

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2021

Name of Facility (as licensed) Senior Philanthropy of Milford B, LLC d/b/a Golden Hill Rehab Pavilion	
Address (No. & Street, City, State, Zip Code) 2028 Bridgeport Ave., Milford CT 06460	
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 10/1/2020	Report for Year Ending 9/30/2021

License Numbers:	CCNH 2410	RHNS	(Specify)	Medicare Provider 07-5213
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Medicaid Provider Numbers:	CCNH 8896	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)	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, LLC d/b/a Golden Hill	2410	9/30/2021	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 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 Milford B, LLC d/b/a Golden Hill Rehab Pavilion [facility name], for the cost report period beginning October 1, 2020 and ending September 30, 2021, 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) Danita Rayford			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 Milford B, LLC d/b/a Golden Hill Rehab Pavilion		Period Covered:	From 10/1/2020	To 9/30/2021
Address of Facility 2028 Bridgeport Ave., Milford CT 06460				
Report Prepared By CJLC LLC		Phone Number 860-610-9009	Date	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-877-0371		Report for Year Ended 9/30/2021		Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Milford B, LLC d/b/a Golden Hill Reh			Address (No. & Street, City, State, Zip) 2028 Bridgeport Ave., Milford CT 06460		
License Numbers:	CCNH 2410	RHNS	(Specify)	Medicare Provider No. 07-5213	
Type of Facility (Check appropriate box(es))					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input type="checkbox"/> (Specify)	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Danita Rayford			Nursing Home Administrator's License No.:	2154	
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	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, LLC d/b/a	2410	9/30/2021	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 (until 12/2020)	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 (until 12/2020)	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CFO	
Melissa Reynaud	2433 Gulf to Bay Blvd., Clearwater, FL 33765	CFO	
Denise Quarles	107 Osborne St., Danbury, CT 06810	SVP	

Names of Stockholders Owning at Least 10% of Shares			
N/A			

**General Information and Questionnaire
Related Parties***

Name of Facility Senior Philanthropy of Milford B, LLC d/b/a Golden Hi	License No. 2410	Report for Year Ended 9/30/2021	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Insurance, Accounting Fees	Various	1,121	1,121
Cheshire Regional Rehab Center	745 Highland Ave., Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Admissions	Various		
Newington Rapid Recovery	240 Church Street, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees	Various	894,464	
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	133,063	133,063
Western Rehab Care Center	107 Osborne Street, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - MDS	Various		
West River Rehab Center	24 Orange Avenue, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Educator & HR	Various	20,377	20,377
Traditions Senior Management	24641 US Hwy 19 N., Clearwater, FL 33763-8007	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	65,957	65,957
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Senior Philanthropy of Milford B, LLC d/b/a G	License No. 2410	Report for Year Ended 9/30/2021	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> 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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Senior Philanthropy of Milford B, LLC d/b/a Golden Hill R			License No. 2410	Report for Year Ended 9/30/2021			Page 6	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
N/A	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

** Attach copies of newly acquired leases.

*** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Senior Philanthropy of Milford B, I	License No. 2410	Report for Year Ended 9/30/2021	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm 1 CJLC LLC 2 Marcum LLP 3 Roy & Pape, LLC 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St., East Hartford, CT 06108 555 Long Wharf Drive, 8th Fl., New Haven, CT 06511
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Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report Preparation	\$ 1,133
2 Accrued Accounting Expnese	\$ 8,210
3 2019 Federal/State Partnrship Returns	\$ 8,544
4 Reduction of Liability Accrual	\$ (25,002)
	Charge for Services Provided
	\$ (7,115)

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

Legal Services Information

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

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

Services Provided by This Firm (*describe fully*)

1	\$ 34,154
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 34,154

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

Schedule of Resident Statistics

Name of Facility Senior Philanthropy of Milford B, LLC d/b/a Golden Hill Rehab Pavilion			License No. 2410		Report for Year Ended 9/30/2021				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	120	120			120	120			120	120		
B. On last day of THIS report period	120	120			120	120			120	120		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	97	97			97	97			79	79		
B. As of midnight of THIS report period	88	88			79	79			88	88		
3. Total Number of Days Care Provided During Period												
A. Medicare	2,879	2,879			2,617	2,617			262	262		
B. Medicaid (Conn.)	24,390	24,390			18,207	18,207			6,183	6,183		
C. Medicaid (other states)												
D. Private Pay	576	576			425	425			151	151		
E. State SSI for RCH												
F. Other (Specify) HMO, HOS, INS, VA, HMA	2,060	2,060			1,495	1,495			565	565		
G. Total Care Days During Period (3A thru F)	29,905	29,905			22,744	22,744			7,161	7,161		
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)	29,905	29,905			22,744	22,744			7,161	7,161		

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Milford B, LLC d/b/a			License No. 2410			Report for Year Ended 9/30/2021			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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	15	67		6									
Per Diem Rate													
a. One bed rm.		268.12		493.23									
b. Two bed rms.				475.81									
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									941	941			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									2,162	2,162			
2. Restorative Treatments													
C. Other									4,350	4,350			
D. Total Physical Therapy Treatments									7,453	7,453			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									227	227			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									362	362			
2. Restorative Treatments													
C. Other									659	659			
D. Total Speech Therapy Treatments									1,248	1,248			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									891	891			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments									2,367	2,367			
2. Restorative Treatments													
C. Other									4,755	4,755			
D. Total Occupational Therapy Treatments									8,013	8,013			

Report of Expenditures - Salaries & Wages

Name of Facility Senior Philanthropy of Milford B, LLC d/b/a Golden Hill Re	License No. 2410	Report for Year Ended 9/30/2021	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	91,676	2,048				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	105,841	2,099				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	299,968	17,323				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	169,600	9,725				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	34,450	1,978				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	46,606	2,927				
9. Barber and Beautician Services						
10. Protective Services	99,162	6,128				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	196,288	4,013				
b. RN						
1. Direct Care	686,878	10,370				
2. Administrative**	169,421	7,489				
c. LPN						
1. Direct Care	901,536	31,198				
2. Administrative**						
d. Aides and Attendants	997,061	55,333				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	103,291	3,846				
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	51,307	1,973				
n. Marketing						
o. Other (Specify) See Attached Schedule	67,977	2,511				
<i>A-13. Total Salary Expenditures</i>	4,021,061	158,961				

* 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 Respiratory Therapist	\$ 18,504	664				
Salaries - Admissions Coordinator	\$ 49,473	1,847				
Total	\$ 67,977	2,511	\$ -	-	\$ -	-

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 Milford B, LLC d/b/a Golden Hill Rehab Pavilion				2410	9/30/2021			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 Milford B, LLC d/b/a Golden Hill Rehab Pavi				2410	9/30/2021			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***										
Andrew Wildman (10/1/20 - 8/20/21)	85,608			Non-Discrim.	Administrator	1,928	A2			
Danita Rayford (9/14/21 to 9/30/21)	6,068			Non-Discrim.	Administrator	120	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 Milford B, LLC d/b/a Golden	2410	9/30/2021	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	33,702	627				
2. Dentist	7,295	36				
3. Pharmacist	13,676	94				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	151,056	Contract				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	35,888	409				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	(25,314)	(452)				
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	50,283	Contract				
b. Other						
10. Occupational Therapist						
a. Resident Care	149,478	Contract				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	197,865	1,530				
2. Administrative***	24,448	317				
b. LPN						
1. Direct Care	96,055	1,018				
2. Administrative***						
c. Aides	59,544	840				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	793,977	4,419				

* 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 Milford B, LLC d/b/a Golden Hill		2410	9/30/2021	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Dr. Anruddha Walaliyada, 12 Cook Rd., Wallingford, CT 06492	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Partners Pharmacy, PO Box 9689, Uniondale, NY 11555	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Allan Rodrigues, Chapel Pulmonary and Critical Care, LLC, 136 Sherman Ave., #205, New	Physician Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Northeast Medical, 226 Mill Hill Ave., Bridgeport, CT 06610	Physician Services	<input type="radio"/>	<input checked="" type="radio"/>		
Worldwide Staffing, 2222 Sedwick Rd., Durham, NC 22713	Staffing Agency-RN	<input type="radio"/>	<input checked="" type="radio"/>		
Worldwide Staffing, 2222 Sedwick Rd., Durham, NC 22713 & Ready Nurse Staffing, PO Box	Staffing Agency-LPN	<input type="radio"/>	<input checked="" type="radio"/>		
Worldwide Staffing, 2222 Sedwick Rd., Durham, NC 22713 & Ready Nurse Staffing, PO Box	Staffing Agency-CNA	<input type="radio"/>	<input checked="" type="radio"/>		
Encore Rehabilitation Services, 33533 W 12 Mile Rd., Suite 290, Farmington Hills, MI 48331	Physical Therapy-Outside Contract	<input type="radio"/>	<input checked="" type="radio"/>		
Encore Rehabilitation Services, 33533 W 12 Mile Rd., Suite 290, Farmington Hills, MI 48331	Occupational Therapy-Outside Contract	<input type="radio"/>	<input checked="" type="radio"/>		
Encore Rehabilitation Services, 33533 W 12 Mile Rd., Suite 290, Farmington Hills, MI 48331	Speech Therapist-Outside Contract	<input type="radio"/>	<input checked="" type="radio"/>		
LTC Management, 174 Scott Rd., Prospect, CT 06712-1300	Dental Consultants	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Services Group, 3220 Tillman Dr., Suite 300, Bensalem, PA 19020	Consultant-Dietary	<input type="radio"/>	<input checked="" type="radio"/>		
Healthcare Services Group, 3220 Tillman Dr., Suite 300, Bensalem, PA 19020	Contracted Maintenance	<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 Milford B, LLC d/b/a Go	2410	9/30/2021	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 42,639	42,639		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 83,984	83,984		
4. Social Security (F.I.C.A.)	\$ 299,944	299,944		
5. Health Insurance	\$ 337,028	337,028		
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,814	2,814		
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$ 17,676	17,676		
9. Other (<i>Specify</i>) See Attached Schedule	\$ 18,687	18,687		
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 912,443	912,443		
d. Accounting and Auditing	\$ (7,115)	(7,115)		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 34,154	34,154		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 9,069	9,069		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 56,067	56,067		
2. Cellular Phones	\$ 1,816	1,816		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 549,232	549,232		
Subtotal	\$ 2,358,437	2,358,437		

* 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 Milford B, LLC d/b/a Golden Hill Rehab Pavilion
9/30/2021

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
Drug Free Expense	\$ 2,415		
Employee Expense	\$ 4,977		
COVID Testing	\$ 11,294		
Total	\$ 18,687	\$ -	\$ -

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 Milford B, LLC d/b/a Golden B	2410	9/30/2021		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,358,437	2,358,437			
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$				
4. Employee Travel	\$ 847	847			
5. Education Expenses Related to Seminars and Conventions	\$ 1,045	1,045			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 280	280			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 1,872	1,872			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 45	45			
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	\$ 7,898	7,898			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,113	9,113			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 639	639			
9. Subscriptions	\$ 3,292	3,292			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$ 143,743	143,743			
12. Administrative Management Services**	\$ 65,957	65,957			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 92,750	92,750			
C-14 Total Administrative & General Expenditures	\$ 2,685,917	2,685,917			

* Do not include Subscriptions, which should go in item 9.

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Special Events	\$ 45		
Total Other Advertising	\$ 45	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Association of Health Care Facilities	\$ 8,457		
Newington Rapid Recovery	\$ 656		
Total Dues	\$ 9,113	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Software	\$ 4,649		
Licesnes/Permits	\$ 2,603		
Background Checks	\$ 3,935		
Patient Trust Bond	\$ 1,312		
Res Reimburse Lost/Stolen Items	\$ 653		
Equipment Minor	\$ 7,229		
Internet	\$ 23,725		
Records Storage	\$ 4,449		
Equipment Rental	\$ 1,192		
Collection Fees/Credit Card Fee	\$ 576		
Late fess/Fines/Finance Charges	\$ 37,479		
Bank Service Charges	\$ 4,948		
Total Other Administrative and General	\$ 92,750	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Senior Philanthropy of Milford B, LLC d/	License No. 2410	Report for Year Ended 9/30/2021	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Traditions Senior Management, 24641 US Hwy 19 N, Clearwater, FL, 33763	65,957	Handles all the operations and financial functions directly related to the facility.	16/m12

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, LLC d/b/a Golden H		2410	9/30/2021	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 354,601	354,601			
2. Non-Food Supplies	\$ 27,978	27,978			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 93,715	93,715			
c. Other (Specify) _____ Supplies	\$ 3,247	3,247			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 479,542	479,542			
2E. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
F. Resident Meals: Total no. of meals served per day:*					
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
K. Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify cost.
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			If yes, specify amt.
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, LLC d/b/a Golden Hill		2410	9/30/2021	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. \$	954	954		
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)	\$	138,019	138,019		
c. Other (Specify) Supplies	\$	39	39		
3D. Total Laundry Expenditures (3a + b + c)	\$	139,011	139,011		
3E. Laundry Questionnaire					
F. Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
G. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
H. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
J. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
K. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3D.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, LLC d/b/a G		2410	9/30/2021		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
	a. In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$				
	b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$	92,462	92,462		
	C. Other (<i>Specify</i>) Supplies		\$ 5,668	5,668		
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 98,130	98,130		
5.	Resident Care (Supplies)**					
	a. Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$	136,234	136,234		
	b. Medicine Cabinet Drugs	\$	25,941	25,941		
	c. Medical and Therapeutic Supplies	\$	152,252	152,252		
	d. Ambulance/Limousine***	\$	(1,134)	(1,134)		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	17,382	17,382		
	f. X-rays and Related Radiological Procedures***	\$	4,199	4,199		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	7,937	7,937		
	i. Recreation	\$	2,806	2,806		
	j. Direct Management Services*	\$				
	k. Indirect Management Services*	\$				
	l. Other (<i>Specify</i>)**** See Attached Schedule	\$	117,165	117,165		
5M.	Total Resident Care Expenditures (5a - 5j)		\$ 462,782	462,782		

* 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	\$ 6,103		
Minor Equipment & Supplies - Therapy	\$ 1,262		
IV Supplies - Medicaid	\$ 11,432		
IV Drugs - Medicare	\$ 12,260		
Medical Equipment Rental	\$ 39,224		
Minor Equipment	\$ 14,905		
IV Drugs - Managed Care	\$ 4,466		
IV Drugs - Medicaid	\$ 19,789		
Medical Waste Disposal	\$ 2,314		
Utilities-Cable TV	\$ 5,408		
Total Other Resident Care	\$ 117,165	\$ -	\$ -

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

Name of Facility Senior Philanthropy of Milford B, LLC d/b/a Golden Hill Rehab Pavilion			License No. 2410		Report for Year Ended 9/30/2021				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
CWPM LLC	25 Norton Place, Plainsville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	41,378			22	6f
Total Lawn Care & More, LLC	15 Clark St., Apt. 1, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance	25,205			22	6f
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance	12,549			22	6f
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Houskeeping	92,462			20	4b
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	93,715			18	2b
Healthcare Services Group	300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	10,246			19	3b
Rinaldi Linen Service	47 Commons Court, Waterbury, CT 06704	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	127,773			19	3b
		<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 Milford B, LLC d/b/a C	2410	9/30/2021			22	37
Item		Total	CCNH	RHNS	(Specify)	
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$	16,812	16,812			
b. Heat	\$	8,623	8,623			
c. Light & Power	\$	116,570	116,570			
d. Water	\$	20,886	20,886			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	9,130	9,130			
f. Other (<i>itemize</i>)	\$	168,713	168,713			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$	340,734	340,734			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$	45,405	45,405			
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$	67,626	67,626			
*7e. Total Depreciation Costs (7a + b + c + d)	\$	113,031	113,031			
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	\$	818,293	818,293			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	100,149	100,149			
c. Personal property taxes	\$	7,376	7,376			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	1,038,849	1,038,849			

* 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	\$ 12,549		
Electrical-Maint	\$ 2,542		
Plumbing-Maint	\$ 2,640		
HVAC/Boiler Maint	\$ 9,375		
Paint-Maint	\$ 1,869		
Alarm Inspection-Maint	\$ 5,645		
Grounds Maintenance-Maint	\$ 25,205		
Sprinklers-Maint	\$ 872		
Elevator-Maint	\$ 2,919		
Pest Control-Maint	\$ 2,288		
Equipment Minor-Maint	\$ 6,592		
Equipment Rental-Maint	\$ 48,432		
Waste Disposal -Grease/Trash	\$ 41,378		
Copier- Maintenance Agreement	\$ 6,407		
Total Other Repairs and Maintenance	\$ 168,713	\$ -	\$ -

Depreciation Schedule

Name of Facility				License No.			Report for Year Ended			Page	of		
Senior Philanthropy of Milford B, LLC d/b/a Golden Hill Rehab Pavili				2410			9/30/2021			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				498,459		498,459	136,369	S/L	Various	33,024			
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)				185,710						12,381			
B-4. Subtotal											45,405		
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				5	15	40,257		40,257	40,257	S/L	5		
b. Corporate Fleet - taxable value				5	16	1,110		1,110	1,110	S/L	5		
c. Corporate Fleet - taxable value				5	17	1,693		1,693	1,356	S/L	5	337	
d.													
2. Movable Equipment													
a. Acquired prior to this report period				Var	Var	1,118,879		1,118,879	793,031	S/L	Various	65,617	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						8,360						1,672	
D-3. Subtotal													67,626
E. Total Depreciation												113,030	

Senior Philanthropy of Milford B, LLC d/b/a Golden Hill Rehab Pavilion
9/30/2021

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:				
8/17/2021	Generator	\$ 185,710	15	\$ 12,381
Total additions for Building Improvements		\$ 185,710		\$ 12,381 *
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:				
1/26/2021	Kitchen Booster Heater	\$ 8,360	5	\$ 1,672
Total additions for Movable Equipment		\$ 8,360		\$ 1,672 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Senior Philanthropy of Milford B, LLC d/b/a Golden Hill Re			2410		9/30/2021			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 Milford B, LLC	License No. 2410	Report for Year Ended 9/30/2021	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	120				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	
2028 Bridgeport Ave. LLC, 2028 Bridgeport Ave., Milford CT 06460	Building	04/01/15	123 mos.	769,487	

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 Milford B, LL		2410	9/30/2021			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 Milford B,		2410		9/30/2021		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)				\$	174,508	174,508	
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	174,508	174,508	
14. Insurance							
a. Insurance on Property (buildings only)				\$	19,865	19,865	
b. Insurance on Automobiles				\$	4,625	4,625	
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	62,308	62,308	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
Other Insurance							
14d. Total Insurance Expenditures (14a + b + c)				\$	86,798	86,798	
15. Total All Expenditures (A-13 thru C-14)				\$	10,321,310	10,321,310	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, LLC d/b/a Golden Hill Reha				2410	9/30/2021	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	8c	Resident Care Physicians **	\$ (25,314)	(25,314)		
6.	13	10a	Occupational Therapy	\$ 149,478	149,478		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 912,443	912,443		
10.			Accounting	\$			
10a.			Legal	\$ 3,703	3,703		
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$			
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 *	\$ 45	45		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 38,708	38,708		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,079,063	1,079,063		

* 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	Res Reimburse Lost/Stolen Items	\$ 653		
16	m13	Collection Fees/Credit Card Fee	\$ 576		
16	m13	Late fess/Fines/Finance Charges	\$ 37,479		
Total Other A&G Adjustments			\$ 38,708	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, LLC d/b/a Golden Hill Re				2410	9/30/2021	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,079,063	1,079,063		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 136,234	136,234		
28.	20	5d	Ambulance/Limousine	\$ (1,134)	(1,134)		
29.	20	5f	X-rays, etc	\$ 4,199	4,199		
30.	20	5h	Laboratory	\$ 7,937	7,937		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 17,382	17,382		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 47,948	47,948		
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.	30	IV8	Other - Miscellaneous Administrative	\$ 175	175		
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)				\$ 1,291,803	1,291,803		

*** 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 Milford B, LLC d/b/a Golden Hill Rehab Pavilion
9/30/2021

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Supplies - Medicaid	\$ 11,432		
20	5j	IV Drugs - Medicare	\$ 12,260		
20	5j	IV Drugs - Managed Care	\$ 4,466		
20	5j	IV Drugs - Medicaid	\$ 19,789		
Total Other Ancillary Costs			\$ 47,948	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Milford B, LLC	d/2410	9/30/2021		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 11,538,617	11,538,617			
b. Medicaid Room and Board Contractual Allowance **	\$ (5,249,545)	(5,249,545)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,344,414	1,344,414			
b. Medicare Room and Board Contractual Allowance **	\$ 617,681	617,681			
4. a. Private-Pay Residents and Other	\$ 1,284,771	1,284,771			
b. Private-Pay Room and Board Contractual Allowance **	\$ (37,044)	(37,044)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 97,863	97,863			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 81,257	81,257			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 287,280	287,280			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 319,640	319,640			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 103,500	103,500			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 88,400	88,400			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 301,520	301,520			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 352,505	352,505			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (709,510)	(709,510)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (772,791)	(772,791)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 9,648,558	9,648,558			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 279	279			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 1,520,105	1,520,105			
V. Total Other Revenue (1 thru 8)	\$ 1,520,383	1,520,383			
VI. Total All Revenue (III +V)	\$ 11,168,942	11,168,942			

* 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	\$ 38,072		
30/II6a	IV Therapy-MCR A-SNF	\$ 18,299		
30/II6a	XRay MRA	\$ 14,663		
30/II6a	Contractual Adj-Ancill-MCR A-SNF	\$ (685,383)		
30/II6a	Flu Shots - MCR B - SNF	\$ 2,590		
30/II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (97,752)		
Total Other Resident Revenue - Medicare		\$ (709,510)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30/II6b	Laboratory	\$ 15,186		
30/II6b	Routine Revenue Adjustment	\$ (5,104)		
30/II6b	IV Therapy	\$ 53,725		
30/II6b	X-Ray	\$ 4,040		
30/II6b	Prior Yr-Contract Adj	\$ 136,546		
30/II6b	Contractual Adj- Ancillaries	\$ (608,173)		
30/II6b	Evercare Revenue	\$ (2,570)		
30/II6b	Sequestration - HMO	\$ (8,068)		
30/II6b	Contractual Adj Ancillary HMO	\$ (358,374)		
Total Other Resident Revenue		\$ (772,791)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30/IV5	Interest Income		\$ 279		
Total Interest Income			\$ 279	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30/IV8	Vending Machine Revenue	\$ 175		
30/IV8	Covid Relief Income	\$ 1,519,930		
Total Other Revenue		\$ 1,520,105	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, LLC	2410	9/30/2021	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	228,036
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,460,289
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	43,644
a. _____				
b. _____				
c. _____				
d. See Schedule		43,644		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	50,934

See Schedule		50,934		
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,782,903
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost <u>684,169</u>		\$	502,395
	Accum. Depreciation <u>181,774</u>	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,127,238</u>		\$	266,919
	Accum. Depreciation <u>860,319</u>	Net		
7. Motor Vehicles	*Historical Cost <u>43,060</u>		\$	
	Accum. Depreciation <u>43,060</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(189,298)

See Schedule		(189,298)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	580,016

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ 3,584
31	A5	Prepaid Taxes and Licenses	\$ 30,727
31	A5	Prepaid Uniforms	\$ 4,463
31	A5	Prepaid Other	\$ 4,871
Total Prepaid Expenses			\$ 43,644

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

Page Ref	Line Ref	Description	
31	A8	Due from Cheshire	\$ 934
31	A8	Due from Newington	\$ 50,000
Total Other Current Assets (Itemize)			\$ 50,934

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

Page Ref	Line Ref	Description	
31	B9	Book vs Cost	\$ (189,298)
Total Other Fixed Assets (Itemize)			\$ (189,298)

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	Note Payable - WFC	\$ 800,000
33	A2	Notes Payable - Long Term	\$ 2,000,000
Total Notes Payable			\$ 2,800,000

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

Page Ref	Line Ref	Description	
33	A12	Medicaid Remittance Adj	\$ 179,738
33	A12	Medicare Remittance Adj	\$ 6,829
33	A12	Employee Deductions-Garnishment	\$ 25
33	A12	Employee Deductions-HSA	\$ 125
33	A12	Employee Deductions-ST/Life	\$ 1,025
33	A12	Employee Deductions-Child Sup	\$ 51
33	A12	Employee Deductions-AFLAC	\$ 334
33	A12	Resident Trust	\$ 61,676
33	A12	Accrued Workers Comp	\$ 87,540
33	A12	Accrued Insurance	\$ 62,412
33	A12	Unclaimed Property	\$ 17,289
33	A12	Accrued Legal Fees	\$ 44,714
33	A12	Accrued Accounting/Audit Fees	\$ 10,152
33	A12	Accrued Personal Property Tax	\$ 6,341
33	A12	Due to Eagle Lake Foundation	\$ 95,494
33	A12	Due to Newington	\$ 82,420
33	A12	Due to Medicaid-Bed Fees	\$ 137,639
33	A12	Medicare Advance Payable	\$ 196,834
33	A12	Due to Medicaid-Long Term	\$ 448,535
Total Other Current Liabilities (Itemize)			\$ 1,439,173

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

Page Ref	Line Ref	Description	
34	B4	Long Term Capital Lease - Current	\$ 6,163
Total Other Current Liabilities (Itemize)			\$ 6,163

G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Milford B, LLC	License No. 2410	Report for Year Ended 9/30/2021	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	2,362,918
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			\$	253,045
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)			\$	253,045
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	2,615,963

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

G. Balance Sheet (cont'd)

Name of Facility Senior Philanthropy of Milford B, LLC d/b/a C		License No. 2410	Report for Year Ended 9/30/2021	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	521,584
2. Notes Payable (<i>itemize</i>)				\$	2,800,000

See Schedule					2,800,000
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>)				\$	78,770
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	57,573
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>)				\$	1,439,173

See Schedule					1,439,173
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,897,099

* 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 Milford B, LLC d/b/	License No. 2410	Report for Year Ended 9/30/2021	Page 34	of 37
Account				Amount
Total Brought Forward:				4,897,099
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>)				\$ 6,163

See Schedule				6,163
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 6,163
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,903,261

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Milford B, LLC	2410	9/30/2021	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,134,931)
6. Gain or Loss for Period	10/1/2020	thru 9/30/2021	\$	847,632
7. Total Net Worth			\$	(2,287,298)
C. Total Reserves and Net Worth			\$	(2,287,298)
D. Total Liabilities, Reserves, and Net Worth			\$	2,615,963

H. Changes in Total Net Worth

Name of Facility Senior Philanthropy of Milford B, LLC d	License No. 2410	Report for Year Ended 9/30/2021	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2020			\$	(4,963,960)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,168,942
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	10,321,310
D. Net Income or Deficit			\$	847,632
E. Balance			\$	(4,116,328)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions				
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(4,116,328)

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Milford B, LLC	License No. 2410	Report for Year Ended 9/30/2021	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
CJLC LLC				
Address Address			Phone Number	
225 Pitkin Street, East Hartford, CT 06108			860-610-9009	
Annual Report Contact			Phone Number	
CJLC			860-610-9009	
Annual Report Contact Email Address				
annualreports@cjlc.com				