State of Connecticut

Annual Report of Long-Term Care Facility

Cost Year 2020

Name of Facility (as licensed) Senior Philanthropy of Wesport, LLC d/b/a Westport Rehabilitation Complex		
Address (No. & Street, City, State, Zip Code) 1 Burr Rd., Wesport, CT 06880		
Type of Facility ☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)		
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020	

License Numbers:	CCNH	RHNS	(Specify)	Medicare Provider
	2405			07-5280

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
	110371		

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

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Senior Philanthropy of Wesport, LLC d/b/a Westport R	2405	9/30/2020	1	37

Administrator's/Owner's Certification

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT 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 Wesport, LLC d/b/a Westport Rehabilitation Complex [facility name], for the cost report period beginning October 1, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Ursula Affainie			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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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 Wesport, LLC d/b/a Westport Rehabilitation Complex	Period Covered:		From 10/1/2019	To 9/30/2020
Address of Facility 1 Burr Rd., Wesport, CT 06880				
Report Prepared By CJLC LLC	Phone Number 860-610-9009		Date 2/2/2021	

Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid $				
2. Laundry wages paid $				
3. Housekeeping wages paid $				
4. Nursing wages paid $				
5. All other wages paid $				
6. ***Total Wages Paid*** $				
7. Total salaries paid $				
8. ***Total Wages and Salaries Paid*** (As per page 10 of Report) $				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility	Report for Year Ended	Page	of
203-221-4201	9/30/2020	2	37

Name of Facility (as shown on license)	Address (*No. & Street, City, State, Zip*)
Senior Philanthropy of Wesport, LLC d/b/a Westport Rehabili	1 Burr Rd., Wesport, CT 06880

	CCNH	RHNS	(Specify)	Medicare Provider No.
License Numbers:	2405			07-5280

Type of Facility (Check appropriate box(es))

☑ Chronic and Convalescent Nursing Home only (CCNH) ☐ Rest Home with Nursing Supervision only (RHNS) ☐ (Specify)

Type of Ownership (Check appropriate box)

○ Proprietorship ○ LLC ○ Partnership ◉ Profit Corp. ○ Non-Profit Corp. ○ Government ○ 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? ○ Yes ◉ No If "Yes," explain fully.

Administrator

Name of Administrator	Nursing Home Administrator's License No.:	
Ursula Affainie		

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

Name	License No.:
N/A	

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General Information and Questionnaire
Partners/Members

Name of Facility	License No.	Report for Year Ended	Page	of
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Legal Name of Partnership/LLC	Business Address	State(s) and/or Town(s) in Which Registered

Name of Partners/Members	Business Address	Title	% Owned
N/A			

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General Information and Questionnaire
Corporate Owners

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/a W	2405	9/30/2020	3A	37

If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each
RB Bridges	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CEO	
Gene Rensch	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Secretary	
Kimberly Justiniano	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CFO	
Names of Stockholders Owning at Least 10% of Shares			
N/A			

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General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/a Westpo	2405	9/30/2020	3B	37

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

Owner(s) of Facility
N/A

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General Information and Questionnaire
Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? ○ Yes ⊙ No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-8007	○	⊙		AHT Fees, Health Insurance, Accounting Fee	Various	741,369	741,369
Golden Hill Rehab	2028 Bridgeport Avenue, Milford, CT 06460	○	⊙		Shared Staff – Respiratory Therapist, COVID	Various	26,238	26,238
Cheshire Regional Rehab Center	745 Highland Ave., Cheshire, CT 06410	○	⊙		Shared Staff - Regional Admissions	Various	7,730	7,730
Long Ridge Post Acute Care	710 Long Ridge Rd., Stamford, CT 06902	○	⊙		Shared Dietary Staff & Food	Various	88,428	88,428
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	○	⊙		Internet, Recruitment, IT Support	Various	221,604	221,604
Western Rehab Care Center	107 Osborne Street, Danbury, CT 06810	○	⊙		Shared Consulting Fees & Note Interest	Various	176,092	176,092
Newington Rapid Recovery	240 Church Street, Newington, CT 06111	○	⊙		Loan Interest, MDS Shared Staff, Bank Fees,	Various	1,509,521	1,509,521
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	○	⊙		Management Company	16/m12	167,818	167,818
West River Rehab Center	245 Orange Ave., Milford, CT 06461	○	⊙		Shared Staff - Regional Educatior	Various	25,637	25,637

* Use additional sheets if necessary.

** Provide the percentage amount of revenue received from non-related parties.

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General Information and Questionnaire
Basis for Allocation of Costs

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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 (*See listing page 13*)
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.

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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 Wesport, LLC d/b/a Westport Rehab	2405	9/30/2020	6	37

Name and Address of Lessor	Related * to Owners, Operators, Officers Yes	Related * to Owners, Operators, Officers No	Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					
	○	⊙					

Is a Mileage Log Book Maintained for All Leased Vehicles ? ○ Yes ⊙ 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.

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General Information and Questionnaire
Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page	of
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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	Address (No. & Street, City, State, Zip Code)
1 CJLC LLC	225 Pitkin St., East Hartford, CT 06108
2 Marcum LLP	555 Long Wharf Drive, 8th Fl., New Haven, CT 06511
3 Barbara Clark & Companyu, PA	PO Box 13723, Saint Petersburg, FL 33733
4 Roy & Pape, LLC	

Services Provided by This Firm (*describe fully*)	
1 Medicaid Cost Report Preparation	$ 2,352
2 Accrued Accounting Expnese	$ 45,025
3 Audit Services	$ 7,502
4 2918 Fed & State Partnership Returns	$ 3,033
	Charge for Services Provided $ 57,912

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 See schedule.	
2	
3	
4	
5	

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

Services Provided by This Firm (*describe fully*)	
1	$ 64,661
2	$
3	$
4	$
5	$
	Charge for Services Provided $ 64,661

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

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Schedule of Resident Statistics

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	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	99	99			99	99			99	99		
B. On last day of THIS report period	99	99			99	99			99	99		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	72	72			72	72			46	46		
B. As of midnight of THIS report period	43	43			46	46			43	43		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,171	2,171			1,889	1,889			282	282		
B. Medicaid (Conn.)	17,831	17,831			14,392	14,392			3,439	3,439		
C. Medicaid (other states)												
D. Private Pay	243	243			151	151			92	92		
E. State SSI for RCH												
F. Other (Specify) HMO,HOS,INS,VA,HMA	1,007	1,007			889	889			118	118		
G. Total Care Days During Period (3A thru F)	21,252	21,252			17,321	17,321			3,931	3,931		
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)**	21,252	21,252			17,321	17,321			3,931	3,931		

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Schedule of Resident Statistics (Cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
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4. Were there any changes in the certified bed capacity during the report year? ○ Yes ⊙ 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						
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	(Specify)	

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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR
No. of Residents	4	38					1	
Per Diem Rate								
a. One bed rm.		295.09		589.26				
b. Two bed rms.				529.03				
c. Three or more bed rms.								

	TOTAL	CCNH	RHNS	(Specify)
7. Total Number of Physical Therapy Treatments				
A. Medicare - Part B	1	1		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,326	1,326		
2. Restorative Treatments				
C. Other	5,816	5,816		
D. ***Total Physical Therapy Treatments***	7,143	7,143		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	3	3		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	53	53		
2. Restorative Treatments				
C. Other	452	452		
D. ***Total Speech Therapy Treatments***	508	508		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	98	98		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,586	1,586		
2. Restorative Treatments				
C. Other	7,097	7,097		
D. ***Total Occupational Therapy Treatments***	8,781	8,781		

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Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/a Westport Rehabi	2405	9/30/2020	10	37

Are time records maintained by all individuals receiving compensation? ⊙ Yes ○ 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)	80,575	1,935				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	87,123	3,207				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	421,214	23,018				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	261,980	14,754				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	28,707	1,670				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	42,377	2,472				
9. Barber and Beautician Services						
10. Protective Services	73,828	4,382				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	151,120	3,225				
b. RN						
1. Direct Care	746,606	10,479				
2. Administrative**	99,184	1,726				
c. LPN						
1. Direct Care	859,946	27,946				
2. Administrative**						
d. Aides and Attendants	1,154,159	65,623				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	108,711	4,129				
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	69,381	2,170				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	27,008	1,134				
A-13. Total Salary Expenditures	4,211,919	167,867				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

	CCNH		RHNS		(Specify)	
Position	**$**	**Hours**	**$**	**Hours**	**$**	**Hours**
Salaries - Admissions Coordinator	$ 27,008	1,134				
Total	$ 27,008	1,134	$ -	-	$ -	-

Schedule of Other Fees (Page 13)

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

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

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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.

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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 Wesport, LLC d/b/a Westport Rehabilitation C	2405	9/30/2020	12	37

Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators* **										
Ursula Affainie (10/21/19 to 9/30/20)	80,575			Non-Discrim.	Administrator	1,935	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.

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B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of
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	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	64,364	1,073				
2. Dentist	13,610	68				
3. Pharmacist	10,296	240				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	136,282	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	49,298	480				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	160	1				
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	47,801	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	181,046	Contract				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	36,889	444				
2. Administrative***	84,646	1,050				
b. LPN						
1. Direct Care	12,779	123				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	637,171	3,479				

* 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.

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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 Wesport, LLC d/b/a Westport Re	2405	9/30/2020	14	37

Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
George Goldfarb, MD, 1305 Post Rd., Suite 102, Fairfield, CT 06824	Medical Director	○	⊙	
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacist- Record Review	○	⊙	
Encore Rehabilitation Services, 33533 W 12 Mile Rd., Suite 290, Farmington Hills, MI 48331	PT/OT/ST	○	⊙	
Health Drive Dental Group, 888 Worcester St. #130, Wellesley, MA 02482	Dentist	○	⊙	
Ready Nurse Staffing, PO Box 301076, Callas, TX 75303-1076	RN/LPN/Aides	○	⊙	
Ortho Connecticut, PC, PO Box 26303, Oklahoma City, OK 73126	Orthotics	○	⊙	
Health Drive Audiology Group, 888 Worcester St. #130, Wellesley, MA 02482	Purchased Services - Audiology	○	⊙	
Health Drive Eye Care Group, 888 Worcester St. #130, Wellesley, MA 02482	Purchased Services - Eye Care	○	⊙	
Healthcare Services Group, 3220 Tillman Dr., Suite 300, Bensalem, PA 19020	Dietician	○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	
		○	⊙	

* Use additional sheets if necessary.
** Refer to Page 4 for definition of related.

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C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/a West	2405	9/30/2020	15	37

Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	$	166,125	166,125		
2. Disability Insurance	$				
3. Unemployment Insurance	$	39,372	39,372		
4. Social Security (F.I.C.A.)	$	313,363	313,363		
5. Health Insurance	$	811,340	811,340		
6. Life Insurance (employees only)					
(not-owners and not-operators)	$	3,073	3,073		
7. Pensions (Non-Discriminatory)	$	255,401	255,401		
(not-owners and not-operators)					
8. Uniform Allowance	$	6,793	6,793		
9. Other (*Specify*)	$	9,431	9,431		
See Attached Schedule					
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	$				
c. Bad Debts*	$	340,469	340,469		
d. Accounting and Auditing	$	57,912	57,912		
e. Legal (*Services should be fully described on Page 7)*	$	64,661	64,661		
f. Insurance on Lives of Owners and Operators (*Specify*)*	$				
g. Office Supplies	$	13,098	13,098		
h. Telephone and Cellular Phones					
1. Telephone & Pagers	$	46,585	46,585		
2. Cellular Phones	$	1,661	1,661		
i. Appraisal (*Specify purpose and attach copy*)*	$				
j. Corporation Business Taxes (*franchise tax*)	$				
k. Other Taxes (*Not related to property - See Page 22)*					
1. Income*	$				
2. Other (*Specify*)	$				
See Attached Schedule					
3. Resident Day User Fee	$	397,236	397,236		
Subtotal	$	2,526,520	2,526,520		

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Employee Expense-Nursing Admn	$ 11		
Drug Free Expense-Nursing	$ 451		
Employee Expense-Nursing	$ 3,510		
Employee Expense-Activities SNF	$ 136		
Employee Benefits/Expense-Admin	$ 5,323		
Total	$ 9,431	$ -	$ -

Schedule of Other Taxes

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/a Westport I	2405	9/30/2020	16	37

Item		Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:		2,526,520	2,526,520		
l. Travel and Entertainment					
1. Resident Travel and Entertainment	$				
2. Holiday Parties for Staff	$				
3. Gifts to Staff and Residents	$				
4. Employee Travel	$	24,467	24,467		
5. Education Expenses Related to Seminars and Conventions	$	990	990		
6. Automobile Expense (*not purchase or depreciation*)	$				
7. Other (*Specify*)	$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (*all such expenses*)	$	7,312	7,312		
2. Advertising Telephone Directory (*all such expenses*)***	$				
3. Advertising Other (*Specify*)***	$	796	796		
See Attached Schedule					
4. Fund-Raising***	$				
5. Medical Records	$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	$				
7. Postage	$	3,759	3,759		
* 8. Dues and Membership Fees to Professional Associations (*Specify*) See Attached Schedule	$	8,534	8,534		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	$				
9. Subscriptions	$	9,771	9,771		
10. Contributions*** See Attached Schedule	$				
11. Services Provided by Contract (*Specify and Complete Schedule C-2, Page 21 for each firm or individual)*	$	198,476	198,476		
12. Administrative Management Services**	$	167,818	167,818		
13. Other (*Specify*) See Attached Schedule	$	75,193	75,193		
C-14 Total Administrative & General Expenditures	$	3,023,636	3,023,636		

* 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)
Promo Items-Mkt	$ 796		
Total Other Advertising	$ 796	$ -	$ -

Schedule of Dues

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

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Software Expense - Nursing Adm	$ 10,180		
Licenses/Permits-Nursing Admn	$ 1,148		
Background Checks-Nursing	$ 532		
Supplies Med Rec	$ 710		
Licenses/Permits-Dietary	$ 495		
Licenses/Permits-Maint	$ 480		
Bldg Inspection Fees	$ 320		
Licenses/Permits	$ 1,510		
Non-Reimbursable Expense	$ 10		
Patient Trust Bond	$ 1,356		
Resident Reimburse on Lost/Stolen Items	$ 21		
Hurricane/Emergency Costs	$ 372		
Equipment Minor-Adm	$ 946		
Internet Access-Adm	$ 31,413		
Records Storage - Adm	$ 4,097		
Equipment Rental-Adm	$ 757		
Floral-Adm	$ 124		
Misc Decor-Adm	$ 50		
Collection Fees/Credit Card Fees	$ 1,064		
Late fees/Fines/Finance Charges-Adm	$ 4,052		
Bank Service Charges-Adm	$ 15,556		
Total Other Administrative and General	$ 75,193	$ -	$ -

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Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Wesport, LLC d/b/	2405	9/30/2020	17 | 37

Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Hwy 19 N, Clearwater, FL, 33763	167,818	Handles all the operations and financial functions directly related to the facility.	16/m12

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

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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 Wesport, LLC d/b/a Westport R	2405	9/30/2020	18 | 37

Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	$	191,144	191,144		
2. Non-Food Supplies	$	18,888	18,888		
3. Other (*Specify*)_____	$				
b. Purchased Services (*by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)*	$				
c. Other (*Specify*)_____ Supplies	$	26,374	26,374		
2D. ***Total Dietary Expenditures*** (2a + b + c + d)	$	236,406	236,406		

		Total	CCNH	RHNS	(Specify)
2F.	Dietary Questionnaire				
G.	Resident Meals: Total no. of meals served per day:*				

H.	Is cost of employee meals included in 2E?	○ Yes	⊙ No	
I.	Did you receive revenue from employees?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
L.	Is any revenue collected from these people?	○ Yes	⊙ 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?	○ Yes	⊙ No	If yes, specify cost.
O.	Is any revenue collected from employees?	○ Yes	⊙ 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.

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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 Wesport, LLC d/b/a Westport Re	2405	9/30/2020	19 | 37

Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Lbs.				
	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)*	$	107,887	107,887		
c. Other (*Specify*) Supplies	$	-189	-189		
3D. ***Total Laundry Expenditures*** (3a + b + c)	$	107,698	107,698		

3F.	Laundry Questionnaire		
G.	Is cost of employee laundry included in 3E?	○ Yes ⊙ No	If yes, specify cost.
H.	Did you receive revenue from employees?	○ Yes ⊙ 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?	○ Yes ⊙ No	If yes, specify cost.
K.	Did you receive revenue from these people?	○ Yes ⊙ 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.

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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 Wesport, LLC d/b/a We	2405	9/30/2020	20	37

Item			Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (*Mops, pails, brooms, etc.*)	Amt.	$				
b. Purchased Services (*by contract other than through Management Services*) (*Complete Schedule C-2 att. Page 21*)	Sq. Ft. Serviced by Personnel					
	Amt.	$	60,455	60,455		
C. Other (*Specify*) Supplies		$	1,201	1,201		
4D. ***Total Housekeeping Expenditures*** (4a + b + c)		$	61,656	61,656		
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		$				
2. Purchased from		$	95,320	95,320		
b. Medicine Cabinet Drugs		$	20,393	20,393		
c. Medical and Therapeutic Supplies		$	178,284	178,284		
d. Ambulance/Limousine***		$	3,875	3,875		
e. Oxygen						
1. For Emergency Use		$				
2. Other***		$	5,932	5,932		
f. X-rays and Related Radiological Procedures***		$	(453)	(453)		
g. Dental (*Not dentists who should be included under salaries or fees*)		$				
h. Laboratory***		$	17,363	17,363		
i. Recreation		$	2,061	2,061		
j. Direct Management Services*		$				
k. Indirect Management Services*		$				
l. Other (Specify)**** See Attached Schedule		$	104,782	104,782		
5M. ***Total Resident Care Expenditures*** (5a - 5j)		$	427,557	427,557		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Equipment Minor	$ 241		
Minor Equipment & Supplies - Therapy	$ 7,600		
IV Supplies - Medicaid	$ 63		
IV Drugs - Medicare	$ 60		
IV Supplies - Medicare	$ 153		
Medical Equipment Rental	$ 47,916		
Minor Equipment - Nursing	$ 18,051		
IV Drugs - Managed Care	$ 356		
IV Drugs - Medicaid	$ 407		
Medical Waste Disposal	$ 1,259		
Utilities-Cable TV	$ 28,676		
Total Other Resident Care	$ 104,782	$ -	$ -

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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 Wesport, LLC d/b/a Westport Rehabilitation Comple	2405	9/30/2020	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
A.J. Penna & Son Construction Inc.	46 Indian Hill Rd., Westport, CT 06880	○	⊙		Grounds Maintenance	19,330			22	6f
CWPM LLC	25 Norton Place, Plainsville, CT 06062	○	⊙		Trash Removal	26,952			22	6f
Healthcare Services Group	300, Bensalem, PA 19020	○	⊙		Laundry Services	40,724			19	3b
Rinaldi Linen Service	47 Commons Court, Waterbury, CT 06704	○	⊙		Laundry Services	67,163			19	3b
Healthcare Services Group	300, Bensalem, PA 19020	○	⊙		Houskeeping	60,454			20	4b
Healthcare Services Group	300, Bensalem, PA 19020	○	⊙		Maintenance	41,374			22	6f
Hartford Elevator	1275 Cromwell Ave. F-3, Rocky Hill, CT 06067	○	⊙		Elevator Maintenance	11,573			22	6f
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							
		○	⊙							

* 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).

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/a W	2405	9/30/2020	22	37

Item		Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant					
a. Repairs & Maintenance	$	36,625	36,625		
b. Heat	$	47,749	47,749		
c. Light & Power	$	89,152	89,152		
d. Water	$	47,758	47,758		
e. Equipment Lease (*Provide detail on page 6*)	$				
f. Other (*itemize*)	$	151,572	151,572		
See Attached Schedule					
6g. ***Total Maint. & Operating Expense*** (6a - 6f)	$	372,856	372,856		
7. Depreciation (*complete schedule page 23**)					
a. Land Improvements	$				
b. Building & Building Improvements	$	29,748	29,748		
c. Non-Movable Equipment	$				
d. Movable Equipment	$	91,185	91,185		
*7e. ***Total Depreciation Costs*** (7a + b + c + d)	$	120,933	120,933		
8. Amortization (*Complete att. Schedule Page 24**)					
a. Organization Expense	$				
b. Mortgage Expense	$				
c. Leasehold Improvements	$				
d. Other (*Specify*)	$				
*8e. ***Total Amortization Costs*** (8a + b + c + d)	$				
9. Rental payments on leased real property less real estate taxes included in item 10b	$	1,403,914	1,403,914		
10. Property Taxes					
a. Real estate taxes paid by owner	$				
b. Real estate taxes paid by lessor	$	67,866	67,866		
c. Personal property taxes	$	5,333	5,333		
11. ***Total Property Expenses*** (7e + 8e + 9 + 10)	$	1,598,046	1,598,046		

* 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)
Contracted Maintenance	$ 41,374		
Electrical-Maint	$ 1,946		
Plumbing-Maint	$ 10,712		
HVAC/Boiler Maint	$ 11,291		
Paint-Maint	$ 923		
Alarm Inspection-Maint	$ 1,764		
Alarm Repairs-Maint	$ 6,765		
Grounds Maintenance-Maint	$ 19,330		
Elevator-Maint	$ 11,573		
Pest Control-Maint	$ 2,413		
Maint Contracts- Generator	$ 13,347		
Equipment Minor-Maint	$ 1,033		
Equipment Rental-Maint	$ 1,096		
Waste Disposal -Grease/Trash	$ 26,952		
Copier- Maintenance Agreement	$ 1,053		
Total Other Repairs and Maintenance	$ 151,572	$ -	$ -

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Depreciation Schedule

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/a Westport Rehabilitation Cc	2405	9/30/2020	23	37

Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. **Land Improvements**								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal								
B. **Building and Building Improvements**								
1. Acquired prior to this report period	351,921		351,921	78,649	S/L	Various	26,751	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)	29,969						2,997	
B-4. Subtotal								29,748
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 Passenge			7	15	40,257		40,257	36,230	S/L	5	4,027	
b. Corporate Fleet - taxable value			5	16	1,110		1,110	888	S/L	5	222	
c. Corporate Fleet - taxable value			4	17	1,693		1,693	1,017	S/L	5	339	
d. Transfer of Ford Transit			7	15	(43,060)		(43,060)	(17,224)	S/L	5	(8,612)	
2. Movable Equipment												
a. Acquired prior to this report period			Var	Var	905,558		905,558	680,202	S/L	Various	95,209	
b. Disposals (attach schedule)												
c. Acquired during this report period (attach schedule)												
D-3. Subtotal												91,185
E. ***Total Depreciation***												120,933

Senior Philanthropy of Wesport, LLC d/b/a Westport Rehabilitation Complex
9/30/2020

Schedule of Land Improvements Acquired during this report period

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

***Ties to Page 23, Line A3**
****Ties to Page 23, Line A2**

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
2/3/2020	Elevator Repair Project	$ 1,170	10	$ 117	
2/10/2020	Elevator Repair Project	$ 1,436	10	$ 144	
2/10/2020	Elevator Repair Project	$ 1,037	10	$ 104	
2/12/2020	Elevator Repair Project	$ 26,327	10	$ 2,633	
Total additions for Building Improvements		$ 29,969		$ 2,997	*
Deletions:					
Total deletions for Building Improvements		$ -		$ -	**

***Ties to Page 23, Line B3**
****Ties to Page 23, Line B2**

Schedule of Non-Movable Equipment Acquired during this report period

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

***Ties to Page 23, Line C3**
****Ties to Page 23, Line C2**

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
Additions:					
Total additions for Movable Equipment		$ -		$ -	*
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 perioc

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**

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Amortization Schedule*

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/a Westport Rehabi	2405	9/30/2020	24	37

Item	Date of Acquisition: Month	Date of Acquisition: Year	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
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.

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC	2405	9/30/2020	25	37

11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party?* ○ Yes ⊙ No

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

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

Description	Total
1. Date Land Purchased	
2. Date Structure Completed	
3. If **NOT** Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	99
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
1 Burr Rd LLC, 1 Burr Rd., Wesport, CT 06880	Building	04/01/15	10 yrs	1,403,336

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.

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

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Wesport, LLC	2405	9/30/2020	26 | 37

Item		Total	CCNH	RHNS	(Specify)
12. Interest					
A. Building, Land Improvement & Non-Movable Equipment					
1. First Mortgage	$				
Name of Lender	Rate				
Address of Lender					
2. Second Mortgage	$				
Name of Lender	Rate				
Address of Lender					
3. Third Mortgage	$				
Name of Lender	Rate				
Address of Lender					
4. Fourth Mortgage	$				
Name of Lender	Rate				
Address of Lender					
B. CHEFA Loan Information					
1. Original Loan Amount	$				
2. Loan Origination Date					
3. Interest Rate %					
4. Term					
5. CHEFA Interest Expense					
12 B7. ***Total Building Interest Expense*** (A1 - A4 + B5)	$				

(*Carry Subtotals forward to next page*)

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

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Wesport, L	2405	9/30/2020	27 | 37

Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:				
12. C. Movable Equipment				
1. Automotive Equipment $				
A. Item / Rate / Amount				
Lender				
Address of Lender				
2. Other (*Specify*) $				
A. Item / Rate / Amount				
Lender				
Address of Lender				
B. Item / Rate / Amount				
Lender				
Address of Lender				
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2) $				
12. D. Other Interest Expense (*Specify*) $	260,720	260,720		
13. ***Total All Interest Expense*** (12B7 + 12C3 + 12D) $	260,720	260,720		
14. Insurance				
a. Insurance on Property (buildings only) $	16,539	16,539		
b. Insurance on Automobiles $				
c. Insurance other than Property (as specified above)				
1. Umbrella (*Blanket Coverage*) $	62,901	62,901		
2. Fire and Extended Coverage $				
3. Other (*Specify*) $				
14d. ***Total Insurance Expenditures (14a + b + c)*** $	79,440	79,440		
15. ***Total All Expenditures (A-13 thru C-14)*** $	11,017,105	11,017,105		

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D. Adjustments to Statement of Expenditures

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Wesport, LLC d/b/a Westport Rehabilita	2405	9/30/2020	28 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs $				
2.			Salaries not related to Resident Care $				
3.			Occupational Therapy $				
4.			Other - See attached Schedule $				
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians ** $	160	160		
6.	13	10a	Occupational Therapy $	181,046	181,046		
7.			Other - See attached Schedule $				
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits $				
9.	15	1c	Bad Debts $	340,469	340,469		
10.			Accounting $				
10a.			Legal $	235	235		
11.			Telephone $				
12.	15	1h	Cellular Telephone $	581	581		
13.			Life insurance premiums on the life of Owners, Partners, Operators $				
14.			Gifts, flowers and coffee shops $				
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees $				
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative $				
17.			Automobile Expense (e.g. personal use) $				
18.	16	m3	Unallowable Advertising * $	796	796		
19.			Income Tax / Corporate Business Tax $				
20.			Fund Raising / Contributions $				
21.	16	m12	Unallowable Management Fees $	20,754	20,754		
22.			Barber and Beauty $				
23.			Other - See attached Schedule $	5,147	5,147		
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) $	549,188	549,188		

* 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	Non-Reimbursable Expense	$ 10		
16	m13	Resident Reimburse on Lost/Stolen Items	$ 21		
16	m13	Collection Fees/Credit Card Fees	$ 1,064		
16	m13	Late fees/Fines/Finance Charges-Adm	$ 4,052		
Total Other A&G Adjustments			$ 5,147	$ -	$ -

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

Name of Facility	License No.	Report for Year Ended	Page of
Senior Philanthropy of Wesport, LLC d/b/a Westport Rehabi	2405	9/30/2020	29 | 37

Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
			Subtotals Brought Forward $	549,188	549,188		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs $	95,320	95,320		
28.	20	5d	Ambulance/Limousine $	3,875	3,875		
29.	20	5f	X-rays, etc $	(453)	(453)		
30.	20	5h	Laboratory $	17,363	17,363		
31.			Medical Supplies $				
32.	20	5e2	Oxygen (non emergency) $	5,932	5,932		
33.			Occupational Therapy $				
34.			Other - See Attached Schedule $	1,039	1,039		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule $				
36.			Depreciation on Unallowable Motor Vehicles $				
37.			Unallowable Property and Real Estate Taxes $				
38.			Rental of Building Space or Rooms $				
39.			Other - See Attached Schedule $				
Page 27 - Insurance							
40.			Mortgage Insurance $				
41.			Property Insurance $				
Other - Miscellaneous							
42.			Other - Indirect $				
43.			Interest Income on Account Rec. $				
44.			Other - Miscellaneous Administrative $				
45.			Management Fees Direct $				
46.			Management Fees Indirect $				
47.			Other - Direct $				
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule $				
49.	***Total Amount of Decrease (Items 1 - 48)***		$	672,264	672,264		

*** 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.

Attachment Page 29

Senior Philanthropy of Wesport, LLC d/b/a Westport Rehabilitation Complex
9/30/2020

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
	20/5j	IV Supplies - Medicaid	$ 63		
	20/5j	IV Drugs - Medicare	$ 60		
	20/5j	IV Supplies - Medicare	$ 153		
	20/5j	IV Drugs - Managed Care	$ 356		
	20/5j	IV Drugs - Medicaid	$ 407		
Total Other Ancillary Costs			$ 1,039	$ -	$ -

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			$ -	$ -	$ -

Schedule of Other Adjustments

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

Schedule of Unallowable Building Interest

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

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F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/	2405	9/30/2020	30	37

Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (*CT only*)	$	9,357,471	9,357,471		
b. Medicaid Room and Board Contractual Allowance **	$	(4,167,066)	(4,167,066)		
2. a. Medicaid (*All other states*)	$				
b. Other States Room and Board Contractual Allowance **	$				
3. a. Medicare Residents *(all inclusive)*	$	1,131,518	1,131,518		
b. Medicare Room and Board Contractual Allowance **	$	538,141	538,141		
4. a. Private-Pay Residents and Other	$	707,801	707,801		
b. Private-Pay Room and Board Contractual Allowance **	$	(81,923)	(81,923)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	$	89,146	89,146		
b. Prescription Drugs - Medicare Contractual Allowance **	$				
c. Prescription Drugs - Non-Medicare	$	38,886	38,886		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	$				
2. a. Medical Supplies - Medicare	$				
b. Medical Supplies - Medicare Contractual Allowance **	$				
c. Medical Supplies - Non-Medicare	$	(1)	(1)		
d. Medical Supplies - Non-Medicare Contractual Allowance **	$				
3. a. Physical Therapy - Medicare	$	350,805	350,805		
b. Physical Therapy - Medicare Contractual Allowance **	$				
c. Physical Therapy - Non-Medicare	$	108,861	108,861		
d. Physical Therapy - Non-Medicare Contractual Allowance **	$				
4. a. Speech Therapy - Medicare	$	99,940	99,940		
b. Speech Therapy - Medicare Contractual Allowance **	$				
c. Speech Therapy - Non-Medicare	$	13,765	13,765		
d. Speech Therapy - Non-Medicare Contractual Allowance **	$				
5. a. Occupational Therapy - Medicare	$	429,822	429,822		
b. Occupational Therapy - Medicare Contractual Allowance **	$				
c. Occupational Therapy - Non-Medicare	$	133,275	133,275		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	$				
6. a. Other *(Specify)* - Medicare	$	(769,605)	(769,605)		
b. Other *(Specify)* - Non-Medicare	$	(294,341)	(294,341)		
III. *Total Resident Revenue* (Section I. thru Section II.)	$	7,686,495	7,686,495		
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)*	$				
6. Private Duty Nurses' Fees	$				
7. Barber, Coffee, Beauty and Gift shops	$				
8. Other (*Specify*)	$				
V. Total Other Revenue (1 thru 8)	$				
VI. Total All Revenue (III +V)	$	7,686,495	7,686,495		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6a	Laboratory- MCR A-SNF	$ 20,779		
30/II6a	IV Therapy-MCR A-SNF	$ 405		
30/II6a	XRay MRA	$ 3,520		
30/II6a	VBP - Medicare A	$ (21,564)		
30/II6a	Contractual Adj-Ancill-MCR A-SNF	$ (520,963)		
30/II6a	Sequestration - MCR B	$ (2,756)		
30/II6a	Contractual Adj- Ancill- MCR B-SNF	$ (249,026)		
Total Other Resident Revenue - Medicare		$ (769,605)	$ -	$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	Laboratory	$ 53		
30/II6b	Laboratory- MCD- SNF	$ 605		
30/II6b	IV Therapy-MCD-SNF	$ 1,512		
30/II6b	Other Service- MCD-SNF	$ 891		
30/II6b	Contractual Adj- Ancillaries- MCD-SNF	$ (209,338)		
30/II6b	Contractual Adj- Ancill- Hospice-SNF	$ (188)		
30/II6b	Lab Rev-Ins	$ (38)		
30/II6b	Contractual Allowance-Ins. R/S	$ (286)		
30/II6b	Contractual Allowance Ancillary INS	$ (1,071)		
30/II6b	Lab HMO	$ 1,120		
30/II6b	IV THERAPY	$ 534		
30/II6b	Radiology HMO	$ 693		
30/II6b	Sequestration - HMO	$ (810)		
30/II6b	Contractual Adj Ancillary HMO	$ (88,018)		
Total Other Resident Revenue		$ (294,341)	$ -	$ -

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Revenue		$ -	$ -	$ -

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G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/	2405	9/30/2020	31	37

Account				Amount
Assets				
A. Current Assets				
1. Cash (*on hand and in banks*)				$ 276,055
2. Resident Accounts Receivable (Less Allowance for Bad Debts)				$ 1,620,996
3. Other Accounts Receivable (Excluding Owners or Related Parties)				$
4 Inventories				$
5. Prepaid Expenses				$ 271,646
a.				
b.				
c.				
d. See Schedule		271,646		
6. Interest Receivable				$
7. Medicare Final Settlement Receivable				$
8. Other Current Assets (*itemize*)				$
See Schedule				
A-9. ***Total Current Assets*** (Lines A1 thru 8)				$ 2,168,697
B. Fixed Assets				
1. Land				$
2. Land Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
3. Buildings	*Historical Cost	381,891		$ 273,494
	Accum. Depreciation	108,397	Net	
4. Leasehold Improvements	*Historical Cost			$
	Accum. Depreciation		Net	
5. Non-Movable Equipment	*Historical Cost			$
	Accum. Depreciation		Net	
6. Movable Equipment	*Historical Cost	905,558		$ 130,148
	Accum. Depreciation	775,411	Net	
7. Motor Vehicles	*Historical Cost			$ (16,887)
	Accum. Depreciation	16,887	Net	
8. Minor Equipment-Not Depreciable				$
9. Other Fixed Assets (*itemize*)				$ (31,126)
See Schedule		(31,126)		
B-10. ***Total Fixed Assets*** (Lines B1 thru 9)				$ 355,629

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

(*Carry Total forward to next page*)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d	2405	9/30/2020	32	37

Account				Amount
			Total Brought Forward:	$ 2,524,326
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 (*itemize*)				$
6. Loans to Owners or Related Parties (*itemize*)				$
Name and Address	Amount	Loan Date		
7. Other Assets (*itemize*)				$
See Schedule				
D-8. ***Total Investments and Other Assets*** (Lines D1 thru 7)				$
D-9. ***Total All Assets*** (Lines A9 + B10 + C8 + D8)				$ 2,524,326

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	$ 9,835
31	A5	Prepaid Taxes and Licenses	$ 117
31	A5	Prepaid Uniforms	$ 14,170
31	A5	Prepaid Other	$ 11,957
31	A5	Prepaid Workers Comp	$ 235,566
Total Prepaid Expenses			$ 271,646

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	
31	B9	Book vs Cost	$ (31,126)
Total Other Other Fixed Assets (Itemize)			$ (31,126)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
33	A2	Notes Payable - Current	$ 2,973
33	A2	Note Payable - HSG	$ 29,172
33	A2	Note Payable - TSM	$ 107,483
Total Notes Payable			$ 139,627

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

Page Ref	Line Ref	Description	
33	A12	Medicare Remittance Adjustment	$ 21,116
33	A12	Employee Deductions- HSA	$ 8
33	A12	Employee Deductions- FSA	$ (1,765)
33	A12	Employee Deductions- ST/LIFE	$ 4,917
33	A12	Employee Deductions - AFLAC	$ 5,782
33	A12	Employee Deductions - Union Dues	$ 1,101
33	A12	Resident Trust	$ 74,254
33	A12	Deferred Rent - Current	$ 499,384
33	A12	Uncleared Checks	$ 68,288
33	A12	Accrued Insurance	$ 81,006
33	A12	Unclaimed Property	$ 1,095
33	A12	Accrued Legal Fees	$ 61,852
33	A12	Accrued Accounting/Audit Fees	$ 74,216
33	A12	Accrued Personal Property Taxes	$ 1,605
33	A12	Accrued Workers Comp	$ 171,388
33	A12	Due to Medicaid - Bed Fees	$ 76,702
33	A12	Due to PO	$ 40,258
33	A12	Due to Waterfall Capital Note	$ 4,534,942
33	A12	Medicare Advance Payable	$ 277,933
33	A12	HHS Stimulus	$ 757,144
33	A12	EIDL SBA	$ 10,000
33	A12	SBA PPP Loan	$ 1,141,300
33	A12	Deferred Rent	$ 2,126,367
Total Other Current Liabilities (Itemize)			$ 10,028,892

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

Page Ref	Line Ref	Description	
		Long Term Capital Lease - Current	$ 835
		Due to Medicaid - Long-Term	$ 392,905
		Long Term Capital Lease	$ 5,166
Total Other Current Liabilities (Itemize)			$ 398,906

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/a W	2405	9/30/2020	33	37

Account					Amount
Liabilities					
A.	Current Liabilities				
	1. Trade Accounts Payable				$ 1,877,646
	2. Notes Payable (*itemize*)				$ 139,627
	See Schedule			139,627	
	3. Loans Payable for Equipment (*Current portion*) (*itemize*)				$
	Name of Lender	Purpose	Amount	Date Due	
	4. Accrued Payroll (*Exclusive of Owners and/or Stockholders only*)				$ 77,346
	5. Accrued Payroll (*Owners and/or Stockholders only*)				$
	6. Accrued Payroll Taxes Payable				$ 25,766
	7. Medicare Final Settlement Payable				$
	8. Medicare Current Financing Payable				$
	9. Mortgage Payable (*Current Portion*)				$
	10. Interest Payable (*Exclusive of Owner and/or Related Parties*)				$
	11. Accrued Income Taxes*				$
	12. Other Current Liabilities (*itemize*)				$ 10,028,892
	See Schedule			10,028,892	
A-13.	***Total Current Liabilities*** (Lines A1 thru 12)				$ 12,149,278

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return.

(Carry Total forward to next page)

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G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/b/a	2405	9/30/2020	34	37

Account	Amount
Total Brought Forward:	12,149,278
Liabilities (cont'd)	
B. Long-Term Liabilities	
1. Loans Payable-Equipment (*itemize*)	$

Name of Lender	Purpose	Amount	Date Due

2. Mortgages Payable	$
3. Loans from Owners or Related Parties (*itemize*)	$

Name and Address of Lender	Amount	Loan Date

4. Other Long-Term Liabilities (*itemize*)		$ 398,906
See Schedule	398,906	
B-5. ***Total Long-Term Liabilities*** (Lines B1 thru 4)		$ 398,906
C. ***Total All Liabilities*** (Lines A-13 + B-5)		$ 12,548,184

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC	2405	9/30/2020	35	37

Account					Amount	
A.	**Reserves**					
	1. Reserve for value of leased land				$	
	2. Reserve for depreciation value of leased buildings and appurtenances to be amortized				$	
	3. Reserve for depreciation value of leased personal property (*Equity)*				$	
	4. Reserve for leasehold real properties on which fair rental value is based				$	
	5. Reserve for funds set aside as donor restricted				$	
	6. Total Reserves				$	
B.	**Net Worth**					
	1. Owner's Capital				$	
	2. Capital Stock				$	
	3. Paid-in Surplus				$	
	4. Treasury Stock				$	
	5. Cumulated Earnings				$	(6,693,249)
	6. Gain or Loss for Period	10/1/2019	thru	9/30/2020	$	(3,330,610)
	7. Total Net Worth				$	(10,023,859)
C.	***Total Reserves and Net Worth***				$	(10,023,859)
D.	***Total Liabilities, Reserves, and Net Worth***				$	2,524,326

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H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC d/	2405	9/30/2020	36	37

Account				Amount
A.	Balance at End of Prior Period as shown on Report of 09/30/2019			$ (6,693,295)
B.	Total Revenue (*From Statement of Revenue Page 30*)			$ 7,686,495
C.	Total Expenditures (*From Statement of Expenditures Page 27*)			$ 11,017,105
D.	Net Income or Deficit			$ (3,330,610)
E.	Balance			$ (10,023,905)
F.	Additions			
	1. Additional Capital Contributed (*itemize*)			
	2. Other (*itemize*)			
F-3.	Total Additions			$
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*** 09/30/20			$ (10,023,905)

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Wesport, LLC	2405	9/30/2020	37	37

Check appropriate category

☑ Chronic and Convalescent Nursing Home only (CCNH)	☐ Rest Home with Nursing Supervision only (RHNS)	☐ (Specify)

Preparer/Reviewer Certification

I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.

Signature of Preparer	Title	Date Signed

Printed Name of Preparer
CJLC LLC

Addres Address	Phone Number
225 Pitkin Street, East Hartford, CT 06108	860-610-9009

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