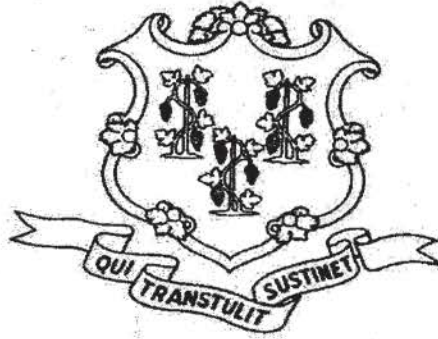


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Senior Philanthropy of Newington, LLC dba Newington Rapid Recovery Rehab Center	
Address (No. & Street, City, State, Zip Code) 240 Church St, Newington, CT 06111	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2406	RHNS	(Specify)	Medicare Provider 075286
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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

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General Information

Name of Facility (as licensed) Senior Philanthropy of Newington, LLC dba Newington	License No. 2406	Report for Year Ended 9/30/2018	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 dba Newington Rapid Recovery Rehab Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, 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.{a}

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) Renata Cocozza			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 Newington, LLC dba Newington Rapid Recovery Rehab Center		Period Covered: From 10/1/2017	To 9/30/2018
Address of Facility 240 Church St, Newington, CT 06111			
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 10/23/2018
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 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Newington, LLC dba Newington Rapid		Address (No. & Street, City, State, Zip) 240 Church St, Newington, CT 06111		
License Numbers:	CCNH 2406	RHNS (Specify)	Medicare Provider No. 075286	
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="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
N/A				
Administrator				
Name of Administrator Renata Coccozza		Nursing Home Administrator's License No.:	1533	
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 Newington, LLC dba	License No. 2406	Report for Year Ended 9/30/2018	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		
Senior Philanthropy of Newington, LLC dba Newington Rapid Recovery Rehab Center	240 Church St, Newington, CT 06111	Florida		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Ben Atkins	24641 US Hwy 19 N., Clearwater, FL 33763-5007	Chairman		
Joseph A Garff	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Director		
Gene Rensch	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Secretary		
Chris Pape	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CFO, Treasurer		
RB Bridges	24641 US Hwy 19 N., Clearwater, FL 33763-5007	COO		
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**General Information and Questionnaire
 Related Parties***

Name of Facility Senior Philanthropy of Newington, LLC dba Newingto	License No. 2406	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? Yes No If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-5007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Ins, Acctg Fees	Various	146,860	146,860
Cheshire, LLC dba Cheshire Regional Rehab Center	745 Highland Ave, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Admissions	Various	15,780	15,780
Stamford, LLC dba Long Ridge Post Acute Care	710 Long Ridge Rd, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Zirmed Billing Software	Various	186	186
Milford, B, LLC dba Golden Hill Rehab	2028 Bridgeport Ave, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Respiratory Therapist	Various	7,781	7,781
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Internet, recruitment, IT support	Various	238,469	238,469
Danbury, LLC dba Western Rehab Care Center	107 Osborne St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Consulting Fees	Various	166	166
Milford O, LLC dba West River Rehab Center	245 Orange Ave, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Admin, Nursing	Various	16,887	16,887
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Page 16/ Line m12	469,688	398,295
		<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 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		License No.	Report for Year Ended			Page	of
Senior Philanthropy of Newington, LLC dba Newington Ra		2406	9/30/2018			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					
Canon Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copier	02/01/16	60 months	9,559	9,559
	<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 ***						9,559	

* 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 9/30/2018	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 RX Audit 2 3 4	Address (No. & Street, City, State, Zip Code) 6001 SW County Road 141, Jasper, FL 32052
--	--

Services Provided by This Firm (*describe fully*)

1 Pharmacy Bill Audits	\$ 1,200
2 Accrued Accounting Expense (provider will provide detail during audit)	\$ 55,584
3	\$
4	\$
	Charge for Services Provided
	\$ 56,784

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 See Attached pg. 7a 2 3 4 5	Telephone Number
---	------------------

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

Services Provided by This Firm (*describe fully*)

1	\$ 27,293
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 27,293

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

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Littler Mendelson PC	PO Box 45547, San Francisco, CA 94145	
2 Kaufman, Borgeest & Ryan, LLP	200 Summit Lake Drive, Valhalla, NY 10595	
3 CT Corporation	PO Box 4349, Carol Stream, IL 60197	
4 Goldman, Gruder & Woods	200 Connecticut Ave, Norwalk CT 06854	
5 Ryan Ryan Deluca, LLP	707 Summer St, Stamford, CT 06901	
6 Eagle Lake Foundation	24641 US HWY 19, Clearwater, FL 33763	
8 N/A	N/A	
9 State of Connecticut		

Services Provided by This Firm	Charge for Service Provided
1 Ongoing Employee Legal Dispute - case is ongoing	2,010
2 Employee Legal Dispute - case settled (Self-disallow 50%)	2,618
3 Domestic Representation (Self-disallow)	235
4 General Legal	1,555
5 Employee Legal Dispute - case settled (Self-disallow 50%)	9,716
6 Loan Renewal Legal Fees (Self-disallow)	85
8 Accrued Legal Fees	10,075
9 Conservator Fees (Self-disallow)	999
Total	<u>27,293</u>

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Senior Philanthropy of Newington, LLC dba Newington Rapid Recovery		2406			9/30/2018				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			180	180			
B. On last day of THIS report period	180	180			180	180			180	180			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	152	152			152	152			166	166			
B. As of midnight of THIS report period	163	163			166	166			163	163			
3. Total Number of Days Care Provided During Period													
A. Medicare	3,576	3,576			3,033	3,033			543	543			
B. Medicaid (Conn.)	48,112	48,112			35,787	35,787			12,325	12,325			
C. Medicaid (other states)													
D. Private Pay	3,192	3,192			2,247	2,247			945	945			
E. State SSI for RCH													
F. Other (Specify)	4,577	4,577			3,205	3,205			1,372	1,372			
G. Total Care Days During Period (3A thru F)	59,457	59,457			44,272	44,272			15,185	15,185			
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)	59,457	59,457			44,272	44,272			15,185	15,185			

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Newington, LLC dba N			License No. 2406			Report for Year Ended 9/30/2018			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		125		36								
Per Diem Rate													
a. One bed rm.	Various		243.82		580.40								
b. Two bed rms.	Various		243.82		531.54								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,356	3,356				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,650	1,650				
2. Restorative Treatments													
C. Other								14,767	14,767				
D. Total Physical Therapy Treatments								19,773	19,773				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								772	772				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								410	410				
2. Restorative Treatments													
C. Other								2,119	2,119				
D. Total Speech Therapy Treatments								3,301	3,301				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,074	4,074				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,996	1,996				
2. Restorative Treatments													
C. Other								16,690	16,690				
D. Total Occupational Therapy Treatments								22,760	22,760				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Newington, LLC dba Newington Rap	2406	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	130,935	2,000				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	140,578	5,850				
5. Dietary Service						
a. Head Dietitian	15,608	741				
b. Food Service Supervisor						
c. Dietary Workers	456,172	25,324				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	268,333	16,495				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	107,522	4,685				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	156,287	8,036				
9. Barber and Beautician Services						
10. Protective Services	79,546	4,264				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	187,459	3,685				
b. RN						
1. Direct Care	1,199,728	24,536				
2. Administrative**	391,150	7,080				
c. LPN						
1. Direct Care	1,697,768	55,521				
2. Administrative**						
d. Aides and Attendants	2,188,951	134,812				
e. Physical Therapists	8,698	617				
f. Speech Therapists	1,452	103				
g. Occupational Therapists	18,092	710				
h. Recreation Workers	141,026	7,660				
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	138,187	4,830				
n. Marketing	3,736	320				
o. Other (Specify)						
See Attached Schedule	124,980	3,560				
A-13. Total Salary Expenditures	7,456,208	310,829				

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.

** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

*** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Salaries - Admissions Coordinator	\$ 124,980	3,560				
Total	\$ 124,980	3,560	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
	-					
Total	\$ -	-	\$ -	-	\$ -	-

**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 dba Newington Rapid Recover			2406		9/30/2018			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 dba Newington Rapid Recove				2406	9/30/2018			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***										
Renata Coccozza (10/6//16 - current)	130,935			Non-Discrim	Administrator	2,000	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 Newington, LLC dba Newin	2406	9/30/2018	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	108,792	1,948				
2. Dentist	17,448	87				
3. Pharmacist	33,310	180				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	359,822	4,943	Estimate			
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	49,481	480				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	79,725	300				
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	140,802	825	Estimate			
b. Other						
10. Occupational Therapist						
a. Resident Care	421,599	5,690	Estimate			
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	31,938	487				
2. Administrative***						
b. LPN						
1. Direct Care	32,793	761				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,275,710	15,700				

* 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 dba Newington		2406	9/30/2018		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Newington Internal Medican 365 Willard Ave, Suite 2-D Newington CT 06111	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Partners Pharmacy P.O.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"/>			
DR Jeffrey Kagan 365 Willard Ave, Newington CT 06111	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Consulting Cardiologists 305 Western Boulevard Glastonbury CT 06033	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Stephen Milewski, MD 50 Market Square, Newington CT 06111	PHY Consulting	<input type="radio"/>	<input checked="" type="radio"/>			
Angelina Jacobs, MD, 15 Two Buck Ring, Burlington, CT 06031	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Healthcare Services Group, Inc., 3220 Tillman Drive, Suite 300, Bensalem, PA 19020	Dietician	<input type="radio"/>	<input checked="" type="radio"/>			
Encore Rehabilitation Services, 33533 W 12 Mile Road, Suite 290, Farmington Hills, MI 48331	PT, ST, & OT	<input type="radio"/>	<input checked="" type="radio"/>			
ReadyNurse Staffing, PO Box 301076, Dallas, TX 75303	RN, LPN, & Aides	<input type="radio"/>	<input checked="" type="radio"/>			
Maxim Staffing Solutions, 12558 Collections Center Drive, Chicago IL 60693	RN, LPN & Aides	<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 dba Nev	2406	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 532,133	532,133		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 197,903	197,903		
4. Social Security (F.I.C.A.)	\$ 526,043	526,043		
5. Health Insurance	\$ 962,040	962,040		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 212	212		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 419,875	419,875		
8. Uniform Allowance	\$ 23,280	23,280		
9. Other (Specify) See Attached Schedule	\$ 6,936	6,936		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 53,203	53,203		
d. Accounting and Auditing	\$ 56,784	56,784		
e. Legal (Services should be fully described on Page 7)	\$ 27,293	27,293		
f. Insurance on Lives of Owners and Operators (Specify)*	\$			
g. Office Supplies	\$ 16,841	16,841		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 46,832	46,832		
2. Cellular Phones	\$ 2,913	2,913		
i. Appraisal (Specify purpose and attach copy)*	\$			
j. Corporation Business Taxes (franchise tax)	\$ 210	210		
k. Other Taxes (Not related to property - See Page 22)				
1. Income*	\$			
2. Other (Specify) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 1,117,550	1,117,550		
Subtotal	\$ 3,990,048	3,990,048		

* 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 Newington, LLC dba Newington Rapid Recovery Rehab Ce Attachment Page 15
9/30/2018

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Employee Benefits - Marketing (Self-disallow)	\$ 455		
Employee Food (Self-disallow)	\$ 1,511		
Holiday Fund (Self-disallow)	\$ 1,725		
Employee Gifts/Nurses Appreciation (Self-disallow)	\$ 752		
Employee Drug Testing	\$ 521		
Employee Assistance Program	\$ 961		
Petty Cash (Self-disallow)	\$ 1,011		
Total	\$ 6,936	\$ -	\$ -

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 Newington, LLC dba Newington	2406	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,990,048	3,990,048			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 18	18			
4. Employee Travel	\$ 1,299	1,299			
5. Education Expenses Related to Seminars and Conventions	\$ 2,877	2,877			
6. Automobile Expense (not purchase or depreciation)	\$ 903	903			
7. Other (Specify) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses)	\$ 7,533	7,533			
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$ 21,025	21,025			
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	\$ 5,812	5,812			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 13,342	13,342			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 235	235			
9. Subscriptions	\$ 5,420	5,420			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 217,928	217,928			
12. Administrative Management Services**	\$ 469,688	469,688			
13. Other (Specify) See Attached Schedule	\$ 66,018	66,018			
C-14 Total Administrative & General Expenditures	\$ 4,802,146	4,802,146			

* 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)
	-		
Media Advertising-Mkt	\$ 8,795		
Special Events-Mkt	\$ 11,765		
Promo Items-Mkt	\$ 465		
Total Other Advertising	\$ 21,025	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CT Association of Health Care Facilities - Membership Dues	\$ 13,207		
Traditions Senior Management - Membership Tradomark	\$ 337		
Dues/Subscriptions-Mkt (Self-disallow)	\$ (202)		
Total Dues	\$ 13,342	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Background Checks-Nursing Admn	\$ 210		
Software Expense - Nursing Adm	\$ 9,079		
Licenses/Permits-Nursing Admn	\$ 822		
Background Checks-Nursing	\$ 1,050		
Background Checks-Dietary	\$ 289		
Dues/Subscriptions-Dietary	\$ 414		
Licenses/Permits-Dietary	\$ 400		
Background Checks-Help	\$ 448		
Dues/Subscriptions-Maint	\$ 7,500		
Licenses/Permits-Maint	\$ 480		
Licenses & Permits-Trans	\$ 90		
Holiday Decorations-Activities-SNF (Self-disallow)	\$ 782		
Background Checks-Admin	\$ 183		
Licenses/Permits	\$ 220		
Patient Trust Bond	\$ 2,250		
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 3,581		
Equipment Minor-Adm	\$ 166		
Internet Access-Adm	\$ 16,889		
Records Storage - Adm	\$ 3,390		
Equipment Rental-Adm	\$ 984		
Misc Decor-Adm (Self-disallow)	\$ 757		
Collection Fees/Credit Card Fees (Self-disallow)	\$ 2,985		
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 5,242		
Bank Service Charges-Adm	\$ 4,735		
Employee/Guest meals (Self-disallow)	\$ 2,872		
Total Other Administrative and General	\$ 66,018	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Newington, LLC d	License No. 2406	Report for Year Ended 9/30/2018	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Highway 19 North - Clearwater FL, 33763	469,688	All operational functions related to facility	Page 16/ Line m12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Newington, LLC dba Newingto		2406	9/30/2018		18	37
Item	Total	CCNH	RHNS	(Specify)		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 476,202	476,202				
2. Non-Food Supplies	\$ 54,490	54,490				
3. Other (Specify) _____	\$					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
	\$ 94,670	94,670				
c. Other (Specify) _____						
	\$					
2D. Total Dietary Expenditures (2a + b + c + d)						
	\$ 625,362	625,362				
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		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Newington, LLC dba Newington		2406	9/30/2018		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$	396	396		
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)		\$	77,550	77,550		
c. Other (Specify) Equipment Minor		\$	554	554		
3D. Total Laundry Expenditures (3a + b + c)		\$	78,500	78,500		
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 Newington, LLC dba N		2406	9/30/2018		20	37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care	Amt. \$				
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)					
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. \$	80,076	80,076		
C.	Other (<i>Specify</i>) Cleaning Supplies	\$	671	671		
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	80,747	80,747		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	221,510	221,510		
b.	Medicine Cabinet Drugs	\$	34,822	34,822		
c.	Medical and Therapeutic Supplies	\$	209,850	209,850		
d.	Ambulance/Limousine***	\$	7,813	7,813		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	35,373	35,373		
f.	X-rays and Related Radiological Procedures***	\$	10,054	10,054		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	45,491	45,491		
i.	Recreation	\$	21,321	21,321		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	130,383	130,383		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	716,617	716,617		

* 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)
	-		
Minor Equipment & Supplies - Therapy	\$ 4,943		
IV Supplies - Medicaid	\$ 7,463		
IV Drugs - Medicare (Self-disallow)	\$ 3,315		
Medical Equipment Rental	\$ 57,186		
Minor Equipment - Nursing	\$ 44,277		
IV Drugs - Managed Care (Self-disallow)	\$ 11,841		
IV Drugs - Medicaid	\$ 40		
Medical Waste Disposal	\$ 1,318		
Total Other Resident Care	\$ 130,383	\$ -	\$ -

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 dba Newington Rapid Recovery R			2406	9/30/2018	21	37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
Healthcare Service Group	Suite 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	94,670				18	3b
Healthcare Service Group	Suite 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	80,076				20	4b
Healthcare Service Group	Suite 300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	77,550				19	3b
Lenares Landscaping & Design	398 Stamm Rd, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance	52,393				22	6f
CWPM, LLC	25 Norton Pl, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal Services	38,722				22	6f
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<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 dba N	2406	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 59,754	59,754				
b. Heat	\$ 43,469	43,469				
c. Light & Power	\$ 122,519	122,519				
d. Water	\$ 85,107	85,107				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 9,559	9,559				
f. Other (<i>itemize</i>)	\$ 155,297	155,297				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 475,705	475,705				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 46,537	46,537				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 98,768	98,768				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 145,305	145,305				
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	\$ 1,174,427	1,174,427				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ (5,588)	(5,588)				
c. Personal property taxes	\$ 15,920	15,920				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,330,064	1,330,064				

* 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	\$ (714)		
Electrical-Maint	\$ 3,957		
Plumbing-Maint	\$ 7,199		
HVAC/Boiler Maint	\$ 16,733		
Paint-Maint	\$ 1,756		
Alarm Inspection-Maint	\$ 435		
Alarm Repairs-Maint	\$ 5,918		
Grounds Maintenance-Maint	\$ 55,231		
Elevator-Maint	\$ 10,851		
Pest Control-Maint	\$ 3,267		
Maint Contracts- Generator	\$ 4,393		
Waste Disposal -Grease/Trash	\$ 41,327		
Copier- Maintenance Agreement	\$ 4,944		
Total Other Repairs and Maintenance	\$ 155,297	\$ -	\$ -

Depreciation Schedule

Name of Facility Senior Philanthropy of Newington, LLC dba Newington Rapid Recovery			License No. 2406		Report for Year Ended 9/30/2018			Page 23	of 37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
A-4. Subtotal											
B. Building and Building Improvements											
1. Acquired prior to this report period	626,990		626,990	79,456	S/L	Various	40,988				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	83,229		83,229		S/L	Various	5,549				
B-4. Subtotal								46,537			
C. Non-Movable Equipment											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal											
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year							
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a.	2015 Ford Transit 250 -10 Passenger		5	15	40,257	40,257	20,128	S/L	5	8,051	
b.	Corporate Fleet -taxable value		5	16	1,110	1,110	444	S/L	5	222	
c.	Corporate Fleet -taxable value		4	17	1,693	1,693	339	S/L	5	339	
d.											
2. Movable Equipment											
a.	Acquired prior to this report period		Var.	Var.	1,116,198	1,116,198	548,852	S/L	Various	86,808	
b.	Disposals (attach schedule)										
c.	Acquired during this report period (attach schedule)		Var.	Var.	19,791	19,791		S/L	Various	3,348	
D-3.	Subtotal										98,768
E.	Total Depreciation										145,305

Senior Philanthropy of Newington, LLC dba Newington Rapid Recovery Rehab Center
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*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:				
12/31/2017	Facility Lighting	\$ 83,229	15	\$ 5,549
Total additions for Building Improvement		\$ 83,229		\$ 5,549 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*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:				
11/9/2017	Bed Package/mattress	\$ 6,099	10	\$ 610
1/8/2018	Telephone Cabling	\$ 6,157	5	\$ 1,231
2/9/2018	34 PTAC Cord Sets	7535	5	1507
Total additions for Movable Equipmen				
		\$ 19,791		\$ 3,348 *
Deletions:				
Total deletions for Movable Equipmen				
		\$ -		\$ - **

*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 Improvemen				
		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvemen				
		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Newington Health Care Center
Senior Philanthropy of Newington, LLC
Cost Report Year 2016
Medicaid Cost Report - Depreciation Summary

	Date Acquired	Life	Method	Historical Cost	9/30/2017 Expense	9/30/2017 Accum Deprec.	9/30/2018 Expense	9/30/2018 Accum Deprec.	Net Book Value
Building Improvements									
Prior Owner's Assets	Various	Various	S/L	18,199	404	1,414	404	1,818	16,381
<i>2015 Additions</i>									
Lounge repairs	4/4/2105	15	S/L	1,565	104	261	104	365	1,200
New doors	4/6/2015	15	S/L	4,942	329	824	329	1,153	3,789
New doors	4/23/2015	15	S/L	7,200	480	1,200	480	1,680	5,520
New doors	5/8/2015	15	S/L	4,650	310	775	310	1,085	3,565
New doors	5/27/2015	15	S/L	24,514	1,634	4,085	1,634	5,719	18,794
<i>Total 2015 Additions</i>				<u>42,871</u>	<u>2,858</u>	<u>7,145</u>	<u>2,857</u>	<u>10,002</u>	<u>32,869</u>
<i>2016 Additions</i>									
New Doors	5/27/2015	15	S/L	(280)	(19)	(37)	(19)	(56)	(224)
New Doors	12/11/2015	15	S/L	3,064	204	409	204	613	2,451
New Flooring*	2/22/2016	15	S/L	4,452	297	594	297	891	3,561
Roof Maint*	6/24/2016	15	S/L	4,329	289	577	289	866	3,463
Glass Windows	6/15/2016	15	S/L	6,929	462	924	462	1,386	5,543
New Ceiling*	6/28/2016	15	S/L	3,256	217	434	217	651	2,605
LED Exit Lights*	7/8/2016	15	S/L	1,292	86	172	86	258	1,034
Entry Vestibule	8/29/2016	15	S/L	2,163	144	288	144	432	1,731
Main Lobby & Reception	8/29/2016	15	S/L	11,780	785	1,571	785	2,356	9,424
Main Entry Corridor	8/29/2016	15	S/L	15,684	1,046	2,091	1,046	3,137	12,547
Main Corridor	8/29/2016	15	S/L	35,452	2,363	4,727	2,363	7,090	28,362
Nurses Station (1 EA)	8/29/2016	15	S/L	3,124	208	417	208	625	2,499
Elevator Lobby	8/29/2016	15	S/L	2,808	187	374	187	561	2,247
Lounge (2 EA)	8/29/2016	15	S/L	36,505	2,434	4,867	2,434	7,301	29,204
Resident Room - 2 Bed (10 EA)	8/29/2016	15	S/L	54,489	3,633	7,265	3,633	10,898	43,591
Resident Bathroom (10 EA)	8/29/2016	15	S/L	17,425	1,162	2,323	1,162	3,485	13,940
Main Corridor 2	8/29/2016	15	S/L	81,046	5,403	10,806	5,403	16,209	64,837
Nurses Station (2 EA)	8/29/2016	15	S/L	9,427	628	1,257	628	1,885	7,542
Elevator Lobby	8/29/2016	15	S/L	1,079	72	144	72	216	863
Shower Room (2 EA)	8/29/2016	15	S/L	73,012	4,867	9,735	4,867	14,602	58,410
Door Refinishing	8/29/2016	15	S/L	48,411	3,227	6,455	3,227	9,682	38,729
Baseboard Heater Covers	8/29/2016	15	S/L	3,902	260	520	260	780	3,122
Window Blinds	8/29/2016	15	S/L	5,670	378	756	378	1,134	4,536
MedicationRoom	8/29/2016	15	S/L	12,188	813	1,625	813	2,438	9,750
Nourishment Room	8/29/2016	15	S/L	2,338	156	312	156	468	1,870
Nurses Station	8/29/2016	15	S/L	4,620	308	616	308	924	3,696
Soiled Utility Room	8/29/2016	15	S/L	4,185	279	558	279	837	3,348
MedicationRoom (2 EA)	8/29/2016	15	S/L	22,863	1,524	3,048	1,524	4,572	18,291

Nourishment Room (2 EA)	8/29/2016	15	S/L	4,675	312	623	312	935	3,740
Nurses Station (2 EA)	8/29/2016	15	S/L	13,951	930	1,860	930	2,790	11,161
Soiled Utility Room (2 EA)	8/29/2016	15	S/L	8,369	558	1,116	558	1,674	6,695
Paint doors and frames	8/29/2016	15	S/L	8,910	594	1,188	594	1,782	7,128
Remove & replace base cabinet & sink	8/29/2016	15	S/L	3,763	251	502	251	753	3,010
Total 2016 Additions				510,881	34,059	68,117	34,058	102,175	408,705

2017 Additions									
New Flooring (Asset Expensed)	2/22/2016	15	S/L	(4,452)	(297)	(594)	(297)	(891)	(3,561)
Roof Maint (Asset Expensed)	6/24/2016	15	S/L	(4,329)	(289)	(577)	(289)	(866)	(3,463)
New Ceiling (Asset Expensed)	6/28/2016	15	S/L	(3,256)	(217)	(434)	(217)	(651)	(2,605)
LED Exit Lights (Asset Expensed)	7/8/2016	15	S/L	(1,292)	(86)	(172)	(86)	(258)	(1,034)
Paint Parking Lot	11/1/2016	15	S/L	5,674	378	378	378	756	4,918
Facility Lighting	1/1/2017	15	S/L	62,694	4,180	4,180	4,180	8,360	54,334
Total 2017 Additions				55,039	3,669	2,781	3,669	6,450	48,589

2018 Additions									
Facility Lighting	12/31/2017	15	S/L	83,229	-	-	5,549	5,549	77,680
Total 2018 Additions				83,229	-	-	5,549	5,549	77,680

Total Building Improvements				710,218	40,990	79,457	46,537	125,994	584,224
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Vehicles

2015 Additions									
2015 Ford Transit 250 -10 Passenger Wagon	5/1/2015	5	S/L	40,257	8,051	20,128	8,051	28,179	12,078
2016 Additions									
Corporate Fleet -taxable value	5/16/2016	5	S/L	1,110	222	444	222	666	444
2017 Additions									
Corporate Fleet -taxable value	4/1/2017	5	S/L	1,693	339	339	339	678	1,015

Total Vehicles				43,060	8,612	20,911	8,612	29,523	13,537
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Moveable Equipment

Prior Owners Moveable Equipment (Fully Depreciation Assets Removed)	Various	Various	S/L	642,358	32,201	436,630	25,726	462,356	180,002
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Asset Additions 10/1/2014-3/31/2015	Various	Various	S/L	20,891	3,274	11,459	3,274	14,733	6,158
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2015 Additions									
Sonic Wall	4/30/2015	15	S/L	3,609	241	601	241	842	2,767
Canon Copiers @2	5/30/2015	5	S/L	20,221	4,044	10,111	4,044	14,155	6,067
Signag	4/2/2015	15	S/L	2,950	197	491	197	688	2,262
Shields	4/20/2015	5	S/L	2,885	577	1,443	577	2,020	865

Chairs	5/1/2015	5	S/L	3,819	764	1,910	764	2,674	1,145
HVAC	6/23/2015	10	S/L	2,700	270	675	270	945	1,755
AHT Software	7/1/2015	3	S/L	3,022	1,007	2,519	503	3,022	0
Tables	5/13/2015	5	S/L	1,685	337	843	337	1,180	505
Ice Machine	5/14/2015	5	S/L	4,072	814	2,036	814	2,850	1,222
Stove	7/29/2015	10	S/L	10,025	1,003	2,506	1,003	3,509	6,516
Gas Stove	9/1/2015	10	S/L	5,419	542	1,355	542	1,897	3,522
<i>Total 2015 Additions</i>				<u>60,407</u>	<u>9,795</u>	<u>24,489</u>	<u>9,292</u>	<u>33,781</u>	<u>26,626</u>

2016 Additions

Cross trainer	10/13/2015	5	S/L	3,855	771	1,542	771	2,313	1,542
Washer and base	5/1/2015	5	S/L	14,368	2,874	5,747	2,874	8,621	5,747
Touch Screen Kiosk	10/31/2015	5	S/L	5,190	1,038	2,076	1,038	3,114	2,076
Printer	2/4/2015	5	S/L	455	91	182	91	273	182
Computer	1/28/2015	5	S/L	996	199	398	199	597	399
Cards & Card Printer	1/15/2015	5	S/L	1,142	228	457	228	685	457
Computer	1/12/2015	5	S/L	1,275	255	510	255	765	510
Laptop Computer Cart	11/17/2015	5	S/L	2,048	410	819	410	1,229	819
Housekeeping Equipment	5/29/2015	5	S/L	2,157	431	863	431	1,294	863
Converyor Toaster	7/30/2015	5	S/L	942	188	377	188	565	377
Patio Furniture	5/22/2015	10	S/L	1,912	191	382	191	573	1,339
32" TV	12/15/2015	5	S/L	500	100	200	100	300	200
32" TVs	12/22/2015	5	S/L	659	132	263	132	395	263
Wall AC Units	6/23/2015	15	S/L	2,128	142	284	142	426	1,702
Shower Gurney	7/1/2015	15	S/L	1,359	91	181	91	272	1,087
Alternating Pressure Mattress	8/7/2015	10	S/L	1,243	124	249	124	373	870
Pulsation Blower Mattress	8/14/2015	10	S/L	2,434	243	487	243	730	1,704
Alternating Pressure Mattress	7/1/2015	10	S/L	6,116	612	1,223	612	1,835	4,280
Computers & Kiosks	5/30/2015	5	S/L	2,094	419	838	419	1,257	837
Sonic Wall	1/8/2016	15	S/L	4,421	295	589	295	884	3,537
Therapy Equipment	1/25/2016	5	S/L	14,680	2,936	5,872	2,936	8,808	5,872
Computer Equipment	1/29/2016	5	S/L	3,507	701	1,403	701	2,104	1,403
Rebuild Mixing Valve HVAC	12/8/2015	10	S/L	1,843	184	369	184	553	1,291
Bed Package	9/1/2015	10	S/L	2,278	228	456	228	684	1,595
Stand Up Lift	9/2/2015	10	S/L	2,674	267	535	267	802	1,872
Replace Mixing Valve HVAC	2/23/2016	10	S/L	4,587	459	917	459	1,376	3,211
6 Drawer Cart	5/1/2016	10	S/L	3,823	382	765	382	1,147	2,676
Pressure Mattress	5/1/2016	10	S/L	624	62	125	62	187	437
Pressure Mattress	5/9/2016	10	S/L	644	64	129	64	193	451
Valve/Safety Pilot in Oven	1/5/2015	15	S/L	706	47	94	47	141	565
Carpeting	5/4/2015	15	S/L	1,770	118	236	118	354	1,416
Ceiling Tiles	6/12/2015	15	S/L	1,490	99	199	99	298	1,192
Sink Fixtures	11/3/2015	15	S/L	1,470	98	196	98	294	1,176
PTAC Heat Pump	11/2/2015	15	S/L	3,445	230	459	230	689	2,756
5 button keypad	12/18/2015	10	S/L	800	80	160	80	240	560
Electromag Lock for door	11/30/2015	10	S/L	1,350	135	270	135	405	945

Radiator Covers	4/30/2015	10	S/L	1,080	108	216	108	324	756
Radiator Covers	4/30/2015	10	S/L	1,050	105	210	105	315	735
Telephone Set up/Equipment	3/31/2016	5	S/L	5,191	1,038	2,076	1,038	3,114	2,076
Telephone Set up/Equipment	6/23/2016	5	S/L	4,948	990	1,979	990	2,969	1,979
ID Card Printer	6/20/2016	5	S/L	1,048	210	419	210	629	419
LAL Pressure Mattress	6/24/2016	10	S/L	1,359	136	272	136	408	951
Reclining Wheelchair	7/5/2016	5	S/L	2,096	419	838	419	1,257	839
Bariatric Bed	7/7/2016	10	S/L	3,376	338	675	338	1,013	2,362
PT/INR Monitoring System	7/8/2016	5	S/L	2,267	453	907	453	1,360	907
Generator Switch & Disconnect on Dishwasher	7/15/2016	5	S/L	3,065	613	1,226	613	1,839	1,226
Reliant Lift Battery Pack	7/8/2016	10	S/L	2,090	209	418	209	627	1,463
Compressor	7/8/2016	10	S/L	3,970	397	794	397	1,191	2,779
Wander Tags	2/18/2016	10	S/L	1,430	143	286	143	429	1,001
Magnetic Door Lock System	6/20/2016	10	S/L	4,254	425	851	425	1,276	2,978
Emergency Stop Switch on Generator	8/2/2016	10	S/L	1,170	117	234	117	351	819
OEM Control Power Transformer	8/24/2016	10	S/L	3,580	358	716	358	1,074	2,506
Workstation/Cubicles	8/22/2016	10	S/L	11,670	1,167	2,334	1,167	3,501	8,169
Carpeting	9/7/2016	15	S/L	2,820	188	376	188	564	2,256
Resident Room Furniture	8/1/2016	15		81,270	5,418	10,836	5,418	16,254	65,016
<i>Total 2016 Additions</i>				238,717	27,757	55,515	27,756	83,271	155,447
<i>2017 Additions</i>									
Boiler	12/12/2016	10	S/L	5,812	581	581	581	1,162	4,650
Resident Room Chairs	10/1/2016	5	S/L	50,644	10,129	10,129	10,129	20,258	30,386
1st FI Nurse Call System completed in Apr	2/22/2017	10	S/L	26,375	2,638	2,638	2,638	5,276	21,100
2nd FI Nurse Call System	2/22/2017	10	S/L	26,162	2,616	2,616	2,616	5,232	20,930
2nd FI Chateaux Nurse Call System	2/22/2017	10	S/L	25,418	2,542	2,542	2,542	5,084	20,334
Bladder Scanner	5/1/2017	5	S/L	7,200	1,440	1,440	1,440	2,880	4,320
Rooftop AC Unit	8/8/2017	15	S/L	12,214	814	814	814	1,628	10,586
<i>Total 2017 Additions</i>				153,825	20,760	20,760	20,760	41,520	112,305
<i>2018 Additions</i>									
Bed Package/mattress	11/9/2017	10	S/L	6,099	-	-	610	610	5,489
Telephone Cabling	1/8/2018	5	S/L	6,157	-	-	1,231	1,231	4,925
34 PTAC Cord Sets	2/9/2018	5	S/L	7,535	-	-	1,507	1,507	6,028
<i>Total 2018 Additions</i>				19,790	-	-	3,348	3,348	16,442

Total Moveable Equipment

1,135,989 93,788 548,852 90,156 639,008 496,981

Total for 2018

1,889,267 143,390 649,220 145,305 794,525 1,094,742

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Senior Philanthropy of Newington, LLC dba Newington Rap			2406		9/30/2018			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 9/30/2018	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
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	Building	04/01/15	123 mo.	1,174,427

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	9/30/2018		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		9/30/2018			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)				\$	107,852	107,852		
Interest on line of credit and other interest								
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	107,852	107,852		
14. Insurance								
a. Insurance on Property (buildings only)				\$	13,044	13,044		
b. Insurance on Automobiles				\$	2,925	2,925		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	76,593	76,593		
2. Fire and Extended Coverage				\$				
3. Other (Specify)				\$	9,882	9,882		
D&O and Crime Policy								
14d. Total Insurance Expenditures (14a + b + c)				\$	102,444	102,444		
15. Total All Expenditures (A-13 thru C-14)				\$	17,051,355	17,051,355		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC dba Newington Rapid				2406	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 18,092	18,092		
4.			Other - See attached Schedule	\$ 3,736	3,736		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 79,725	79,725		
6.	13	B10a	Occupational Therapy	\$ 421,599	421,599		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 53,203	53,203		
10.	15	1d	Accounting	\$			
10a.			Legal	\$ 7,486	7,486		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,473	1,473		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 18	18		
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 *	\$ 21,025	21,025		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 69,075	69,075		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 19,308	19,308		
Page 18 - Dietary Expenditures							
24.	16	m13	Meals to employees, guests and others who are not residents	\$ 2,872	2,872		
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)				\$ 697,612	697,612		

* 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)
10	A12n	Marketing Salaries	\$ 3,736		
Total Other Salaries Adjustment			\$ 3,736	\$ -	\$ -

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)
See	Attached	Marketing Disallowances	\$ 709		
15	1a9	Employee Benefits - Marketing (Self-disallow)	\$ 455		
15	1a9	Employee Food (Self-disallow)	\$ 1,511		
15	1a9	Holiday Fund (Self-disallow)	\$ 1,725		
15	1a9	Employee Gifts/Nurses Appreciation (Self-disallow)	\$ 752		
15	1a9	Petty Cash (Self-disallow)	\$ 1,011		
16	m8	Dues/Subscriptions-Mkt (Self-disallow)	\$ (202)		
16	m13	Holiday Decorations-Activities-SNF (Self-disallow)	\$ 782		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 3,581		
16	m13	Misc Decor-Adm (Self-disallow)	\$ 757		
16	m13	Collection Fees/Credit Card Fees (Self-disallow)	\$ 2,985		
16	m13	Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 5,242		
Total Other A&G Adjustments			\$ 19,308	\$ -	\$ -

Senior Philanthropy of Newington, LLC
 Calculation of Allowable Cell Phone Expense
 September 30, 2018

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

Total Bed Capacity	180
# of Allowable Cell Phones	4

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

Page 15 Line 1h2	<u>Amount</u>
Cell Phone expense per TB	\$ 2,913
Allowable Cell Phone expense	\$ 1,440
Disallowed Cell Phone expense	<u>\$ 1,473</u> Page 28 Line 12

Senior Philanthropy of Newington, LLC
 Calculation of Allowable Management Fee
 9/30/2018

<u>Description</u>	<u>Amount</u>
Management fees Charged	398,295 **
Patient Days	59,457 Page 8 of C/R
Amount Per Patient Day	\$ 6.6989
PPD Allowance Per Rate Agreement	6.67
2018 CPI Increase	0.07
PPD Allowance 9/30/2018	6.74
Amount over (Under)	\$ (0.0390)
Total Days	59,457 Page 8 of C/R
Part 1 Disallowed Management Fee	\$ (2,318)
Management fees Charged (Pg. 16 / Line m12)	469,688
Actual Costs to the Related Party - Allowable Expense	398,295
Part 2 Disallowed Management Fee	\$ 71,393
Total Disallowed Mangement Fee	\$ 69,075 Pg. 28 / line 21

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

Senior Philanthropy of Newington, LLC
 Marketing Disallowance
 September 30, 2018

<u>Page</u>	<u>Line</u>	<u>Account</u>	<u>Description</u>	<u>Amount</u>
15	1.a.1	490123	Workers Comp-Mkt	14
15	1.a.3	490122	Payroll Taxes-Mkt-SUI	-
15	1.a.3	490124	Payroll Tax-Marketing Staff-FUTA	-
15	1.a.4	490121	Payroll Taxes-Mkt-FICA	322
15	1.a.5	490125	Employee Health Insurance-Mkt	431
15	1.a.5	490127	Employee Dental Insurance-Mkt	27
15	1.a.5	490128	Employee Vision Insurance - Mkt	1
15	1.a.6	490126	Employee Life Insurance-Mkt	11
15	1.g	490901	Office Supplies-Mkt	-
15	1.g	490920	Forms/Printing-Mkt	-
Total Page 15 Marketing Disallowance				792
16	1.4	490950	Mileage Reimbursement-Mkt	(83)
Total Page 16 Marketing Disallowance				(83)
Disallowed Marketing Department Expenses				\$ 709

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC dba Newington Rap				2406	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 697,612	697,612		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 221,510	221,510		
28.	20	5d	Ambulance/Limousine	\$ 7,813	7,813		
29.	20	5f	X-rays, etc	\$ 10,054	10,054		
30.	20	5h	Laboratory	\$ 45,491	45,491		
31.	30	II2a/c	Medical Supplies	\$ 12,954	12,954		
32.	20	5e2	Oxygen (non emergency)	\$ 35,373	35,373		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 24,115	24,115		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 1,514	1,514		
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,056,436	1,056,436		

*** 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 Newington, LLC dba Newington Rapid Recovery Rehab Center
 9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Cable TV in Excess (See Attached 29b)	\$ 8,959		
20	5l	IV Drugs - Medicare (Self-disallow)	\$ 3,315		
20	5l	IV Drugs - Managed Care (Self-disallow)	\$ 11,841		
Total Other Ancillary Costs			\$ 24,115	\$ -	\$ -

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)
27	D3	D&O Insurance	\$ 1,514		
Total Other Adjustments			\$ 1,514	\$ -	\$ -

Schedule of Unallowable Building Interest

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

Senior Philanthropy of Newington, LLC
Disallowance Schedule for Cable TV
September 30, 2018

Pg. 29b

	<u>Amount</u>	
Total Cable TV Expense acct #560717	\$ 12,559	TB Linked

Monthly Allowable amount	\$ 300
Months in Cost Report Year	12
Total Allowable Cost	\$ 3,600

Disallowed Cable TV	<u><u>\$ 8,959</u></u>
----------------------------	-------------------------------

F. Statement of Revenue

Name of Facility		License No.		Report for Year Ended		Page of	
Senior Philanthropy of Newington, LLC c 2406				9/30/2018		30 37	
Item				Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (CT only)	\$	21,660,226	21,660,226		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(9,829,397)	(9,829,397)		
2.	a.	Medicaid (All other states)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (all inclusive)	\$	1,603,741	1,603,741		
	b.	Medicare Room and Board Contractual Allowance **	\$	437,624	437,624		
4.	a.	Private-Pay Residents and Other	\$	3,627,864	3,627,864		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(523,787)	(523,787)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$	146,924	146,924		
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$				
	c.	Prescription Drugs - Non-Medicare	\$	152,595	152,595		
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2.	a.	Medical Supplies - Medicare	\$	3,430	3,430		
	b.	Medical Supplies - Medicare Contractual Allowance **	\$				
	c.	Medical Supplies - Non-Medicare	\$	9,524	9,524		
	d.	Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3.	a.	Physical Therapy - Medicare	\$	642,180	642,180		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$				
	c.	Physical Therapy - Non-Medicare	\$	473,875	473,875		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4.	a.	Speech Therapy - Medicare	\$	272,460	272,460		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$				
	c.	Speech Therapy - Non-Medicare	\$	303,160	303,160		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$	735,505	735,505		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$				
	c.	Occupational Therapy - Non-Medicare	\$	561,890	561,890		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6.	a.	Other (Specify) - Medicare	\$	(1,495,401)	(1,495,401)		
	b.	Other (Specify) - Non-Medicare	\$	(1,218,425)	(1,218,425)		
III. Total Resident Revenue (Section I. thru Section II.)				\$	17,563,988	17,563,988	
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 (Specify)			\$	107	107	
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (Specify)			\$	46,165	46,165	
V. Total Other Revenue (1 thru 8)				\$	46,272	46,272	
VI. Total All Revenue (III +V)				\$	17,610,260	17,610,260	

* 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)
		-		
30II6a	Laboratory- MCR A-SNF	\$ 34,548		
30II6a	IV Therapy-MCR A-SNF	\$ 5,751		
30II6a	XRray MRA	\$ 5,411		
30II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (1,281,387)		
30II6a	Sequestration - MCR B	\$ (5,019)		
30II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (254,705)		
Total Other Resident Revenue - Medicare		\$ (1,495,401)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30II6b	Laboratory- MCD- SNF	\$ 2,650		
30II6b	IV Therapy-MCD-SNF	\$ 9,432		
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (277,865)		
30II6b	Laboratory-Hospice-SNF	\$ 46		
30II6b	IV Therapy-Hospice-SNF	\$ 675		
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (2,223)		
30II6b	Lab HMO	\$ 28,928		
30II6b	IV THERAPY	\$ 23,744		
30II6b	Radiology HMO	\$ 2,315		
30II6b	Sequestration - HMO	\$ (1,322)		
30II6b	Contractual Adj Ancillary HMO	\$ (1,151,806)		
30II6b	Interco Contracted Services -Nurse Admin	\$ 147,001		
Total Other Resident Revenue		\$ (1,218,425)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30IV5	Interest Income		\$ 107		
Total Interest Income			\$ 107	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30IV8	Flu Shots - MCR B - SNF	\$ 2,000		
30IV8	Lightin Income - no associated expense	\$ 87,005		
30IV8	Gain/Loss on Loan	\$ (42,840)		
Total Other Revenue		\$ 46,165	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC	2406	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	173,733
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	2,030,116
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	69,463
a. _____				
b. _____				
c. _____				
d. See Schedule	69,463			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	4,437,779

See Schedule	4,437,779			
A-9. Total Current Assets (Lines A1 thru 8)			\$	6,711,091
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>710,219</u>		\$	584,226
	Accum. Depreciation <u>125,993</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>493,631</u>		\$	316,979
	Accum. Depreciation <u>176,652</u>	Net		
7. Motor Vehicles	*Historical Cost <u>43,060</u>		\$	13,537
	Accum. Depreciation <u>29,523</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(14,089)
F/S vs. C/R Cost Basis Adjustment	(14,087)			
See Schedule	(2)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	900,653

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC		2406	9/30/2018	32	37
Account				Amount	
Total Brought Forward:				\$	7,611,744
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	642,358			
	Accum. Depreciation	462,356	Net	\$	180,002
6. Motor Vehicles					
	*Historical Cost	_____			
	Accum. Depreciation	_____	Net	\$	
7. Minor Equipment-Not Depreciable					
				\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	180,002
D. Investment and Other Assets					
1. Deferred Deposits					
				\$	
2. Escrow Deposits					
				\$	478,117
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)				\$	478,117
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	8,269,863

* 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 dba N		2406	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	3,120,657
2. Notes Payable (<i>itemize</i>)				\$	538,708

See Schedule					538,708
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>)				\$	160,751
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	42,852
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>)				\$	4,352,935

See Schedule					4,352,935
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	8,215,903

* 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 dba		License No. 2406	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				8,215,903	
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>)					
Long Term Capital Lease			9,050	\$ 9,050	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$ 9,050
C. Total All Liabilities (Lines A-13 + B-5)					\$ 8,224,953

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref Line Ref Description

31	A5	Prepaid Insurance	\$ 4,746
31	A5	Prepaid Taxes and Licenses	\$ 34,361
31	A5	Prepaid Uniforms	\$ 20,552
31	A5	Prepaid Other	\$ 9,804
Total Prepaid Expenses			\$ 69,463

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

Page Ref Line Ref Description

31	A8	Due from TSM	\$ 23,601
31	A8	Due from Cheshire	\$ 1,688,028
31	A8	Due from Golden Hill	\$ 1,922,440
31	A8	Due from Long Ridge	\$ 116,327
31	A8	Due from Western	\$ 388,913
31	A8	Due from Westport	\$ 281,237
31	A8	Due from Buildings - General	\$ 17,233
Total Other Current Assets (Itemize)			\$ 4,437,779

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

Page Ref Line Ref Description

31	B9	Rounding	\$ (2)
Total Other Other Fixed Assets (Itemize)			\$ (2)

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	Long Term Capital Lease - Current	\$ 14,645
33	A2	Notes Payable - Current	\$ 8,281
33	A2	Note Payable - HSG	\$ 24,131
33	A2	Note Payable - TSM	\$ 491,651
Total Notes Payable			\$ 538,708

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

Page Ref	Line Ref	Description	
33	A12	Medicaid Remittance Adjustment	\$ 5,954
33	A12	Medicare Remittance Adjustment	\$ 41,312
33	A12	Employee Deductions	\$ 5,990
33	A12	Resident Trust	\$ 93,625
33	A12	Uncleared Checks	\$ 275,989
33	A12	Accrued Workers Comp	\$ 264,638
33	A12	Accrued Legal Fees	\$ 9,648
33	A12	Accrued Accounting/Audit Fees	\$ 21,461
33	A12	Accrued Personal Property Taxes	\$ 18,903
33	A12	Accrued Other	\$ 38,414
33	A12	Due to Eagle Lake Foundation	\$ 1,183,261
33	A12	Due to - West River	\$ 1,245,529
33	A12	Due to Sahara	\$ 443,074
33	A12	Due to Medicaid - Bed Fees	\$ 286,608
33	A12	Due to Members	\$ 418,529
Total Other Current Liabilities (Itemize)			\$ 4,352,935

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

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

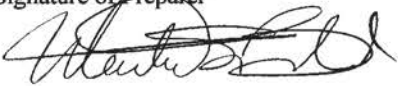
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LL	2406	9/30/2018	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>)			\$	180,002
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			\$	180,002
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(670,389)
6. Gain or Loss for Period			\$	535,297
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	(135,092)
C. Total Reserves and Net Worth			\$	44,910
D. Total Liabilities, Reserves, and Net Worth			\$	8,269,863

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Newington, LLC	2406	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(320,349)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	17,610,260
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	17,074,963
D. Net Income or Deficit			\$	535,297
E. Balance			\$	214,948
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
Total Expenditures PG 27			17,051,355	
Depreciation Adjustment			23,608	
Total Expenditures Line C			17,074,963	
2. Other <i>(itemize)</i>				
Prior Period Adjustment			(350,040)	
F-3. Total Additions			\$	(350,040)
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			\$	(135,092)

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Newington, LLC	License No. 2406	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 2/8/19		
Printed Name of Preparer Matthew S. Bavolack				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Annual Report Contact Manuel Lemus		Phone Number 727-210-0781		
Annual Report Contact Email Address mlemus@Traditionsmanagement.net				

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Annual Report of Long-Term Care Facility (the "Cost Report") for Senior Philanthropy of Newington LLC for the year ended September 30, 2018, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The State of CT Department of Social Services (DSS) from data provided to us by the management of Senior Philanthropy of Newington LLC. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by DSS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Senior Philanthropy of Newington LLC and DSS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
January 28, 2019