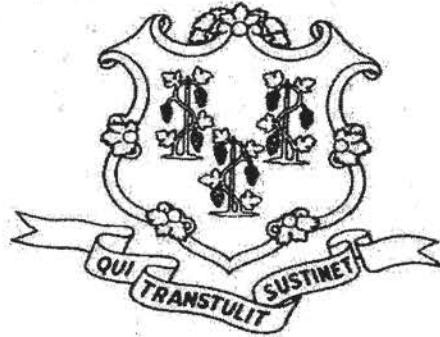


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care	
Address (No. & Street, City, State, Zip Code) 710 Long Ridge Road, Stamford, CT 06902	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2408	RHNS	(Specify)	Medicare Provider 07-5394
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Medicaid Provider Numbers:	CCNH 21197	RHNS	ICF-IID
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For Department Use Only

Sequence Number Assigned	Signed and Notarized	Date Received	Sequence Number Assigned	Signed and Notarized	Date Received

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General Information

Name of Facility (as licensed) Senior Philanthropy of Stamford, D/B/A Long Ridge I	License No. 2408	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

{a} Subject to Desk Audit Review

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Marion Najamy			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 Stamford, D/B/A Long Ridge Post-Acute Care		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 710 Long Ridge Road, Stamford, CT 06902				
Report Prepared By Marcum LLP		Phone Number 203-781-9600	Date 10/23/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility (203) 329-4026		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acu		Address (No. & Street, City, State, Zip) 710 Long Ridge Road, Stamford, CT 06902		
License Numbers:	CCNH 2408	RHNS (Specify)	Medicare Provider No. 07-5394	
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 Marion Najamy		Nursing Home Administrator's License No.:	1548	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Senior Philanthropy of Stamford, D/B/A Long	License No. 2408	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care	710 Long Ridge Road, Stamford, CT 06902	Florida		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Ben Atkins	24641 US Hwy 19 N., Clearwater, FL 33763-5007	Chairman		
Joseph A Garff	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Director		
Gene Rensch	24641 US Hwy 19 N., Clearwater, FL 33763-5007	VP, Secretary		
Chris Pape	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CFO		
RB Bridges	24641 US Hwy 19 N., Clearwater, FL 33763-5007	CEO		
Names of Stockholders Owning at Least 10% of Shares				
N/A				

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Long Rid	2408	9/30/2018	3B	37

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

Owner(s) of Facility

N/A

General Information and Questionnaire
Related Parties*

Name of Facility Senior Philanthropy of Stamford, D/B/A Long Ridge P	License No. 2408	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Eagle Lake Foundation, Inc.	24641 US Hwy 19 N., Clearwater, FL 33763-5007	<input type="radio"/>	<input checked="" type="radio"/>		AHT Fees, Health Ins, Acctg Fees	Various	115,864	115,864
Cheshire, LLC d/b/a Cheshire Regional Rehab	745 Highland Avenue, Cheshire, CT 06410	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Regional Admissions	Various	14,180	14,180
Danbury, LLC d/b/a Western Rehabilitation Care	107 Osborne St. Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Shared Consulting Fees	Various	166	166
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Internet, Recruitment, IT Support	Various	63,408	63,408
Newington, LLC d/b/a Newington Rapid Recovery	240 Church St, Newington, CT 06111	<input type="radio"/>	<input checked="" type="radio"/>		Loan Interest, MDS Shared Staff, Bank Fees	Various	2,323,047	2,323,047
Milford O, LLC dba West River Rehab Center	245 Orange Ave, Milford, CT 06461	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff- Admin, Nursing	Various	16,399	16,399
Milford B, dba Golden Hill Rehab Pavilion	2028 Bridgeport Ave, Milford, CT 06460	<input type="radio"/>	<input checked="" type="radio"/>		Shared Staff - Respiratory Therapist	Various	7,956	7,956
Westport, LLC, d/b/a Westport Rehabilitation	1 Burr Rd, Westport, CT 06880	<input type="radio"/>	<input checked="" type="radio"/>		AR Resident Refund	Various	1,178	1,178
Traditions Senior Management	24641 US Highway 19 North - Clearwater FL, 33763	<input type="radio"/>	<input checked="" type="radio"/>		Management Fees	Page 16/ Line m12	321,830	329,232

* Use additional sheets if necessary.

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

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-A			2408	9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Canon Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copier	06/01/15	60 months	8,880	8,880	
	<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 ***							8,880	

* 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 Stamford, D	License No. 2408	Report for Year Ended 9/30/2018	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 RX Audit 2 3 4		Address (No. & Street, City, State, Zip Code) 6001 SW County Road 141, Jasper, FL 32052		
Services Provided by This Firm (<i>describe fully</i>)				
1	Pharmacy Bill Audits		\$	1,200
2	Accrued Accounting Expense (provider will provide detail during audit)		\$	34,357
3			\$	
4			\$	
			Charge for Services Provided	\$ 35,557
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 See Attached pg. 7a 2 3 4 5			Telephone Number	
Address (No. & Street, City, State, Zip Code) 1 2 3 4 5				
Services Provided by This Firm (<i>describe fully</i>)				
1			\$	31,306
2			\$	
3			\$	
4			\$	
5			\$	
			Charge for Services Provided	\$ 31,306
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1e				

Name of Legal Firm or Independent Attorney	Address	Telephone Number
1 Jackson Lewis	PO Box 416019, Boston, MA 02241	203-227-9545
2 Littler Mendelson PC	PO Box 45547, San Francisco, CA 94145	
3 Constangy, Brooks & Smith, LLP	PO Box 10476, Atlanta, GA 30368	
4 Beverly J Hodgson	17 Temple Court, New Haven, CT 06511	
5 American Arbitration Association	950 Warren Ave, East Providence, RI 02914	
6 Goldman, Gruder & Woods	200 Connecticut Ave, Norwalk, CT 06854	
7 Eagle Lake Foundation	24641 US HWY 19, Clearwater, FL 33763	
8 CT Corporation	PO Box 4349, Carol Stream, IL 60197	
9 State of Connecticut		
10		

Services Provided by This Firm	Charge for Service Provided
1 EEOC Charges /Cap Fee/CHUBB - pending cases	254
2 EEOC Charges/Pay rates changes - pending cases	8,797
3 FMLA Consult	28
4 Cancellation Fee Union Arbitration (Self-disallow)	1,400
5 Grievance/Article 20 (Self-disallow)	55
6 Resident Legal Matters	4,176
7 Loan Renewal Legal Fees (Self-disallow)	85
8 Domestic Representation (Self-disallow)	235
9 Conservator Fees (Self-disallow)	450
10 Accrued Legal Fees (provider will provide detail during audit)	15,826
Total	31,306

Schedule of Resident Statistics

Name of Facility		License No.			Report for Year Ended				Page	of			
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care		2408			9/30/2018				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	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	114	114			114	114			112	112			
B. As of midnight of THIS report period	111	111			112	112			111	111			
3. Total Number of Days Care Provided During Period													
A. Medicare	4,358	4,358			3,334	3,334			1,024	1,024			
B. Medicaid (Conn.)	30,386	30,386			22,515	22,515			7,871	7,871			
C. Medicaid (other states)													
D. Private Pay	1,855	1,855			1,282	1,282			573	573			
E. State SSI for RCH													
F. Other (Specify)	4,140	4,140			3,305	3,305			835	835			
G. Total Care Days During Period (3A thru F)	40,739	40,739			30,436	30,436			10,303	10,303			
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)	40,739	40,739			30,436	30,436			10,303	10,303			

Schedule of Resident Statistics (Cont'd)

Name of Facility Senior Philanthropy of Stamford, D/B/A Long			License No. 2408			Report for Year Ended 9/30/2018			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	14		77		20								
Per Diem Rate													
a. One bed rm.	Various		290.00		617.00								
b. Two bed rms.	Various		290.00		549.86								
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								4,732	4,732				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,706	1,706				
2. Restorative Treatments													
C. Other								22,460	22,460				
D. Total Physical Therapy Treatments								28,898	28,898				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								629	629				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								203	203				
2. Restorative Treatments													
C. Other								1,974	1,974				
D. Total Speech Therapy Treatments								2,806	2,806				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								4,676	4,676				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,626	1,626				
2. Restorative Treatments													
C. Other								19,494	19,494				
D. Total Occupational Therapy Treatments								25,796	25,796				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Ad	2408	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	145,617	2,110				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	160,478	6,507				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	604,734	30,979				
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	333,789	20,885				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	70,109	3,072				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	103,945	5,879				
9. Barber and Beautician Services						
10. Protective Services	111,746	5,773				
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	347,101	7,235				
b. RN						
1. Direct Care	1,011,046	20,757				
2. Administrative**	202,559	3,996				
c. LPN						
1. Direct Care	1,127,255	40,691				
2. Administrative**						
d. Aides and Attendants	1,735,409	104,191				
e. Physical Therapists	15,435	1,072				
f. Speech Therapists	1,013	70				
g. Occupational Therapists	20,194	809				
h. Recreation Workers	77,210	4,768				
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	112,337	3,552				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	69,480	2,170				
A-13. Total Salary Expenditures	6,249,457	264,516				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Salaries - Admissions Coordinator	\$ 69,480	2,170				
Total	\$ 69,480	2,170	\$ -	-	\$ -	-

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 Stamford, D/B/A Long Ridge Post-Acute Care				2408		9/30/2018			11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care				2408	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Marion Najamy	145,617			Non-Discrim.	Administrator	2,110	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 Stamford, D/B/A Long Ridge	2408	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	11,076	55				
3. Pharmacist	26,558	120				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	515,214	7,225	Estimate			
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	18,000	240				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) Pulmonologist	5,139	2				
9. Speech Therapist						
a. Resident Care	119,456	702	Estimate			
b. Other						
10. Occupational Therapist						
a. Resident Care	460,798	6,449	Estimate			
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	1,156,241	14,793				

* 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 Senior Philanthropy of Stamford, D/B/A Long Ridge Po		License No. 2408	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Michael Fusco MD, 90 Morgan Street Suite 304, Stamford, CT 06905	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Partners Pharmacy, P.O. Box 9689, Uniondale, NY 11555	Pharmacist	<input type="radio"/>	<input checked="" type="radio"/>		
Pact Physicians Alliance of CT LLC, 322 East Main Street Suite 1B, Branford CT 06405	Nursing Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Dental Group, 888 Worcester St., Suite 130, Wellesley, MA 02482	Dental Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Encore Rehabilitation Services, 33533 W 12 Mile Road Suite 290, Farmington Hills, MI 48331	PT, ST, & OT	<input type="radio"/>	<input checked="" type="radio"/>		
Pact Physicians Alliance of CT LLC, 322 East Main Street Suite 1B, Branford CT 06405	Pulmonologist	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<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 Stamford, D/B/A Long R	2408	9/30/2018		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 494,875	494,875			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 161,595	161,595			
4. Social Security (F.I.C.A.)	\$ 472,709	472,709			
5. Health Insurance	\$ 838,948	838,948			
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 4,997	4,997			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 373,204	373,204			
8. Uniform Allowance	\$ 22,021	22,021			
9. Other (Specify) See Attached Schedule	\$ 20,981	20,981			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*	\$ 185,490	185,490			
d. Accounting and Auditing	\$ 35,557	35,557			
e. Legal (Services should be fully described on Page 7)	\$ 31,306	31,306			
f. Insurance on Lives of Owners and Operators (Specify)*	\$				
g. Office Supplies	\$ 10,083	10,083			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 75,257	75,257			
2. Cellular Phones	\$ 3,449	3,449			
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	\$ 717,239	717,239			
Subtotal	\$ 3,447,711	3,447,711			

* 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 Stamford, D/B/A Long Ridge Post-Acute Care
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
	-		
Employee Food/Alcohol (Self-disallow)	\$ 9,504		
Holiday Fund (Self-disallow)	\$ 1,185		
Prior Period Adjustment - Payroll Error (Self-disallow)	\$ 5,023		
Health Insurance Grievance (Self-disallow)	\$ 450		
Employee Physical/Exams	\$ 3,530		
Employee Drug Testing	\$ 461		
Employee Assistance Program	\$ 828		
Total	\$ 20,981	\$ -	\$ -

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 Stamford, D/B/A Long Ridge	2408	9/30/2018	16	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	3,447,711	3,447,711		
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 64	64		
4. Employee Travel	\$ 2,184	2,184		
5. Education Expenses Related to Seminars and Conventions	\$ 1,418	1,418		
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)	\$ 1,776	1,776		
2. Advertising Telephone Directory (all such expenses)***	\$			
3. Advertising Other (Specify)*** See Attached Schedule	\$ 2,651	2,651		
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	\$ 3,263	3,263		
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 9,287	9,287		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 303	303		
9. Subscriptions	\$ 15,091	15,091		
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$ 158,043	158,043		
12. Administrative Management Services**	\$ 321,830	321,830		
13. Other (Specify) See Attached Schedule	\$ 110,987	110,987		
C-14 Total Administrative & General Expenditures	\$ 4,074,608	4,074,608		

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
	-		
Media Advertising-Mkt	\$ 710		
Special Events-Mkt	\$ 1,941		
Total Other Advertising	\$ 2,651	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
	-		
CT Association of Health Care Facilities membership dues	\$ 8,888		
Traditions Management membership trademark	\$ 399		
Total Dues	\$ 9,287	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
	-		
Software Expense - Nursing Adm	\$ 2,348		
Licenses/Permits-Nursing Adm	\$ 718		
Background Checks-Nursing	\$ 867		
Background Checks-Dietary	\$ 105		
Licenses/Permits-Dietary	\$ 420		
Background Checks-Hskp	\$ 105		
Licenses/Permits-Maint	\$ 480		
Holiday Decorations-Activities-SNF (Self-disallow)	\$ 40		
Licenses/Permits	\$ 140		
Patient Trust Bond	\$ 996		
Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 79		
Equipment Minor-Adm	\$ 3,866		
Internet Access-Adm	\$ 16,714		
Records Storage - Adm	\$ 5,443		
Equipment Rental-Adm	\$ 984		
Misc Decor-Adm (Self-disallow)	\$ 89		
Holiday Decorations-Adm (Self-disallow)	\$ 187		
Collection Fees/Credit Card Fees (Self-disallow)	\$ 3,259		
Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 21,356		
Bank Service Charges-Adm	\$ 52,195		
Employee/Guest meals (Self-disallow)	\$ (81)		
Wanderguard Alert System	\$ 677		
Total Other Administrative and General	\$ 110,987	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A I	2408	9/30/2018	17	37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #	
Traditions Senior Management, 24641 US Highway 19 North - Clearwater FL, 33763	321,830	Handles all the operations and financial functions directly related to the facility.	Page 16/ Line m12	

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridge P		2408	9/30/2018	18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 278,536	278,536			
2. Non-Food Supplies	\$ 71,794	71,794			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)					
	\$ 20,271	20,271			
c. Other (Specify) _____					
Equipment Rental	\$ 616	616			
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 371,217	371,217			
2F. Dietary Questionnaire					
G. Resident Meals: Total no. of meals served per day:*		Total	CCNH	RHNS	(Specify)
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridge Po		2408	9/30/2018		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
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)		\$	67,125	67,125		
c. Other (Specify) Minor Equipment		\$	239	239		
3D. Total Laundry Expenditures (3a + b + c)		\$	67,364	67,364		
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.		
L. Where is the revenue received reported in the Cost Report?		(Page/Line Item)				

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Senior Philanthropy of Stamford, D/B/A Long		2408	9/30/2018		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. \$	71,502	71,502		
C.	Other (<i>Specify</i>) Supplies and Minor Equipment		\$ 1,481	1,481		
4D.	Total Housekeeping Expenditures (4a + b + c)		\$ 72,983	72,983		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$	243,290	243,290		
b.	Medicine Cabinet Drugs	\$	25,051	25,051		
c.	Medical and Therapeutic Supplies	\$	134,993	134,993		
d.	Ambulance/Limousine***	\$	2,168	2,168		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	18,477	18,477		
f.	X-rays and Related Radiological Procedures***	\$	13,651	13,651		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	20,406	20,406		
i.	Recreation	\$	40,686	40,686		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	90,312	90,312		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	589,034	589,034		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
	-		
Minor Equipment & Supplies - Therapy	\$ 1,543		
IV Supplies - Medicaid	\$ 5,468		
IV Drugs - Medicare (Self-disallow)	\$ 10,816		
Medical Equipment Rental	\$ 28,452		
Minor Equipment - Nursing	\$ 26,675		
IV Drugs - Managed Care (Self-disallow)	\$ 15,935		
IV Drugs - Medicaid	\$ 391		
Medical Waste Disposal	\$ 1,032		
Total Other Resident Care	\$ 90,312	\$ -	\$ -

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 Stamford, D/B/A Long Ridge Post-Acute Care			2408	9/30/2018	21	37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***					
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line	
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	20,271				18	3b
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping	71,501				20	4b
Healthcare Service Group	Suite 300, Bensalem PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry	67,121				19	3b
Brian Capone Land Services LLC	27 Diamondcrest Lane, Stamford, CT 06903	<input type="radio"/>	<input checked="" type="radio"/>		Grounds Maintenance	42,630				22	6f
Davis Disposal Service Inc.	127 Orchard St, Stamford, CT 06902	<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal Services	38,026				22	6f
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								

* 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 Stamford, D/B/A Long	2408	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 48,377	48,377				
b. Heat	\$ 44,736	44,736				
c. Light & Power	\$ 135,506	135,506				
d. Water	\$ 99,238	99,238				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 8,880	8,880				
f. Other (<i>itemize</i>)	\$ 148,698	148,698				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 485,435	485,435				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$ 20,403	20,403				
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 81,629	81,629				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 102,032	102,032				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$					
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,405,443	1,405,443				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 90,127	90,127				
c. Personal property taxes	\$ 11,069	11,069				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,608,671	1,608,671				

* 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)
	-		
Electrical-Maint	\$ 4,818		
Plumbing-Maint	\$ 9,427		
HVAC/Boiler Maint	\$ 16,964		
Paint-Maint	\$ 3,439		
Alarm Monitoring-Maint	\$ 1,328		
Alarm Inspection-Maint	\$ 7,654		
Alarm Repairs-Maint	\$ 3,851		
Grounds Maintenance-Maint	\$ 42,631		
Sprinklers-Maint	\$ 657		
Elevator-Maint	\$ 5,651		
Pest Control-Maint	\$ 4,728		
Maint Contracts- Generator	\$ 3,425		
Equipment Rental-Maint	\$ 1,979		
Waste Disposal -Grease/Trash	\$ 38,026		
Copier- Maintenance Agreement			
	\$ 4,120		
Total Other Repairs and Maintenance	\$ 148,698	\$ -	\$ -

Depreciation Schedule

Name of Facility Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care			License No. 2408		Report for Year Ended 9/30/2018			Page 23	of 37		
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
A. Land Improvements											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
A-4. Subtotal											
B. Building and Building Improvements											
1. Acquired prior to this report period	183,573		183,573	17,255	S/L	Various	11,017				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)	152,079		152,079		S/L	Various	9,386				
B-4. Subtotal								20,403			
C. Non-Movable Equipment											
1. Acquired prior to this report period											
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
C-4. Subtotal											
	Is a mileage logbook maintained?	Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year							
D. Movable Equipment											
1. Motor Vehicles (Specify name, model and year of each vehicle)											
a. 2015 Ford Transit 250 -10 Passenger			7	15	40,257	40,257	20,128	S/L	5	8,051	
b. Corporate Fleet- Taxable sales tax			5	16	1,110	1,110	444	S/L	5	222	
c. Corporate Fleet- Taxable sales tax			9	17	1,693	1,693	339	S/L	5	339	
d. Transfer of Van to BR			7	15	(43,060)	(43,060)		S/L	5	(8,612)	
2. Movable Equipment											
a. Acquired prior to this report period			Var.	Var.	1,305,352	1,305,352	1,021,968	S/L	Various	79,587	
b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)			Var.	Var.	14,357	14,357		S/L	Various	2,042	
D-3. Subtotal											81,629
E. Total Depreciation											102,032

Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acute Care
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

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

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
8/23/2018	Driveway Restoration	\$ 13,836	20	\$ 692
12/1/2017	New Facility Lighting	\$ 83,993	15	\$ 5,600
1/29/2018	Water Heater	\$ 17,851	15	\$ 1,190
8/15/2018	1st Floor Call Bell System	\$ 31,373	20	\$ 1,569
7/23/2018	Condensor	\$ 5,026	15	\$ 335
Total additions for Building Improvement		\$ 152,079		\$ 9,386 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

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

Schedule of Non-Movable Equipment Acquired during this report period

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

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

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/9/2017	Electric Body Lift	\$ 4,863	10	\$ 486
11/9/2017	Slings for Electric Body Lift	\$ 3,427	10	\$ 343
3/23/2018	Trays/Domes	\$ 6,067	5	\$ 1,213
Total additions for Movable Equipmen		\$ 14,357		\$ 2,042 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

**Senior Philanthropy of Stamford, LLC
 Cost Report Year 2018
 Medicaid Cost Report - Depreciation Summary**

Historical Cost	Date Placed in Service	Cost	Method	Life	9/30/2017 Depreciation Amount	9/30/2017 Accumulated Depreciation	9/30/2018 Depreciation Amount	9/30/2018 Accumulated Depreciation	Net Book Value
Building Improvements									
Prior Owner's Assets		6,795	S/L	VAR	340	1,190	340	1,530	5,265
Total Prior to 2015		6,795			340	1,190	340	1,530	5,265
2015 Additions									
Elevator Board Replacement	4/7/2015	12,312	S/L	20	616	1,539	616	2,155	10,157
Kitchen Floor	7/17/2015	2,975	S/L	20	149	372	149	521	2,455
Total Additions 2015		15,287			764	1,911	765	2,676	12,611
2016 Additions									
Elevator Board Replacement	4/7/2015	782	S/L	20	39	78	39	117	665
Building Improvements	9/13/2015	30,044	S/L	20	1,502	3,004	1,502	4,506	25,538
Elevator Processor Board	8/12/2015	17,993	S/L	20	900	1,799	900	2,699	15,294
Glass Window	6/14/2016	7,925	S/L	15	528	1,057	528	1,585	6,340
Dynalock Sys	6/30/2016	3,775	S/L	15	252	503	252	755	3,020
Elevator Capacitor rebuild	8/23/2016	2,450	S/L	20	123	245	123	368	2,082
Fire Pump	9/2/2006	7,801	S/L	15	520	1,040	520	1,560	6,241
Fire Pump	9/2/2016	5,688	S/L	15	379	758	379	1,137	4,551
Total Additions 2016		76,459			4,243	8,486	4,243	12,729	63,730
2017 Additions									
Fire Barriers	10/16/2016	11,018	S/L	15	735	735	735	1,470	9,548
New Facility Lighting	4/15/2017	74,013	S/L	15	4,934	4,934	4,934	9,868	64,145
Total Additions 2017		85,031			5,669	5,669	5,669	11,338	73,693
2018 Additions									
Driveway Restoration	8/23/2018	13,836	S/L	20	-	-	692	692	13,144
New Facility Lighting	12/1/2017	83,993	S/L	15	-	-	5,600	5,600	78,393
Water Heater	1/29/2018	17,851	S/L	15	-	-	1,190	1,190	16,661
1st Floor Call Bell System	8/15/2018	31,373	S/L	20	-	-	1,569	1,569	29,804
Condensor	7/23/2018	5,026	S/L	15	-	-	335	335	4,691
Total Additions 2018		152,079			-	-	9,386	9,386	142,693
Total Building Improvements		335,651			11,016	17,255	20,403	37,658	297,993

Vehicles

2015 Additions									
2015 Ford Transit 250 -10 Passenger Wagon	7/3/2015	40,257	S/L	5	8,051	20,129	8,051	28,180	12,077
		<u>40,257</u>			<u>8,051</u>	<u>20,129</u>	<u>8,051</u>	<u>28,180</u>	<u>12,077</u>
2016 Additions									
Corporate Fleet- Taxable sales tax	5/16/2016	1,110	S/L	5	222	444	222	666	444
2017 Additions									
Corporate Fleet- Taxable sales tax	9/30/2017	1,693	S/L	5	339	339	339	678	1,015
2018 Additions									
Transfer of Van to BR	7/3/2015	(40,257)	S/L	5	-	-	(8,051)	(8,051)	(32,206)
Corporate Fleet- Taxable sales tax	5/16/2016	(1,110)	S/L	5	-	-	(222)	(222)	(888)
Corporate Fleet- Taxable sales tax	9/30/2017	(1,693)	S/L	5	-	-	(339)	(339)	(1,354)
Total Additions 2018		<u>(43,060)</u>			<u>-</u>	<u>-</u>	<u>(8,612)</u>	<u>(8,612)</u>	<u>(34,448)</u>
Total Vehicles		-			8,612	20,912	(0)	20,911	(20,911)

Moveable Equipment

Landlord's Moveable Equipment (Fully Depreciation Assets Removed)									
		1,056,759			42,501	936,122	42,501	978,623	78,136
Prior Owner's Assets	Various	40,773			1,420	4,970	1,420	6,390	34,383
Total Prior to 2015		<u>40,773</u>			<u>1,420</u>	<u>4,970</u>	<u>1,420</u>	<u>6,390</u>	<u>34,383</u>
2015 Additions									
Sonic Wall	4/30/2015	3,609	S/L	15	241	601	241	842	2,767
Canon Copiers @2	5/30/2015	29,124	S/L	5	5,825	14,562	5,825	20,387	8,737
Washer	4/1/2015	11,375	S/L	15	758	1,896	758	2,654	8,721
Slings	6/1/2015	13,645	S/L	5	2,729	6,823	2,729	9,552	4,093
Wheelchairs scales	7/6/2015	5,019	S/L	5	1,004	2,510	1,004	3,514	1,505
HVAC	7/6/2015	3,495	S/L	10	350	874	350	1,224	2,271
AHT Software	7/1/2015	3,022	S/L	3	1,007	2,519	503	3,022	0
Tilting Skillet	8/19/2015	13,400	S/L	5	2,680	6,700	2,680	9,380	4,020
Total Additions 2015		<u>82,689</u>			<u>14,593</u>	<u>36,484</u>	<u>14,090</u>	<u>50,574</u>	<u>32,115</u>
2016 Additions									
Floor Model Mixer	7/24/2015	2,955	S/L	10	296	591	296	887	2,068
Replace Water Heater Burner	12/4/2015	3,108	S/L	10	311	622	311	933	2,175
Alarm Monitors & Pads	1/26/2015	986	S/L	10	99	197	99	296	690
Electronic Thermometer	3/28/2015	625	S/L	5	125	250	125	375	250
Pressure Mattress	6/28/2015	2,957	S/L	5	591	1,183	591	1,774	1,183
Alarm Monitors & Pads	7/1/2015	671	S/L	10	67	134	67	201	470
Alarm Monitors & Pads	8/13/2015	919	S/L	10	92	184	92	276	643
Alarm Monitors & Pads	9/4/2015	919	S/L	10	92	184	92	276	643

Refrigerator	6/3/2015	662	S/L	10	66	132	66	198	464
Alarm Clock Radio	6/18/2015	78	S/L	5	16	31	16	47	31
Refrigerator	7/29/2015	688	S/L	10	69	138	69	207	482
Window AC Units	8/3/2015	1,312	S/L	10	131	262	131	393	919
Window AC Units	6/30/2015	656	S/L	10	66	131	66	197	459
TV Package- Electrical	8/27/2015	1,710	S/L	5	342	684	342	1,026	684
Mattresses	8/10/2015	1,873	S/L	5	375	749	375	1,124	749
Attendant Floor Pad	9/19/2015	996	S/L	5	199	398	199	597	399
Wheelchair	9/14/2015	375	S/L	10	37	75	37	112	263
Computer Cart	11/12/2015	2,048	S/L	5	410	819	410	1,229	819
Alarm Monitors & Pads	11/30/2015	617	S/L	10	62	123	62	185	431
Computer Equipment	1/14/2015	3,109	S/L	5	622	1,244	622	1,866	1,243
Computer Server	2/20/2015	575	S/L	5	115	230	115	345	230
Plastic Card Printer	1/15/2015	1,132	S/L	5	226	453	226	679	453
Desktop Computer	2/27/2015	996	S/L	5	199	398	199	597	399
Printer	10/14/2015	913	S/L	5	183	365	183	548	365
Printer	11/11/2015	913	S/L	5	183	365	183	548	365
Phone Switchboard	8/26/2015	1,539	S/L	5	308	616	308	924	615
Linen Carts	5/29/2015	1,346	S/L	10	135	269	135	404	942
Computers/Kiosk	1/9/2015	848	S/L	5	170	339	170	509	339
Equipment Buy Out	10/1/2015	22,935	S/L	5	4,587	9,174	4,587	13,761	9,174
Digital Scales	6/1/2015	1,650	S/L	5	330	660	330	990	660
Mattresses	9/2/2015	4,291	S/L	5	858	1,716	858	2,574	1,717
Easy Lifts	9/15/2015	4,421	S/L	10	442	884	442	1,326	3,095
Snow Blower	11/4/2015	783	S/L	10	78	157	78	235	549
Bed	12/8/2015	3,194	S/L	10	319	639	319	958	2,236
Canon	12/15/2015	3,017	S/L	5	603	1,207	603	1,810	1,207
Bed	1/12/2016	3,197	S/L	10	320	639	320	959	2,237
Medical Equip	1/25/2016	14,680	S/L	5	2,936	5,872	2,936	8,808	5,872
Equipment Buy Out	2/1/2016	6,690	S/L	5	1,338	2,676	1,338	4,014	2,676
Bladder Scanner	4/6/2016	3,212	S/L	5	642	1,285	642	1,927	1,285
Cat 6 wire	4/20/2015	2,730	S/L	10	273	546	273	819	1,911
Kitchen Equip	3/30/2016	5,108	S/L	5	1,022	2,043	1,022	3,065	2,043
Mattress	5/1/2016	1,426	S/L	5	285	571	285	856	571
System set up	6/23/2016	5,191	S/L	5	1,038	2,076	1,038	3,114	2,076
Phone Switchboard system	6/23/2016	5,408	S/L	5	1,082	2,163	1,082	3,245	2,163
PT Station	7/1/2015	1,364	S/L	10	136	273	136	409	955
Mattress	7/7/2016	2,913	S/L	5	583	1,165	583	1,748	1,165
BCM System	8/31/2016	1,149	S/L	10	115	230	115	345	804
Refrigerator	9/1/2016	2,472	S/L	10	247	494	247	741	1,730
Total Additions 2016		131,356			22,819	45,638	22,821	68,459	62,897
2017 Additions									
Int per Cap Leases - Audit adj	12/1/2016	(6,225)	S/L	5	(1,245)	(1,245)	(1,245)	(2,490)	(3,735)

2018 Additions

Electric Body Lift	11/9/2017	4,863	S/L	10	-	-	486	486	4,377
Slings for Electric Body Lift	11/9/2017	3,427	S/L	10	-	-	343	343	3,084
Trays/Domes	3/23/2018	6,067	S/L	5	-	-	1,213	1,213	4,854
Total 2018 Additions		<u>14,356</u>			<u>-</u>	<u>-</u>	<u>2,042</u>	<u>2,042</u>	<u>12,314</u>

Total Moveable Equipment		1,319,708			80,088	1,021,968	81,629	1,103,597	216,111
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Total for 2018		1,655,359			99,716	1,060,135	102,032	1,162,167	493,192
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Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Ac			2408		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Senior Philanthropy of Stamford, D/B/A	License No. 2408	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	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
710 Long Ridge Rd LLC	710 Long Ridge Road, Stamford, CT 06902	04/01/15	10 Years	1,405,443

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 Stamford, D/B		2408	9/30/2018		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended			Page	of
Senior Philanthropy of Stamford, D		2408		9/30/2018			27	37
Item				Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:								
12. C. Movable Equipment								
1. Automotive Equipment				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
2. Other (Specify)				\$				
A. Item		Rate	Amount					
Lender								
Address of Lender								
B. Item		Rate	Amount					
Lender								
Address of Lender								
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$				
12. D. Other Interest Expense (Specify) LOC Interest & Other interest				\$	14,167	14,167		
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	14,167	14,167		
14. Insurance								
a. Insurance on Property (buildings only)				\$	13,068	13,068		
b. Insurance on Automobiles				\$	1,461	1,461		
c. Insurance other than Property (as specified above)								
1. Umbrella (Blanket Coverage)				\$	51,057	51,057		
2. Fire and Extended Coverage				\$				
3. Other (Specify) D&O and Crime Insurance Policies				\$	8,023	8,023		
14d. Total Insurance Expenditures (14a + b + c)				\$	73,609	73,609		
15. Total All Expenditures (A-13 thru C-14)				\$	14,762,786	14,762,786		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-Acu				2408	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 20,194	20,194		
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.	13	B10a	Occupational Therapy	\$ 460,798	460,798		
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 185,490	185,490		
10.	15	1d	Accounting	\$			
10a.			Legal	\$ 2,225	2,225		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 2,009	2,009		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	L3	Gifts, flowers and coffee shops	\$ 64	64		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2/3	Unallowable Advertising *	\$ 2,651	2,651		
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ 47,335	47,335		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 41,091	41,091		
Page 18 - Dietary Expenditures							
24.	30	IV1	Meals to employees, guests and others who are not residents	\$ 1,025	1,025		
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)				\$ 762,882	762,882		

* 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	Holiday Decorations-Activities-SNF (Self-disallow)	\$ 40		
16	m13	Resident Reimburse on Lost/Stolen Items (Self-disallow)	\$ 79		
16	m13	Misc Decor-Adm (Self-disallow)	\$ 89		
16	m13	Holiday Decorations-Adm (Self-disallow)	\$ 187		
16	m13	Collection Fees/Credit Card Fees (Self-disallow)	\$ 3,259		
16	m13	Late fees/Fines/Finance Charges-Adm (Self-disallow)	\$ 21,356		
16	m13	Employee/Guest meals (Self-disallow)	\$ (81)		
15	m9	Employee Food/Alcohol (Self-disallow)	\$ 9,504		
15	m9	Holiday Fund (Self-disallow)	\$ 1,185		
15	m9	Prior Period Adjustment - Payroll Error (Self-disallow)	\$ 5,023		
15	m9	Health Insurance Grievance (Self-disallow)	\$ 450		
Total Other A&G Adjustments			\$ 41,091	\$ -	\$ -

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

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

Total Bed Capacity	120
# of Allowable Cell Phones	4

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

Page 15 Line 1h2	<u>Amount</u>
Cell Phone expense per TB	\$ 3,449
Allowable Cell Phone expense	\$ 1,440
Disallowed Cell Phone expense	<u>\$ 2,009</u> Page 28 Line 12

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

<u>Description</u>	<u>Amount</u>
Management fees Charged	329,232 **
Patient Days	40,739 Page 8 of C/R
Amount Per Patient Day	\$ 8.0815
PPD Allowance Per Rate Agreement	6.67
2018 CPI Increase	0.07
PPD Allowance 9/30/2018	6.74
Amount over (Under)	\$ 1.3436
Total Days	40,739 Page 8 of C/R
Part 1 Disallowed Management Fee	\$ 54,737
Management fees Charged (Pg. 16 / Line m12)	321,830
Actual Costs to the Related Party - Allowable Expense	329,232
Part 2 Disallowed Management Fee	\$ (7,402)
Total Disallowed Mangement Fee	\$ 47,335 Pg. 28 / line 21

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

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

Name of Facility				License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Long Ridge Post-A				2408	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 762,882	762,882		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 243,290	243,290		
28.	20	5d	Ambulance/Limousine	\$ 2,168	2,168		
29.	20	5f	X-rays, etc	\$ 13,651	13,651		
30.	20	5h	Laboratory	\$ 20,406	20,406		
31.	30	112a/c	Medical Supplies	\$ 4,930	4,930		
32.	20	5e2	Oxygen (non emergency)	\$ 18,477	18,477		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 56,441	56,441		
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	\$ 2,448	2,448		
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)			\$ 1,124,693	1,124,693		

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14C3	D&O Insurance	\$ 1,124		
30	IV8	Vending Machine Revenue (Self-disallow)	\$ 1,324		
Total Other Adjustments			\$ 2,448	\$ -	\$ -

Schedule of Unallowable Building Interest

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

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

Total Cable TV Expense acct #560717 Amount
\$ 33,290 TB Linked

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

Disallowed Cable TV \$ 29,690

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Senior Philanthropy of Stamford, D/B/A I2408		9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 15,963,502	15,963,502			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,223,364)	(7,223,364)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 2,199,059	2,199,059			
b. Medicare Room and Board Contractual Allowance **	\$ 694,200	694,200			
4. a. Private-Pay Residents and Other	\$ 3,266,729	3,266,729			
b. Private-Pay Room and Board Contractual Allowance **	\$ (612,300)	(612,300)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 174,014	174,014			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 162,579	162,579			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ 2,660	2,660			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 2,270	2,270			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 1,115,034	1,115,034			
b. Physical Therapy - Medicare Contractual Allowance **	\$				
c. Physical Therapy - Non-Medicare	\$ 724,074	724,074			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 476,594	476,594			
b. Speech Therapy - Medicare Contractual Allowance **	\$				
c. Speech Therapy - Non-Medicare	\$ 243,815	243,815			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 1,007,076	1,007,076			
b. Occupational Therapy - Medicare Contractual Allowance **	\$				
c. Occupational Therapy - Non-Medicare	\$ 652,491	652,491			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ (2,430,276)	(2,430,276)			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (1,655,492)	(1,655,492)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,762,665	14,762,665			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$ 1,025	1,025			
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 2	2			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 86,341	86,341			
V. Total Other Revenue (1 thru 8)	\$ 87,368	87,368			
VI. Total All Revenue (III +V)	\$ 14,850,033	14,850,033			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30II6a	Laboratory- MCR A-SNF	\$ 16,714		
30II6a	IV Therapy-MCR A-SNF	\$ 15,099		
30II6a	XRAY MRA	\$ 11,529		
30II6a	Contractual Adj- Ancill- MCR A-SNF	\$ (2,054,455)		
30II6a	Sequestration - MCR B	\$ (5,617)		
30II6a	Contractual Adj- Ancill- MCR B-SNF	\$ (413,546)		
Total Other Resident Revenue - Medicare		\$ (2,430,276)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30II6b	Routine Revenue Adjustment-SNF PVT	\$ (32,906)		
30II6b	Laboratory- MCD- SNF	\$ 287		
30II6b	IV Therapy-MCD-SNF	\$ 8,199		
30II6b	Contractual Adj- Ancillaries- MCD-SNF	\$ (285,580)		
30II6b	Laboratory-Hospice-SNF	\$ 213		
30II6b	Contractual Adj- Ancill- Hospice-SNF	\$ (1,201)		
30II6b	XRAY - INS	\$ 765		
30II6b	Contractual Allowance-Ins. R/S	\$ (649)		
30II6b	Laboratory VA	\$ 1,069		
30II6b	IV Therapy VA	\$ 140		
30II6b	Radiology VA	\$ 198		
30II6b	Cont Adjmt Ancillary VA	\$ (45,358)		
30II6b	Lab HMO	\$ 8,958		
30II6b	IV THERAPY	\$ 22,186		
30II6b	Radiology HMO	\$ 6,204		
30II6b	Evercare Revenue - A	\$ 6,615		
30II6b	Sequestration - HMO	\$ (2,481)		
30II6b	Contractual Adj- Ancillary HMO	\$ (1,342,151)		
Total Other Resident Revenue		\$ (1,655,492)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
			-		
30IV5	Interest Income		\$ 2		
Total Interest Income			\$ 2	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
		-		
30IV8	Vending Machine Revenue (Self-disallow)	\$ 1,324		
30IV8	Lighting Income - no associated expense	\$ 90,229		
30IV8	Gain/Loss on Sale of Assets	\$ (5,212)		
Total Other Revenue		\$ 86,341	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A	2408	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	181,399
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,626,798
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	78,176
a. _____				
b. _____				
c. _____				
d. See Schedule		78,176		
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	1,228,955

See Schedule		1,228,955		
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,115,328
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost 335,652		\$	297,994
	Accum. Depreciation 37,658	Net		
4. Leasehold Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost 262,950		\$	137,976
	Accum. Depreciation 124,974	Net		
7. Motor Vehicles	*Historical Cost _____		\$	(20,911)
	Accum. Depreciation 20,911	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	(37,475)
F/S vs. C/R Cost Basis Adjustment		(37,473)		
See Schedule		(2)		
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	377,584

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A		2408	9/30/2018	32	37
Account				Amount	
Total Brought Forward:				\$	3,492,912
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	1,056,759		
		Accum. Depreciation	978,623	Net	\$ 78,136
6. Motor Vehicles					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable					
\$					
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	78,136
D. Investment and Other Assets					
1. Deferred Deposits					
\$					
2. Escrow Deposits					
\$					
3. Organization Expense					
		*Historical Cost	_____		
		Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)					
\$					
5. Investments Related to Resident Care <i>(itemize)</i>					
\$					

6. Loans to Owners or Related Parties <i>(itemize)</i>					
\$					
Name and Address		Amount	Loan Date		
_____		_____	_____		
_____		_____	_____		
7. Other Assets <i>(itemize)</i>					
\$					

See Schedule					
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	3,571,048

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A Long		2408	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,688,235
2. Notes Payable (<i>itemize</i>)				\$	142,374

See Schedule					142,374
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>)				\$	158,643
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	39,842
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>)				\$	2,696,733

See Schedule					2,696,733
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,725,827

* 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 Stamford, D/B/A Lor		License No. 2408	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,725,827	
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>)					
\$					
_____ _____ _____ See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)					\$
C. Total All Liabilities (Lines A-13 + B-5)					\$ 4,725,827

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Prepaid Insurance	\$ 3,100
31	A5	Prepaid Taxes and Licenses	\$ 27,592
31	A5	Prepaid Uniforms	\$ 16,772
31	A5	Prepaid Other	\$ 30,712
Total Prepaid Expenses			\$ 78,176

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

Page Ref	Line Ref	Description	
31	A8	Due from Members	\$ 91,002
31	A8	Due from Triumph	\$ 803,479
31	A8	Due to/from old Aging	\$ 48,057
31	A8	Due from Westport	\$ 285,000
31	A8	Due from Westport	\$ 1,417
Total Other Current Assets (Itemize)			\$ 1,228,955

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

Page Ref	Line Ref	Description	
31	B9	Rounding	\$ (2)
Total Other Other Fixed Assets (Itemize)			\$ (2)

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
33	A2	Long Term Capital Lease - Current	\$ 4,127
33	A2	Notes Payable - Current	\$ 25,692
33	A2	Note Payable - TSM	\$ 112,102
33	A2	Notes Payable	\$ 453
Total Notes Payable			\$ 142,374

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

Page Ref	Line Ref	Description	
33	A12	Medicaid Remittance Adjustment	\$ (10,497)
33	A12	Medicare Remittance Adjustment	\$ 31,744
33	A12	Employee Deductions	\$ 9,953
33	A12	Resident Trust	\$ 34,740
33	A12	Deferred Rent - Current	\$ 440,344
33	A12	Uncleared Checks	\$ 338,023
33	A12	Accrued Workers Comp	\$ 238,324
33	A12	Accrued Legal Fees	\$ 15,750
33	A12	Accrued Accounting/Audit Fees	\$ 17,895
33	A12	Accrued Personal Property Taxes	\$ 6,019
33	A12	Accrued Other	\$ 20,925
33	A12	Due to Eagle Lake Foundation	\$ 549
33	A12	Due to Traditions Senior Management	\$ 62,902
33	A12	Due to Medicaid - Bed Fees	\$ 186,132
33	A12	Due to PO	\$ 471,452
33	A12	Deferred Rent	\$ 832,478
Total Other Current Liabilities (Itemize)			\$ 2,696,733

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/	2408	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	78,136
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			\$	78,136
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(1,327,334)
6. Gain or Loss for Period			\$	94,419
	10/1/2017	thru	9/30/2018	
7. Total Net Worth			\$	(1,232,915)
C. Total Reserves and Net Worth			\$	(1,154,779)
D. Total Liabilities, Reserves, and Net Worth			\$	3,571,048

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Senior Philanthropy of Stamford, D/B/A		2408	9/30/2018	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(874,939)
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,850,033
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	14,755,614
D.	Net Income or Deficit			\$	94,419
E.	Balance			\$	(780,520)
F.	Additions				
	1. Additional Capital Contributed <i>(itemize)</i>				
	Total Expenditures PG 27	14,762,786			
	Depreciation Adjustment	(7,172)			
	Total Expenditures Line C	14,755,614			
	2. Other <i>(itemize)</i>				
	Prior Period Adjustment	(452,395)			
F-3.	Total Additions			\$	(452,395)
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		09/30/18	\$	(1,232,915)

I. Preparer's/Reviewer's Certification

Name of Facility Senior Philanthropy of Stamford, D/B/A	License No. 2408	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title PRINCIPAL	Date Signed 2/8/19		
Printed Name of Preparer Matthew S. Bavalock				
Address Address 555 Long Wharf Drive, New Haven, CT 06511		Phone Number 203-781-9600		
Annual Report Contact Manuel Lemus		Phone Number 727-210-0781		
Annual Report Contact Email Address mlemus@Traditionsmanagement.net				

ACCOUNTANTS' CONSULTING REPORT

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

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

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

MARCUM LLP

New Haven, CT
January 29, 2019