues	\$ 42		
Total Dues	\$ 2,960	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	0		
Licenses/Permits	\$ 3,968		
Background Checks	\$ 1,595		
Resident Reimburse Lost/Stolen Items(Disallowed on Pg 28a)	\$ 327		
Emergency Costs	\$ 1,652		
Overnight Service	\$ 726		
Collection Fees/Credit Card Fees(Disallowed on Pg 28a)	\$ 463		
Bank Fees(All Routine)	\$ 8,774		
Financing Costs(Disallowed on Pg 28a)	\$ 1,076		
Lates/Fines(Disallowed on Pg 28a)	\$ 11,074		
Startup Costs(Disallowed on Page 28a)	\$ 51,002		
Total Other Administrative and General	\$ 80,657	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Newington, LLC d	License No. 2406	Report for Year Ended 9/30/2022	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 #

*** 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 Newington, LLC d/b/a Newington		License No. 2406	Report for Year Ended 9/30/2022	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 432,144	432,144		
2.	Non-Food Supplies	\$ 14,666	14,666		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 660,420	660,420		
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 Senior Philanthropy of Newington, LLC d/b/a Newington		License No. 2406	Report for Year Ended 9/30/2022	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)	\$	243,828	243,828	
c.	Other (Specify)	\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	243,828	243,828	
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 Newington, LLC d/b/a N		2406	9/30/2022		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. \$	97,922	97,922		
C. Other (<i>Specify</i>) Housekeeping Supplies		\$	2,370	2,370		
4D. Total Housekeeping Expenditures (4a + b + c)		\$	100,292	100,292		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Partners Pharmacy/Specialty Rx	\$	193,267	193,267		
b.	Medicine Cabinet Drugs	\$	34,204	34,204		
c.	Medical and Therapeutic Supplies	\$	214,560	214,560		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	26,932	26,932		
f.	X-rays and Related Radiological Procedures***	\$	10,468	10,468		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	53,308	53,308		
i.	Recreation	\$	23,235	23,235		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	35,826	35,826		
5M. Total Resident Care Expenditures (5a - 5j)		\$	591,800	591,800		

* 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		
IV Supplies-Medicaid	\$ 2,182		
COVID Testing	\$ 8,866		
IV Drugs-Managed Care(Disallowed on Pg 29a)	\$ 8,114		
IV Supplies-Managed Care(Disallowed on Pg 29a)	\$ 7		
IV Drugs-Medicaid	\$ 235		
Medical Waste Disposal	\$ 1,973		
Nursing Rental Expense	\$ 11,386		
Nursing Expense>Minor Equip & Supplies	\$ 3,010		
Nursing Expense>Sanitation & Incineration	\$ 53		
Total Other Resident Care	\$ 35,826	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page of				
Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Recovery R				2406	9/30/2022	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
SMS Cleaning & Housekeeping Services	Suite Q, Howell NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary/Housekeeping	91,013			Var	Var
Healthcare Group Services	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Dietary/Housekeeping	117,717			Var	Var
Rinaldi Linen Services	47 Commons Ct, Waterbury CT 06704	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Laundry Services	48,765			19	3b
CWPM LLC	25 Norton Place, Plainsville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Trash Removal	23,501			22	6f
Land Solutions LLC	PO Box 120478 East Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Ground Maintenance	21,032			22	6a
Facility Compliance Services	221 West Main Street, Plantsville, CT 06479	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Maintenance	30,122			22	6f
Southridge Technology	246 Federal Rd, Brookfield, CT 06804	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Computer Maintenance	18,227			16	m11
CenturyLink Inc.	100 CenturyLink Dr, Monroe, LA 71203	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Internet	18,237			16	m11
Paychex	Rochester, NY	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Payroll Processing	33,425			16	m11
Kronos	900 Chelmsford St, Loewell, MA 01851	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Timeclock Software	14,926			16	m11
Call Management Resources	4449 Easton Way #200, Columbus, OH 43219	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Call System	23,679			16	m11
American Healthtech	PO Box 745025, Atlanta, GA 30374-5025	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Software Maintenance	105,591			16	m11
Oasis Healthcare Group	Suite 3B, Lakewood, NJ 08701	<input type="radio"/>	<input checked="" type="radio"/>	N/A	Consulting Fee	191,068			16	m11
		<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 Newington, LLC d/b/a	2406	9/30/2022		22	37
Item	Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	\$ 101,537	101,537			
b. Heat	\$ 45,079	45,079			
c. Light & Power	\$ 115,878	115,878			
d. Water	\$ 59,436	59,436			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$				
f. Other (<i>itemize</i>)	\$ 238,047	238,047			
See Attached Schedule					
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 559,977	559,977			
7. Depreciation (<i>complete schedule page 23*</i>)					
a. Land Improvements	\$				
b. Building & Building Improvements	\$ 61,415	61,415			
c. Non-Movable Equipment	\$				
d. Movable Equipment	\$ 81,033	81,033			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 142,448	142,448			
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	\$ 1,418,594	1,418,594			
10. Property Taxes					
a. Real estate taxes paid by owner	\$				
b. Real estate taxes paid by lessor	\$ 128,902	128,902			
c. Personal property taxes	\$ 7,774	7,774			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,697,718	1,697,718			

* 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		
Equipment Minor	\$ 22,156		
Contracted Maintenance	\$ 105,616		
Equipment Rental	\$ 40,847		
Small Tools	\$ 74		
Pest Control	\$ 2,788		
Waste Disposal	\$ 31,666		
Maintenance Supplies	\$ 2,145		
Copier Maintenance/Lease	\$ 11,292		
Extermination	\$ 647		
Landscaping	\$ 8,917		
Security	\$ 1,047		
Sanitation & Incineration	\$ 10,852		
Total Other Repairs and Maintenance	\$ 238,047	\$ -	\$ -

Depreciation Schedule

Name of Facility			License No.		Report for Year Ended			Page	of			
Senior Philanthropy of Newington, LLC d/b/a Newington Rapid Recov			2406		9/30/2022			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	830,896		830,896	302,169	S/L	Various	61,306					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	4,977						109					
B-4. Subtotal								61,415				
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. Transport Van	X		7	22	57,861				S/L	5	2,536	
b.												
c.												
d.												
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	1,195,984		1,195,984	911,034	S/L	Various	78,434	
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative			7	22	867		867		S/L	Various	63	
d. Standard Resident												
e. Specialized Resident												
Total Acquired during this report period					867		867				63	
D-3. Subtotal												81,033
E. Total Depreciation												142,448

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:				
7/12/2022	Fire Suppression System	\$ 4,977	10	\$ 109
Total additions for Building Improvements		\$ 4,977		\$ 109 *
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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
7/12/2022	Computer Software - Matrixcare	Administrative	\$ 867	3	\$ 63
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 867		\$ 63 *
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

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Senior Philanthropy of Newington, LLC d/b/a Newington Ra			2406		9/30/2022			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 Newington, LL	License No. 2406	Report for Year Ended 9/30/2022	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	180				
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	
240 Church Street LLC, 240 Church St., Newington, CT 06111	Building	04/01/15	123 mos.	1,108,624	

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 Newington, LI	2406	9/30/2022	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 Newington,		2406		9/30/2022		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Interest Expense				\$	4,329	4,329	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	4,329	4,329	
14. Insurance							
a. Insurance on Property (buildings only)				\$	27,271	27,271	
b. Insurance on Automobiles				\$	4,236	4,236	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) General Liability/Crime/ Other Insurance/Patient Trust				\$	128,020	128,020	
14d. Total Insurance Expenditures (14a + b + c)				\$	159,527	159,527	
15. Total All Expenditures (A-13 thru C-14)				\$	17,601,593	17,601,593	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Senior Philanthropy of Newington, LLC d/b/a Newington Rapid			2406	9/30/2022	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	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 274,549	274,549		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 1,462,667	1,462,667		
10.			Accounting	\$			
10a.			Legal	\$ 10,970	10,970		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 904	904		
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 *	\$ 5,700	5,700		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 68,214	68,214		
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)				\$ 1,823,004	1,823,004		

* 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	Financing Costs	\$ 1,076		
16	m13	Lates/Fines	\$ 11,074		
16	m13	Startup Costs	\$ 51,002		
16	m13	Resident Reimburse Lost/Stolen Items	\$ 327		
16	m13	Collection Fees/Credit Card Fees	\$ 463		
15	1a9	Other Benefits - Miscellaneous	\$ 3,907		
15	1a9	Other Benefits - Food	\$ 365		
Total Other A&G Adjustments			\$ 68,214	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC d/b/a Newington Ra				2406	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,823,004	1,823,004		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 193,267	193,267		
28.	20	5d	Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 10,468	10,468		
30.	20	5h	Laboratory	\$ 53,308	53,308		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 26,932	26,932		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 17,798	17,798		
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	\$ 604	604		
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)				\$ 2,125,381	2,125,381		

*** 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.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	Cable TV Disallowance(See Attached)	\$ 9,677		
20	51	IV Drugs-Managed Care	\$ 8,114		
20	51	IV Supplies-Managed Care	\$ 7		
Total Other Ancillary Costs			\$ 17,798	\$ -	\$ -

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 Other - Miscellaneous Administrative Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV 8	Other Rev>Miscellaneous	\$ 299		
30	IV 8	Other Rev>Medical Records	\$ 305		
Total Other Adjustments			\$ 604	\$ -	\$ -

Schedule of Other - Direct 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 Newington, LLC		c 2406		9/30/2022		30	37
Item	Total	CCNH	RHNS	(Specify)			
I. Resident Room, Board & Routine Care Revenue							
1. a. Medicaid Residents (<i>CT only</i>)	\$ 14,743,450	14,743,450					
b. Medicaid Room and Board Contractual Allowance **	\$ (5,442,676)	(5,442,676)					
2. a. Medicaid (<i>All other states</i>)	\$						
b. Other States Room and Board Contractual Allowance **	\$						
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,295,600	1,295,600					
b. Medicare Room and Board Contractual Allowance **	\$ (3,388)	(3,388)					
4. a. Private-Pay Residents and Other	\$ 5,073,278	5,073,278					
b. Private-Pay Room and Board Contractual Allowance **	\$ (463,732)	(463,732)					
II. Other Resident Revenue							
1. a. Prescription Drugs - Medicare	\$ 55,713	55,713					
b. Prescription Drugs - Medicare Contractual Allowance **	\$						
c. Prescription Drugs - Non-Medicare	\$ 132,229	132,229					
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	\$ 239,426	239,426					
b. Physical Therapy - Medicare Contractual Allowance **	\$ (18,418)	(18,418)					
c. Physical Therapy - Non-Medicare	\$ 537,960	537,960					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (41,724)	(41,724)					
4. a. Speech Therapy - Medicare	\$ 151,392	151,392					
b. Speech Therapy - Medicare Contractual Allowance **	\$ (18,434)	(18,434)					
c. Speech Therapy - Non-Medicare	\$ 274,741	274,741					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (35,077)	(35,077)					
5. a. Occupational Therapy - Medicare	\$ 253,586	253,586					
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (20,982)	(20,982)					
c. Occupational Therapy - Non-Medicare	\$ 673,831	673,831					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (11,683)	(11,683)					
6. a. Other (<i>Specify</i>) - Medicare	\$ (505,585)	(505,585)					
b. Other (<i>Specify</i>) - Non-Medicare	\$ (1,003,008)	(1,003,008)					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,866,499	15,866,499					
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>)	\$ 1,355	1,355					
6. Private Duty Nurses' Fees	\$						
7. Barber, Coffee, Beauty and Gift shops	\$						
8. Other (<i>Specify</i>)	\$ 1,885,915	1,885,915					
V. Total Other Revenue (1 thru 8)	\$ 1,887,270	1,887,270					
VI. Total All Revenue (III +V)	\$ 17,753,769	17,753,769					

* 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 II 6a	Laboratory Medicare A	\$ 32,996		
30 II 6a	X-Ray Medicare A	\$ 5,218		
30 II 6a	Covid Swabbing Tests Medicare A	\$ 868		
30 II 6a	Sequestration Medicare A	\$ (1,659)		
30 II 6a	Contract Adj-Ancillary Medicare A	\$ (460,641)		
30 II 6a	Flu Shots Medicare B	\$ 2,560		
30 II 6a	Covid Swabbing Tests Medicare B	\$ 14,422		
30 II 6a	Sequestration Medicare B	\$ (271)		
30 II 6a	Contract Adj-Ancillary Medicare B	\$ (98,657)		
30 II 6a	Other Ancillary Rev>Part B>Sequester	\$ (422)		
30 II 6a	Revenue Adjustments>Medicare A	\$ 1		
Total Other Resident Revenue - Medicare		\$ (505,585)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 II 6b	Laboratory Private	1,235		
30 II 6b	Covid Swabbing Tests Private	648		
30 II 6b	Laboratory Medicaid	4,469		
30 II 6b	IV Therapy Medicaid	3,941		
30 II 6b	Covid Swabbing Tests Medicaid	9,652		
30 II 6b	Contract Adj-Retro Adj Medicaid	(3,482)		
30 II 6b	Laboratory Hospice	688		
30 II 6b	Covid Swabbing Tests Hospice	2,012		
30 II 6b	Contract Adj-Ancillary Hospice	(7,954)		
30 II 6b	Laboratory Insurance	429		
30 II 6b	Contract Adj-Ancillary Insurance	(6,389)		
30 II 6b	Laboratory HMO	91,425		
30 II 6b	IV Therapy HMO	11,866		
30 II 6b	X-Ray HMO	17,714		
30 II 6b	Covid Swabbing Test HMO	36,964		
30 II 6b	Evercare Revenue HMO	64,495		
30 II 6b	Contract Adj-Ancillary HMO	(1,268,328)		
30 II 6b	Other Ancillary Rev>Medicare HMO	37,607		
Total Other Resident Revenue		\$ (1,003,008)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30 IV 5	Interest Income	N/A	\$ 1,355		
Total Interest Income			\$ 1,355	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30 IV 8	Other Rev>Miscellaneous(Disallowed on Pg 29a)	\$ 299		
30 IV 8	Other Rev>Medical Records(Disallowed on Pg 29a)	\$ 305		
30 IV 8	Gain/Loss on Debt Forgiveness	\$ 1,810,424		
30 IV 8	Covid Relief Income	\$ 74,887		
Total Other Revenue		\$ 1,885,915	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC	2406	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	(19,040)
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,640,362
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	320,289
a. _____				
b. _____				
c. _____				
d. See Schedule		320,289		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,941,611
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>835,873</u>		\$	472,289
	Accum. Depreciation <u>363,584</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>1,196,851</u>		\$	207,320
	Accum. Depreciation <u>989,531</u>	Net		
7. Motor Vehicles	*Historical Cost <u>57,861</u>		\$	55,325
	Accum. Depreciation <u>2,536</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(673,515)
F/S vs C/R NBV		(673,515)		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	61,419

* 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	
31	A5	Financing Costs	\$ 12,434
31	A5	RE Taxes	\$ 33,342
31	A5	Insurance - General & Liability	\$ 160,631
31	A5	Insurance - Property	\$ 902
31	A5	Insurance - Auto	\$ 4,388
31	A5	Workers Comp	\$ 108,592
Total Prepaid Expenses			\$ 320,289

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

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

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

Page Ref	Line Ref	Description	
Total Other 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	
33	A2	Other Current Payables>DTF RFMS	\$ (45)
33	A2	Other Current Payable>Disability & Other Insurance	\$ 458
Total Notes Payable			\$ 413

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

Page Ref	Line Ref	Description	
33	A12		
33	A12		
33	A12		
33	A12		
Total Other Current Liabilities (Itemize)			\$ -

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

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC	2406	9/30/2022	32	37
Account			Amount	
Total Brought Forward:			\$	2,003,030
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>)			\$	(8,303)
Name and Address		Amount	Loan Date	
Due From>Old Owner		(8,303)	Var	
7. Other Assets (<i>itemize</i>)			\$	

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	(8,303)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	1,994,727

* 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 Newington, LLC d/b/a		2406	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,037,886
2. Notes Payable (<i>itemize</i>)				\$	(63)
Current Payable>Employee>Other				467	
Current Payable>Misc. PR Deduction				314	
Current Payable> Life Insurance				(1,257)	
See Schedule				413	
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>)				\$	242,757
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	43,376
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>)				\$	441,486
Accrued Expenses		5,120	Accrued Expenses>Work	97,225	
Accrued Expense>Medicaid>Bed Ta		(3,112)	Accrued Expenses>Healt	174,667	
Accrued Expenses>Insurance - Gene		127,287			
Accrued Expenses>Management Fee		40,299	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	1,765,442

* 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 Newington, LLC d/t	License No. 2406	Report for Year Ended 9/30/2022	Page 34	of 37
Account				Amount
Total Brought Forward:				1,765,442
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>)				\$ 321,025
Name and Address of Lender	Amount	Loan Date		
Due To/From>Various	321,025	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 65,439
Long Term Debt>Capital Lease		65,439		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 386,464
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,151,906

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LL	2406	9/30/2022	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			\$	178
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(367,563)
6. Gain or Loss for Period			\$	210,206
	10/1/2021	thru	9/30/2022	
7. Total Net Worth			\$	(157,179)
C. Total Reserves and Net Worth			\$	(157,179)
D. Total Liabilities, Reserves, and Net Worth			\$	1,994,727

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Newington, LLC	2406	9/30/2022	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	(2,647,101)		
B. Total Revenue (From Statement of Revenue Page 30)			\$	17,753,769		
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	17,543,563		
D. Net Income or Deficit			\$	210,206		
E. Balance			\$	(2,436,895)		
F. Additions						
1. Additional Capital Contributed (itemize)						
Total Expenditures Per Pg 27 \$17,601,593						
F/S vs C/R Depreciation (58,030)						
Total Expenses \$17,543,563						
2. Other (itemize)						
Reconciling Variance to correct PY Report Endin		1,357,801				
Prior Period Adjustment		921,915				
F-3. Total Additions					\$	2,279,716
G. Deductions						
1. Drawings of Owners/Operators/Partners (Specify)			\$			
Name and Address (No., City, State, Zip)		Title	Amount			
2. Other Withdrawings (Specify)			\$			
Purpose		Amount				
3. Total Deductions			\$			
H. Balance at End of Period			\$	(157,179)		
				09/30/22		

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Newington, LLC	License No. 2406	Report for Year Ended 9/30/2022	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				
Matthew S. Bavolack				
Address Address			Phone Number	
555 Long Wharf Dr 8th Floor, New Haven, CT, 06511			203-781-9600	
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number	
Chani Licht			732-276-4140	
Contact Email Address				
chanil@ltcally.com				