

# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2015

Name of Facility (as licensed) Garden Brook Residential Care Home, LLC.	
Address (No. & Street, City, State, Zip Code) 47 Straits Turnpike Watertown, CT 06795	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

License Numbers:	CCNH	RHNS	Residential Care Home 1886	Medicare Provider
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Medicaid Provider Numbers:	CCNH	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

## Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

**General Information**

Name of Facility (as licensed) Garden Brook Residential Care Home, LLC.	License No. 1886	Report for Year Ended 9/30/2015	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 Garden Brook Residential Care Home, LLC. [facility name], for the cost report period beginning October 1, 2014 and ending September 30, 2015, 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) <i>M. Castiglione</i>		Date 2/17/16	Signed (Owner) <i>C. Castiglione</i>		Date 2/17/16
Printed Name (Administrator) Mary Lou Castiglione			Printed Name (Owner) Carmine Castiglione		
Subscribed and Sworn to before me: <i>Jean Barrasso</i>	State of CT	Date 2/17/16	Signed (Notary Public) <i>J. Barrasso</i>		Comm. Expires 4/30/16
Address of Notary Public Mystic CT					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Garden Brook Residential Care Home, LLC.		Period Covered:	From 10/1/2014	To 9/30/2015
Address of Facility 47 Straits Turnpike Watertown, CT 06795				
Report Prepared By Brodeur & Co. CPA, P.C.		Phone Number 860-388-4627	Date 1/25/2015	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 31,466			31,466
2. Laundry wages paid	\$ 19,050			19,050
3. Housekeeping wages paid	\$ 40,611			40,611
4. Nursing wages paid	\$			
5. All other wages paid	\$ 149,663			149,663
6. <b>Total Wages Paid</b>	<b>\$ 240,790</b>			<b>240,790</b>
7. Total salaries paid	\$ 53,205			53,205
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	<b>\$ 293,995</b>			<b>293,995</b>

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**



**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-274-8905		Report for Year Ended 9/30/2015	Page 2	of 37
Name of Facility (as shown on license) Garden Brook Residential Care Home, LLC.		Address (No. & Street, City, State, Zip ) 47 Straits Turnpike Watertown, CT 06795		
License Numbers:	CCNH	RHNS	Residential Care Home 1886	Medicare Provider No.
Type of Facility (Check appropriate box(es))				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input checked="" type="radio"/> Yes <input type="radio"/> No              If "Yes," explain fully.				
Mary Lou Castiglione became Administrator 10/1/14				
<b>Administrator</b>				
Name of Administrator Mary Lou Castiglione		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		







## General Information and Questionnaire Related Parties\*

Name of Facility Garden Brook Residential Care Home, LLC.	License No. 1886	Report for Year Ended 9/30/2015	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 %**				
Garden Brook Real Estate, LLC	265 Shuttle Meadow Road Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	Real Estate Rental	Pg. 22/Line 9	90,000	90,000
Garden Brook Real Estate, LLC	265 Shuttle Meadow Road Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	Loan from Related Party	Pg. 34/Line B3	38,739	38,739
Carmine Castiglione	470 Straits Turnpike Watertown, CT 06795	<input type="radio"/>	<input checked="" type="radio"/>	Loan from Owner	Pg. 34/Line B3	17,129	17,129
Carmine O. Castiglione	265 Shuttle Meadow Road Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	Snowplow & Sanding Services	Pg. 22/Line 6f	7,870	7,870
Related Party Employees		<input type="radio"/>	<input checked="" type="radio"/>	See Page 11a		154,889	154,889
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

\* Use additional sheets if necessary.

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

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Garden Brook Residential Care Home, LLC.	License No. 1886	Report for Year Ended 9/30/2015	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

Item	Method of Allocation
Dietary	Number of meals served to residents
Laundry	Number of pounds processed
Housekeeping	Number of square feet serviced
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

The preparer of this report must answer the following questions applicable to the cost information provided.

1. In the preparation of this Report, were all costs allocated as required?       Yes       No      If "No," explain fully why such allocation was not made.

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.

3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)

Yes       No      If "No," explain fully why such allocation was not made.

N/A

### 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		
Garden Brook Residential Care Home, LLC.		1886	9/30/2015	6   37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
	<input type="radio"/>	<input type="radio"/>				
					<b>Total ***</b>	

Is a Mileage Log Book Maintained for All Leased Vehicles ?  Yes  No

\* 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 Garden Brook Residential Care Ho	License No. 1886	Report for Year Ended 9/30/2015	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 Brodeur & Co. CPAs, P.C. 2 3 4 Craig J. Lubitsky Consulting, LLC	Address (No. & Street, City, State, Zip Code) 10 Springbrook Rd. Old Saybrook, CT 06475  225 Pitkin St, Ste 200, East Hartford, CT 06108
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Services Provided by This Firm (describe fully)	
1 Assistance with bookkeeping, Quikbooks support, Preparation of Year End Trial Balance	\$ 25,780
2 Preparation of Annual Cost Report, Tax Returns, DSS Audit Support	\$
3	\$
4 Consulting	\$ 100
	Charge for Services Provided
	\$ 25,880

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

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 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	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

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



**Schedule of Resident Statistics**

Name of Facility	License No.	Report for Year Ended				Page	of		
		9/30/2015						8	37
		Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home				
		Period 10/1 Thru 6/30	Period 7/1 Thru 9/30	Total	CCNH	RHNS	Residential Care Home		
1. Certified Bed Capacity									
A. On last day of PREVIOUS report period	22	22	22	22	22		22		
B. On last day of THIS report period	22	22	22	22	22		22		
2. Number of Residents									
A. As of midnight of PREVIOUS report period	21	21	21	21	22		22		
B. As of midnight of THIS report period	22	22	22	22	22		22		
3. Total Number of Days Care Provided During Period									
A. Medicare									
B. Medicaid (Conn.)									
C. Medicaid (other states)									
D. Private Pay	154	154	154	154					
E. State SSI for RCH	7,801	7,801	5,777	5,777	2,024		2,024		
F. Other (Specify)									
G. Total Care Days During Period (3A thru F)	7,955	7,955	5,931	5,931	2,024		2,024		
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)	7,955	7,955	5,931	5,931	2,024		2,024		

### Schedule of Resident Statistics (Cont'd)

Name of Facility Garden Brook Residential Care Home, LLC.			License No. 1886			Report for Year Ended 9/30/2015			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Residential Care Home	
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	Residential Care Home		
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	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents								22					
Per Diem Rate													
a. One bed rm.							90.00	86.93					
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	Residential Care Home			
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments													

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Garden Brook Residential Care Home, LLC.	1886	9/30/2015	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	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					53,205	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					47,522	2,822
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					31,466	2,052
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					40,611	3,258
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					29,693	1,563
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					19,050	1,712
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					57,779	4,763
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					14,669	811
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						
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>					293,995	19,061

\* 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		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$		\$		\$	

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	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		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received	
		9/30/2015	11						of 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							
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).									
Related Party Employees - See Pg 11a			101,054		5,660	Various			

\* 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.

Section 11 - Other Related Parties of Operators/Owners

Name	RCH Salary	Fringe Benefits	Full Description of Services Performed	Total Hrs. Worked	Line Pg 10	Name & Address of All Other Employment	Total Hrs Worked	Comp. Received
MaryLou R. Castiglione	<u>19,653.00</u>	None	Office Other Admin	<u>1310</u>	A4	None		
	<u>19,653.00</u>			<u>1310</u>				
Carmine O. Castiglione	1,972.00		Housekeeping	104	A.6b	Self Employment	650	\$15,000
	25,636.00		Maintenance	1349	A.7b	Garden Brook RCH		\$7,870
	<u>11,832.00</u>		Recreation	<u>623</u>	A.12h	Watertown, CT		
	<u>39,440.00</u>			<u>2076</u>				
Christopher Orgnon	139.00		Maintenance	14	A.7b	Fleming Steakhouse	1560	\$30,000
	417.00		Aide/Attendant	42	A.12d	West Hartford, CT		
	834.00		Recreation	83	A.12h			
	<u>1,390.00</u>			<u>139</u>				
Carmine Castiglione	8,114.00		Dietary	427	A.5c	None		
	4,057.00		Maintenance	214	A.7b			
	2,029.00		Recreation	107	A.12h			
	24,343.00		Other Admin	1281	A4			
	2,028.00		Aide/Attendant	106	A.12d			
	<u>40,571.00</u>			<u>2135</u>				

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		
Garden Brook Residential Care Home, LLC.		1886		9/30/2015		12	37		
Name	Salary Paid		Residential Care Home	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							
<b>Section III - Administrators***</b>									
Mary Lou Castiglione			53,205	Administrator	2,080				
<b>Section IV - Assistant Administrators</b>									

\*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		
Garden Brook Residential Care Home, LLC.	1886	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
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>B-13 Total Fees Paid in Lieu of Salaries</b>						

\* 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 Garden Brook Residential Care Home, LLC.	License No. 1886	Report for Year Ended 9/30/2015	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship
		Yes	No	
		<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	
		<input type="radio"/>	<input type="radio"/>	
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		<input type="radio"/>	<input 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
Garden Brook Residential Care Home, LLC.	1886	9/30/2015	15	37
Item	Total	CCNH	RHNS	Residential Care Home
<b>1. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation	\$ 15,113			15,113
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 5,273			5,273
4. Social Security (F.I.C.A.)	\$ 22,371			22,371
5. Health Insurance	\$ 51,251			51,251
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 12,065			12,065
8. Uniform Allowance	\$			
9. Other ( <i>Specify</i> ) See Attached Schedule	\$			
<b>b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*</b>	\$			
<b>c. Bad Debts*</b>	\$			
<b>d. Accounting and Auditing</b>	\$ 25,880			25,880
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$			
<b>f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*</b>	\$			
<b>g. Office Supplies</b>	\$ 1,296			1,296
<b>h. Telephone and Cellular Phones</b>				
1. Telephone & Pagers	\$ 3,234			3,234
2. Cellular Phones	\$			
<b>i. Appraisal (<i>Specify purpose and attach copy</i>)*</b>	\$			
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$ 250			250
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
<b>Subtotal</b>	\$ 136,733			136,733

\* 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**

Garden Brook Residential Care Home, LLC.  
9/30/2015

Attachment Page 15

**Schedule of Other Employee Benefits**

Description	CCNH	RHNS	Residential Care Home
<b>Total</b>	\$ -	\$ -	\$ -

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**Schedule of Other Taxes**

Description	CCNH	RHNS	Residential Care Home
<b>Total</b>	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Garden Brook Residential Care Home, LLC.	1886	9/30/2015		16	37
Item	Total	CCNH	RHNS	Residential Care Home	
<b>Subtotals Brought Forward:</b>	136,733			136,733	
<b>I. Travel and Entertainment</b>					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 609			609	
4. Employee Travel	\$				
5. Education Expenses Related to Seminars and Conventions	\$ 240			240	
6. Automobile Expense (not purchase or depreciation)	\$ 423			423	
7. Other (Specify) See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted (all such expenses)	\$				
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)*** See Attached Schedule	\$				
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 381			381	
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 550			550	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 208			208	
10. Contributions*** See Attached Schedule	\$ 50			50	
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**	\$				
13. Other (Specify) See Attached Schedule	\$ 5,781			5,781	
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 144,975			144,975	

\* 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	Residential Care Home
<b>Total Other Travel and Entertainment</b>	\$	\$	\$

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
<b>Total Other Advertising</b>	\$	\$	\$

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CARCH			\$ 550
<b>Total Dues</b>	\$	\$	\$ 550

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Waterbury PAI			\$ 50
<b>Total Contributions</b>	\$	\$	\$ 50

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pension Admin Fees			\$ 1,400
Food Service Permit			\$ 330
Payroll Processing Fees			\$ 3,270
Sec St Annual Report			\$ 20
St Ct Boiler Permit			\$ 80
Bank Service Fees			\$ 155
Misc Expense			\$ 526
<b>Total Other Administrative and General</b>	\$	\$	\$ 5,781

**Schedule C-1 - Management Services\***

Name of Facility Garden Brook Residential Care Home, LL	License No. 1886	Report for Year Ended 9/30/2015	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Garden Brook Residential Care Home, LLC.		1886	9/30/2015		18	37
Item		Total	CCNH	RHNS	Residential Care Home	
<b>2. Dietary</b>						
<b>a. In-House Preparation &amp; Service</b>						
1. Raw Food	\$	53,049				53,049
2. Non-Food Supplies	\$	4,947				4,947
3. Other (Specify) _____	\$					
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>						
<b>c. Management Services**</b>						
<b>d. Other (Specify) _____</b>						
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$	57,996			57,996
<b>2F. Dietary Questionnaire</b>		Total	CCNH	RHNS	Residential Care Home	
<b>G. Resident Meals:</b> Total no. of meals served per day:*			66			66
<b>H. Is cost of employee meals included in 2E?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No				
<b>I. Did you receive revenue from employees?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.		
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>		<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost. \$768		
<b>L. Is any revenue collected from these people?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.		
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.		
<b>O. Is any revenue collected from employees?</b>		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.		
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						

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

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

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

Name of Facility Garden Brook Residential Care Home, LLC.		License No. 1886	Report for Year Ended 9/30/2015		Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
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. \$	633			633
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. \$	444			444
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	1,077			1,077
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.

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

\*\*\* 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
Garden Brook Residential Care Home, LLC.		1886	9/30/2015		20	37
Item		Total	CCNH	RHNS	Residential Care Home	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care	Amt. \$				
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	\$ 4,255				4,255
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. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures (4a + b + c + d)</b>	\$ 4,255				4,255
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from	\$				
b.	Medicine Cabinet Drugs	\$ 1,085				1,085
c.	Medical and Therapeutic Supplies	\$				
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$				
f.	X-rays and Related Radiological Procedures***	\$				
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$				
i.	Recreation	\$ 1,406				1,406
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$ 2,686				2,686
5K.	<b>Total Resident Care Expenditures (5a - 5j)</b>	\$ 5,177				5,177

\* 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	Residential Care Home
Resident Supplies (Non-discriminatory shampoo, soap, etc.)			\$ 219
Cable TV			\$ 2,467
<b>Total Other Resident Care</b>	\$ -	\$ -	\$ 2,686

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

Name of Facility (Garden Brook Residential Care Home, L.L.C.)		License No. 1886		Report for Year Ended 9/30/2015		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	Residential Care Home	Pg
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
		<input type="radio"/>	<input type="radio"/>						
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		<input type="radio"/>	<input 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
Garden Brook Residential Care Home, LLC.	1886	9/30/2015			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 26,891				26,891	
b. Heat	\$ 9,082				9,082	
c. Light & Power	\$ 15,634				15,634	
d. Water	\$ 1,198				1,198	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 19,080				19,080	
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 71,885				71,885	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 860				860	
b. Building & Building Improvements	\$ 43,000				43,000	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 9,404				9,404	
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 53,264				53,264	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$ 8,211				8,211	
b. Mortgage Expense	\$ 108				108	
c. Leasehold Improvements	\$ 4,970				4,970	
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 13,289				13,289	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 90,000				90,000	
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 21,513				21,513	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,736				2,736	
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 180,802				180,802	

\* 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	Residential Care Home
Natural Gas			\$ 1,760
Security			\$ 815
Fire Control			\$ 1,843
Landscaping			\$ 3,930
Pest Control			\$ 772
Snowplow & Sanding			\$ 7,870
Waste Disposal			\$ 2,090
<b>Total Other Repairs and Maintenance</b>	\$ -	\$ -	\$ 19,080

### Depreciation Schedule

Name of Facility Garden Brook Residential Care Home, LLC.		License No. 1886	Report for Year Ended 9/30/2015				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
<b>A. Land Improvements</b>								
1. Acquired prior to this report period	15,700		15,700	4,240	S/L	20	860	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								860
<b>A-4. Subtotal</b>								
<b>B. Building and Building Improvements</b>								
1. Acquired prior to this report period	860,000		860,000	301,000	S/L	20	43,000	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								43,000
<b>B-4. Subtotal</b>								
<b>C. Non-Movable Equipment</b>								
1. Acquired prior to this report period								
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
<b>C-4. Subtotal</b>								
<b>D. Movable Equipment</b>								
1. Motor Vehicles (Specify name, model and year of each vehicle)								
a. 2014 Kia Sedona	30,083		30,083	11,281	S/L	4	7,521	
b.								
c.								
d.								
2. Movable Equipment								
a. Acquired prior to this report period	44,657		44,657	7,306	S/L	various	1,023	
b. Disposals (attach schedule)	(6,009)		(6,009)	(901)			300	
c. Acquired during this report period (attach schedule)	11,204						560	
<b>D-3. Subtotal</b>								
<b>E. Total Depreciation</b>								9,404
								53,264





Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
9/29/2015	Tiger Mower & Cart (including trade in of Freedom Z Mower)	\$ 11,204	10	\$ 560
<b>Total additions for Movable Equipment</b>		\$ 11,204		\$ 560 *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		\$		\$ **

\*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
<b>Additions:</b>				
9/29/2015	2-Trans Ductless Wall Units	\$ 4,300	5	\$ 430
9/25/2015	Gutters	\$ 2,765	5	\$ 277
<b>Total additions for Leasehold Improvement</b>		\$ 7,065		\$ 707 *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		\$		\$ **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2



**DSS Asset Detail 10/01/14 - 9/30/15**

20-8890055  
FYE: 9/30/2015

Asset	d t	Property Description	Date In Service	DSS Cost	DSS 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
<b>DEPARTMENT: LAND IMPROVEMENTS</b>													
37		New Stone Wall and Backfill	9/27/12	4,500.00	0.00		0.00	600.00	300.00	900.00	3,600.00	S/L	15.00
<b>LAND IMPROVEMENTS</b>													
				4,500.00	0.00c		0.00	600.00	300.00	900.00	3,600.00		

Asset	d	t	Property Description	Date In Service	DSS Cost	DSS 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period	
<b>DEPARTMENT: FOR EQUITY ONLY</b>															
72			LAND IMPROVEMENTS	10/19/07	11,200.00	0.00	0.00	3,640.00	560.00	4,200.00	7,000.00	S/L		20.00	
73			RCH Buildings	10/19/07	720,000.00	0.00	0.00	252,600.00	36,000.00	288,600.00	431,400.00	S/L		20.00	
74			Building #4	10/19/07	140,000.00	0.00	0.00	48,400.00	7,000.00	55,400.00	84,600.00	S/L		20.00	
<b>FOR EQUITY ONLY</b>					871,200.00	0.00c	0.00	304,640.00	43,560.00	348,200.00	523,000.00				

GARDENBROOK Garden Brook Residential Care Home  
**DSS Asset Detail 10/01/14 - 9/30/15**

20-8890055  
 FYE: 9/30/2015

Asset Id	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
<b>DEPARTMENT: AUTO</b>											
70	2014 KIA SEDONA	9/30/13	30,082.56	0.00	0.00	11,280.96	7,520.64	18,801.60	11,280.96	S/L	4.00
	<b>AUTO</b>		30,082.56	0.00c	0.00	11,280.96	7,520.64	18,801.60	11,280.96		

Asset Id	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
<b>DEPARTMENT: EQUIPMENT</b>											
11	DISHWASHER HOB LXIH3	5/29/08	4,743.50	0.00	0.00	3,004.22	474.35	3,478.57	1,264.93	S/L	10.00
12	REFRIGERATOR TRUE T35	9/17/08	2,862.00	0.00	0.00	1,717.20	285.20	2,003.40	858.60	S/L	10.00
20	Security Camera	9/17/08	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
21	Front Load Washer	9/30/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
25	Phone System (Baldwin Comm)	9/30/09	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
30	WASHER	9/06/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
31	DRYER	9/06/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
32	DRYER SAMSUNG	9/06/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
45	PECO COLLECTION SYSTEM	9/14/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
46	APPLIANCES	9/09/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
47	GAS GRILL	9/10/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
48	FRONT LOAD DRYER	9/10/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
50	JUICE DISPENSER	5/27/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
51	LAWN EQUIPMENT	9/19/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
64	WASHER	9/30/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
65	2 DOOR ARACTIC COOLER	9/30/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
66	2 FREEZERS	9/30/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
67	DRYER (SEARS)	11/21/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
69	LOWER GENERATOR	9/16/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
71	52" Freedom Z Mower	5/14/13	6,008.77	0.00	0.00	901.32	300.44	1,201.76	4,807.01	S/L	10.00
83	FRONT LOAD WASHER	9/21/15	0.00	0.00c	0.00	0.00	0.00	0.00	0.00		0.00
84	FRONT LOAD WASHER	9/21/15	0.00	0.00c	0.00	0.00	0.00	0.00	0.00		0.00
86	BAKERS PRICE GAS RANGE	9/21/15	0.00	0.00c	0.00	0.00	0.00	0.00	0.00		0.00
90	DRYER	9/30/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
91	Tiger Cart Received in trade for ass	9/29/15	11,204.22	0.00c	0.00	0.00	560.21	560.21	10,644.01	S/L	10.00
<b>* Less: Dispositions and Transfers</b>			24,318.49	0.00c	0.00	5,622.74	1,621.20	7,243.94	17,574.55		
<b>Net EQUIPMENT</b>			18,809.72	0.00c	0.00	4,721.42	1,621.20	6,042.18	12,767.54		

\* Remaining basis of Asset # 71 4807.01  
 additional Amount pd per invoice 6397.21  
11,204.22

**DSS Asset Detail 10/01/14 - 9/30/15**

Asset Id	Property Description	Date In Service	DSS Cost	DSS 179 Exp	DSS Sec c	DSS Bonus Amt	DSS Depreciation	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
<b>DEPARTMENT: FURNITURE &amp; FIXTURES</b>													
2	MISC USED PURN, FLX & EQUIP	10/19/07	28,419.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	28,419.00	Memo	0.00
3	CHAIRSDINER RM	3/15/08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
4	LIVING RM FURN	5/07/08	2,623.50	0.00	0.00	0.00	1,683.41	0.00	262.35	1,945.76	677.74	\$/L	10.00
8	KITCHEN COUNTER	9/06/08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
17	2 FILING CABINETS	9/30/08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
18	4 CHEST/BUREAU 2 CHAIRS, L	9/30/08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
19	Hall and Stair Runner Carpeting	9/29/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
22	Fireplace	9/30/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
23	7 Twin Beds	9/11/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
27	TWIN BEDS (6)	9/16/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
29	MATTRESS/SPRING (3)	9/26/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
35	LOVESEAT CHAIR/SOFA	8/09/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
36	2 MADISON TWIN BEDS	4/24/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
38	DRESSER, CHEST, TWIN STAND	8/09/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
39	DRESSERS, BUREAU	9/16/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
40	DRESSERS & NIGHT STANDS	9/15/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
41	3 A/C UNITS	8/29/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
42	2 PICNIC TABLES, BENCH	8/09/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
43	SOFA & 2 CHAIRS	9/12/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
44	CARPETING	9/15/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
57	GAZEBO	7/17/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
59	WOOD GEDER BENCH (COSTC)	9/22/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
60	CONVERTIBLE BENCH (COSTC)	9/22/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
61	MEDIA MANTEL FIREPLACE W	9/22/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
78	DRESSERS, NIGHT STAND	9/17/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
79	3 MATTRESS SETS	9/26/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
80	FLOOR RUNNERS (MONAHAN)	9/28/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
85	4 CHESTS & 2 NIGHT STANDS	9/15/15	0.00	0.00c	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
<b>FURNITURE &amp; FIXTURES</b>			<b>31,042.50</b>	<b>0.00c</b>		<b>0.00</b>	<b>1,683.41</b>	<b>0.00</b>	<b>262.35</b>	<b>1,945.76</b>	<b>29,096.74</b>		<b>0.00</b>

State of Connecticut  
**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		
Garden Brook Residential Care Home, LLC.		1886		9/30/2015		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							
<b>A. Organization Expense</b>									
1. Goodwill	10	2007	180 mo	123,162	56,792	S/L		8,211	
2.									
3.									
<b>A-4. Subtotal</b>									8,211
<b>B. Mortgage Expense</b>									
1. Closing Costs	10	14	180 mo	1,615		S/L		108	
2.									
3.									
<b>B-4. Subtotal</b>									108
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	var		60 mo	47,055	16,279	S/L		4,263	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				7,065				707	
<b>C-4. Subtotal</b>									
<b>D. Total Amortization</b>									4,970
									13,289

\* 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.

GARDENBROOK Garden Brook Residential Care Home  
**DSS Asset Detail 10/01/14 - 9/30/15**

20-8890055  
 FYE: 9/30/2015

Asset	d	i	Property Description	Date In Service	DSS Cost	DSS 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period	
<b>DEPARTMENT: AMORTIZATION</b>															
1			GOODWILL	10/19/07	123,162.00	0.00		0.00	56,791.37	8,210.80	65,002.17	58,159.83	Amort	15:00	
93			CLOSING COSTS MTGPAYOFF	10/19/14	1,615.00	0.00c		0.00	0.00	107.69	107.69	1,507.33	Amort	15:00	
				<b>AMORTIZATION</b>	<b>124,777.00</b>	<b>0.00c</b>		<b>0.00</b>	<b>56,791.37</b>	<b>8,318.49</b>	<b>65,109.86</b>	<b>59,667.16</b>			

**DSS Asset Detail 10/01/14 - 9/30/15**

Asset	d	t	Property Description	Date in Service	DSS Cost	DSS 179 Exp	c	DSS Bonus Amt	DSS Depreciation	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
<b>DEPARTMENT: LEASEHOLD IMPROVEMENTS</b>															
14			FURNACE	1/29/08	5,469.00	0.00	0.00	0.00	5,469.00	0.00	0.00	5,469.00	0.00	S/L	5.00
16			SEPTIC SYSTEM	3/23/08	8,200.00	0.00	0.00	0.00	8,200.00	0.00	0.00	8,200.00	0.00	S/L	5.00
24			1/2 HP 7 gmp Well Pump	7/26/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
34			DECK/PATIO COVER	9/17/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
52			STEPS IN SIDES OF BLDG	11/16/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
53			STONE WALL IN FRONT OF BLDG	12/03/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
58			HARDWOOD FLOORING	9/21/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
62			ELECTRICAL WORK	9/26/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
75			AC Unit	2/25/14	18,100.00	0.00	0.00	603.33	1,206.67	1,810.00	16,290.00	S/L	15.0		
77			PLUMBING	2/10/14	4,785.75	0.00	0.00	957.15	957.15	1,914.30	2,871.45	S/L	5.0		
81			GUTTERS - Main Bldg	9/25/15	2,765.00	0.00c	0.00c	0.00	276.50	276.50	2,488.50	S/L	5.00		
87			GUTTERS (BLDG 3)	9/26/15	0.00	0.00c	0.00c	0.00	0.00	0.00	0.00		0.0		
88			GFI OUTLETS & HEAT WIRES	9/29/15	0.00	0.00c	0.00c	0.00	0.00	0.00	0.00		0.0		
89			FLOODLIGHTS	9/30/15	0.00	0.00c	0.00c	0.00	0.00	0.00	0.00		0.0		
92			2 TRANE DUCTLESS WALL UNI	9/29/15	4,300.00	0.00c	0.00c	0.00	430.00	430.00	3,870.00	S/L	5.00		
94			Chk's Painting	5/14/14	10,500.00	0.00	0.00	1,050.00	2,100.00	3,150.00	7,350.00	S/L	5.00		
<b>LEASEHOLD IMPROVEMENTS</b>															
					34,119.75	0.00c	0.00c	16,279.48	4,970.32	21,249.80	32,869.95				
<b>Grand Total</b>															
					1,140,540.30	0.00c	0.00c	396,897.96	66,552.98	463,450.94	677,089.36				
<b>Less: Dispositions and Transfers</b>															
					6,908.77	0.00	0.00	901.32	0.00	1,201.76	4,807.01				
					1,134,531.53	0.00c	0.00c	395,996.64	66,552.98	462,249.18	672,282.35				
<b>Net Grand Total</b>															



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

Name of Facility Garden Brook Residential Care Home,	License No. 1886	Report for Year Ended 9/30/2015	Page 25	of 37
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**11. Property Questionnaire**

**Part A**

Is the property either owned by the Facility or leased from a Related Party?\*

Yes

No

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

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

Description	Total
1. Date Land Purchased	10/19/07
2. Date Structure Completed	
3. If NOT Original Owner, Date of Purchase	
4. Date of Initial Licensure	
5. Total Licensed Bed Capacity	22
6. Square Footage	9,579
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)	Fixed	Fixed		
b. Date Mortgage Obtained	10/19/07	01/16/08		
c. Interest Rate for the Cost Year	8.12.%	5.24.%		
d. Term of Mortgage (number of years)	20	20		
e. Amount of Principal Borrowed	524,210	380,000		
f. Principal balance outstanding as of 9/30/2014	404,682	277,890		
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)			Fixed	
h. Date of Refinancing			10/19/14	
i. New Interest Rate			5.36.%	
j. Term of Mortgage (number of years)			5	
k. Amount of Principal Borrowed			125,000	
l. Principal Outstanding on Note Paid-Off			120,155	

**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

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.

## COMMERCIAL LEASE

THIS INDENTURE made this 1st day of October, 2010, by and between Garden Brook Residential Care Home, LLC a Connecticut limited liability company with a place of business at 470 Straits Turnpike, Watertown, CT acting herein by Carmine Castiglione, its Managing Member, duly authorized (hereinafter referred to in the singular and masculine gender as the "LESSOR") and Garden Brook Real Estate, LLC, a Connecticut limited liability company with a place of business at 265 Shuttle Meadow Road, Southington, CT acting herein by Mary Lou Castiglione, its Managing Member, duly authorized (hereinafter referred to in the singular and masculine gender as "LESSEE").

### WITNESSETH

1. THAT, the Lessor has leased and does hereby lease to said Lessee certain premises for commercial use located in the Town of Watertown, Connecticut, described on Schedule B attached hereto and made a part hereof.
2. The Lessee agrees that the lease premises will be used for the conduct of a resident care home only and/or such other business as the Lessor may in his discretion allow, which such other use shall be maintained only with the express approval of the Lessor, which approval shall not be unreasonably withheld provided, however, that the Lessee acknowledges and agrees that the Lessor has, or may have, other contractual obligations and/or may be subject to zoning and other governmental regulations, which restrict or prohibit his ability to give such approval.
3. (a) The term of this Lease shall be for a period of TEN (10) years, commencing on October 1, 2010, and ending September 30, 2020 with the base rent payable in monthly installments of SEVEN THOUSAND FIVE HUNDRED DOLLARS (\$7,500) PER MONTH, in advance and without notice, commencing October 1, 2010 and continuing on the same date of each subsequent month thereafter throughout the term of this lease.
4. The parties further agree that the Lessor shall pay the following expenses:
  - a. All real estate taxes due on the leased premises which shall be or shall have been levied against the leased premises and all premiums for fire and liability insurance attributable to the leased premises.
5. The parties further agree that the Lessee shall pay annually, within thirty (30) days from billing, in addition to the base rent and as additional rent throughout the term of this Lease and any renewal periods thereof, the following charges and expenses:
  - a. 100% of any increase in taxes on the real property and building of which the leased premises is a part over those taxes paid on said real property and building, fire, casualty, and/or liability insurance for the real property and

building of which the leased premises are a part over those insurance premiums payable for said real property and building during the year in which Lessee's occupancy commences and one hundred percent (100%) of any increase in insurance premiums for the leased premises and /or on the building and real property of which the leased premises is a part, which rating change is directly attributable to changes or additions of equipment to, or changes in operation of the business being conducted by the Lessee in the leased premises.

6. The parties further agree that the Lessee shall pay in addition to the rental hereinabove set forth, the following charges and expenses:

- a. All charges for heat, sewer, water, gas, electricity, telephone, and/or other utilities used, consumed on, or levied against the leased premises;
- b. All charges for refuse removal from the leased premises;

7. It is further agreed between the parties hereto as follows:

- a. The Lessor shall maintain the exterior of the leased premises including snow removal;
  - b. That the Lessee, at his own expense, shall keep the interior of the leased premises heated in a manner sufficient to avoid damage to the premises;
  - c. That the Lessee shall have the right to erect a suitable exterior sign with the approval of the Lessor which sign shall, with the approval of the Lessor, shall be in keeping with the other signs located thereon;
  - d. The lessee agrees that he will make no structural alterations or improvements of or to the leased premises without the written consent of the Lessor and any improvements so made shall be the property of the Lessor. Any personal property and trade fixtures installed by the Lessee in the leased premises shall be removed by the Lessee at the expiration of this lease or any renewal periods thereof provided however, that the leased premises shall then be restored at the Lessee's expense to their original condition existing as of the date of Lessee's initial occupancy, ordinary wear and tear excepted;
  - e. That the Lessee shall be responsible for maintenance, replacement, and repair in good order, of the electrical, plumbing, heating and cooling systems and fixtures.
8. Lessee shall permit Lessor to use and maintain and replace pipes and conduits in and through the demised premises and to erect new pipes and conduits therein and to make other repairs to the leased premises provided, however, that such work shall, whenever possible, be performed at such time as will cause the least disruption to the Lessee's business

9. The Lessee agrees to pay to the lessor, as additional rent, a late charge of five percent (5%) of any rental payment due hereunder which payment is not received by the Lessor within ten (10) days of the due date of such payment.
10. The Lessee further agrees to pay interest to Lessor on all rents remaining due and owing more than thirty (30) days at the rate of one and one half ( 1 ½ %) percent per month (18%) per annum.
11. The Lessee agrees to pay all costs incurred by the Lessor in the enforcement of any provision of this Lease; in any summary process action against the Lessee in which the Lessor is the prevailing party; and/or in the collection of any sums due hereunder including a reasonable attorney's fee.
12. And the Lessee further covenants and agrees that no accumulation of boxes, barrels, bottles, packages, waste paper, or other articles shall be permitted in or upon the premises.
13. The Lessor covenants that the Lessee, on paying the said rentals and performing the covenants and conditions in this Lease contract, shall and may be peaceably and quietly have, hold and enjoy the leased premises of the term aforesaid without hinderance or molestation from it or any person claiming by, from or under him.
14. The Lessee covenants with the said Lessor to hire said premises and to pay the rent therefore, as aforesaid, that he will commit no waste nor suffer the same to be committed thereon, nor injure nor misuse the same; also, that he will not assign this lease nor sublet a part or the whole of said leased premises, nor make alterations therein, nor use the same for any purpose but that hereinbefore authorized, without written permission from said Lessor, which permission will not be unreasonably withheld but will deliver up the same at the expiration or sooner termination of their tenancy in as good condition as they are now in, ordinary wear and tear excepted.
15. Provided, however, and it is further agreed that if the said rent shall remain unpaid ten (10) days after the same shall become payable as aforesaid or if the Lessee shall assign this lease or sublet or otherwise dispose of the whole or any part of said leased premises, or use the same for any purposes but that hereinbefore authorized, or make any alteration herein without the written consent of the Lessor, or shall commit waste or suffer the same to be committed on said premises or injure or misuse the same or violate any of the conditions or agreements contained in this Lease, then this Lease shall, at the option of the Lessor, and thereupon by virtue of this express stipulation expire and terminate, and the Lessor may, at any time thereafter, re-enter said premises and the same and have and possess as of his former estate, and without such re-entry, may recover possession thereof in the manner prescribed by the statute relating to Summary Process: it being understood that no demand for rent, and no re-entry for condition broken, as at common law, shall be necessary to enable the Lessor to recover such possession pursuant to said statute relating to Summary Process but

that all right to any such demand or any such re-entry is hereby expressly waived by said Lessee.

16. This lease is subject to and is hereby subordinated to, all present and future mortgages or debts of trust affecting the leased premises or the property of which the leased premises is a part. The Lessee agrees to execute, at no expense to the Lessor, any instrument which may be deemed necessary or desirable by the Lessor to further effect the subordination of this lease to any such mortgages or deeds of trust.
17. In the event that this lease or any other instrument affecting the leased premises is recorded on the land records of the town where the leased premises is located by the Lessee or his agents, then upon termination of this lease, the Lessee, at his own expense, agrees to execute and record such other instruments as may be necessary to release or confirm the release of, the leased premises from the affect of such recorded instruments.
18. It is further agreed that all notices and demands legal or otherwise, incidental to this Lease or the occupation of the leased premises shall be in writing. If the Lessor or his agents desire to give or serve upon the Lessee any notice or demand, it should be sufficient to send a copy thereof by first class or like mail, postage paid, addressed to the Lessee at the leased premises. Except as otherwise specified herein, notices from the Lessee to the Lessor shall be sent first class or like mail, postage paid, to the Lessor at the place designated for the payment of rent or to such place designated for the payment of rent or to such place as the Lessor may from time to time designate in writing. Personal, in-hand service of any notices between the parties hereto shall also be acceptable.
19. It is further agreed that if at any time during the term of this Lease, the Lessee shall make any assignment for the benefit of creditors or be decreed insolvent or bankrupt according to law, or if a receiver shall be appointed for the Lessee, then the Lessor may, at his option, terminate this Lease, exercise of such option to be evidenced by notice to that effect served upon the assignee, receiver, trustee or other person in charge of the liquidation of the property of the Lessee or under the Lessee's estate, but such termination shall not release or discharge any payment of rent payable hereunder and then accrued, or any liability then accrued by reason of any agreement or covenant herein contained on the part of the Lessee or the Lessee's legal representative.
20. And the parties further agree that in the event that the Lessee shall remain in the leased premises after the expiration of the term of this Lease or any of the renewal periods hereof without having executed a new written lease with the Lessor, such holding over shall not constitute a renewal or extension of this lease. The Lessor may, at his option, elect to treat the Lessee as one who has not removed at the end of his term, and thereupon be entitled to all remedies against the Lessee provided by law in that situation or the Lessor may elect at his option to construe such holding over a tenancy from month to month, subject to all the terms and conditions of this Lease,

except as to the duration thereof, and in that event, the Lessee shall pay monthly rent in advance at the rate provided herein as effective at the last month of the lease term or renewal period thereof.

21. And it is further agreed between the parties hereto that whenever this lease shall terminate either by lapse of time or by virtue of any of the express stipulations therein, the Lessee hereby waives all right to any Notice to Quit possession as prescribed by the Statute relating to Summary Process.

22. And it is further agreed between the parties hereto, that the Lessee is to comply with and to conform with all the laws of the State of Connecticut and its agencies and the bylaws, rules and regulations, and ordinances of the Town within which the premises hereby leased are situated relating to zoning, health, nuisance, fire, highway, and sidewalks, so far as the leased premises are or may be concerned and to save the Lessor harmless from all fines, penalties, and costs of violation of or non-compliance by the Lessee with the same.

23. The parties further agree that the Lessor shall not be responsible for any loss of or damage to property or injury to persons occurring in or about the leased premises, by any reason of any existing or future condition, defect, matter, or thing in said leased premises or the property of which the premises are a part, or for the acts, omissions, or negligence of other persons or servants, agents, and/or employees of the Lessee in and about the said property.

24. The Lessee agrees to save and hold harmless the Lessor from any suite or claim for injury to person or damage to property arising out of the use and/or occupancy of said leased premises by the Lessee and, for the further protection of the Lessor, the Lessee agrees to carry public liability insurance covering said obligation in insurance companies licensed to do business in the State of Connecticut (naming the Lessor as an additional insured).

The Lessee agrees that he will furnish copies of all certificates of insurance coverage required under any provision of this Lease to the Lessor, upon demand.

25. And it is further agreed to between the parties hereto that in the case the building or buildings erected on the premises shall be partially damaged by fire or otherwise, the same shall be repaired as speedily as possible at the expense of the said Lessor: that in the case that the damage shall be so extensive as to render the building or leased premises untenable, the rent shall cease until such time as the building shall be put in complete repair: but in the case of the total destruction of the premises by fire or otherwise, and at the sole option of the Lessor, the rent shall be paid up to the time of such destruction and then from thenceforth this Lease shall cease and come to an end.

26. If the whole or any part of the leased premises shall be acquired or condemned by eminent domain for any public or quasi-public use or purpose, then the term of this lease shall cease and terminate from the date of title vesting in such proceedings and

the Lessee shall have no claim against the Lessor for the value of any unexpired term of said lease.

27. The Lessee agrees that said premises shall be at all times open to the inspection by the Lessor and/or his agents and to applicants for purchase or lease or for the purpose of making repairs and/or improvements to the structures of which the leased premises is a part.

28. The Lessee agrees that he has examined the premises and is fully satisfied with the condition thereof and is not relying upon any representations, information, warranty, or promises made by the Lessor, his agents, or any broker which are not specifically set forth in this Agreement as to the character, quality, use or any other matter relating thereto.

29. In the event that any mechanic's liens are filed against the premises as a result of alterations, additions, or improvements made by the Lessee, the Lessor, at his option, after fourteen (14) days notice to the Lessee, may terminate this Lease and/or may pay said liens without inquiring as to the validity thereof and Lessee shall forthwith reimburse the Lessor the total expenses incurred by Lessor in the defense and/or discharge of said liens, as additional rent hereunder.

30. If Lessee shall request Lessor's consent or approval pursuant to any of the provisions of this Lease or otherwise, and Lessor shall fail or refuse to give or shall delay in giving such consent or approval, Lessee shall in no event make, or be entitled to make, any such claim or damages, nor shall Lessee assert, or be entitled to assert, any such claim or assertion by Lessee that Lessor unreasonably withheld or delayed its consent or approval, and Lessee hereby waives any and all rights he may have from whatever source derived, to make or assert such claim. Lessee's sole remedy for any such failure, refusal or delay shall be an action for a declaratory judgment, specific performance, or injunction, and such remedies shall be available only in those instances where Lessor has expressly agreed in writing not to be unreasonably withhold or delay its consent or approval or where, as a matter of law, Lessor may not unreasonably withhold or delay the same.

31. If any provision of this Lease, or its application to any situation shall be available only in those instances where Lessor has expressly agreed in writing not to unreasonably withhold or delay its consent or approval or where, as a matter of law, Lessor may not unreasonably withhold or delay the same.

32. If any provision of this Lease, or its application to any situation shall be invalid or unenforceable to any extent, the remainder of this lease, or the application thereof to situations other than that as to which it is invalid or unenforceable, shall not be affected thereby, and every provision of this lease shall be valid and enforceable to the fullest extent permitted by law.

33. The Lessee agrees that the foregoing rights and remedies of the Lessor are not exclusive but are additional to all rights and remedies of the Lessor would otherwise have by law.

34. The parties hereto further agree that all Lessees named herein and/or executing this lease shall be jointly and severally liable for all obligations of the "Lessee" set forth in this lease.

35. The parties hereto further agree that this lease constitutes the entire agreement between the parties hereto and may not be modified except in writing.

IN WITNESS WHEREOF, we have hereunto set our hands and seals this  
1st day of October, 2010.

WITNESS:

LESSOR:

\_\_\_\_\_

\_\_\_\_\_  
Mary Lou Castiglione, Managing Member  
Garden Brook Real Estate, LLC

WITNESS:

LESSEE:

\_\_\_\_\_

\_\_\_\_\_  
Carmine Castiglione, Managing Member  
Garden Brook Residential Care Home, LLC



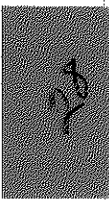
**C. Expenditures Other Than Salaries (cont'd) - Interest**

Name of Facility		License No.	Report for Year Ended			Page	of
Garden Brook Residential Care Home,		1886	9/30/2015			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
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
Garden Brook Residential Care Home		1886		9/30/2015		27	37
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$ 355			355
A. Item		Rate	Amount				
2014 Kia Sedona		1.90%	355				
Lender							
Kia Motor Finance							
Address of Lender							
P O Box 650806 Dallas, TX 75265-0805							
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)				\$ 355			355
12. D. Other Interest Expense (Specify)				\$ 6,888			6,888
Webster/Foley N/P Goodwill \$5,935 Fin Chg \$953							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 7,243			7,243
14. Insurance							
a. Insurance on Property (buildings only)				\$ 5,282			5,282
b. Insurance on Automobiles				\$ 2,159			2,159
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 4,650			4,650
Emp Liab \$1,097 Gen Liab \$3,553							
14d. Total Insurance Expenditures (14a + b + c)				\$ 12,091			12,091
15. Total All Expenditures (A-13 thru C-14)				\$ 779,496			779,496



### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home, LLC.				1886	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 2,519			2,519
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1.d	Accounting & Legal	\$ 865			865
11.			Telephone	\$			
12.			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.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 50			50
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,582			1,582
<b>Page 18 - Dietary Expenditures</b>							
24.	18	K	Meals to employees, guests and others who are not residents	\$ 768			768
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				<b>\$ 5,784</b>			<b>5,784</b>

\* 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	Residential Care Home
10	various	Carmine O. Castellone - Related Party Over Cap			\$ 612
10	various	Carmine Castellone - Related Party Over Cap			\$ 1,743
10	A2	Admin Salary Over Cap			\$ 164
<b>Total Other Salaries Adjustment</b>			\$	\$	\$ 2,519

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Fees Adjustments</b>			\$	\$	\$

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
15		Fringe Benefits on disallowed salary			\$ 51
15		Fringe Benefits on Related Party Wages over Cap			\$ 830
16	m13	Unallowable Bank Service Fees			\$ 155
16	m13	Miscellaneous Expense			\$ 526
<b>Total Other A&amp;G Adjustments</b>			\$	\$	\$ 1,582

Page 28 - Adjustments to Statement of Expenditures

Page	Line	Description	GL Number	Amount
<u>Item # 4 - Salaries and Wages (other)</u>				
<b><u>Excess Administrator's Salary</u></b>				
10	A.2	Administrator's Salary	6010	53,205
		Allowable Salary		<u>53,041</u>
		Disallowed		<u>164</u>

<b><u>Allowable Salary FYE 9/30/15</u></b>				
	Increment	Beds		
Base				49,037.00
Per Bed Increment	182.00	22		<u>4,004.00</u>
<b>Total Allowable</b>				<u><b>53,041.00</b></u>

Item #23 - Administrative and General (other)

**Fringe Benefit Adjustment on Excess Administrator Salary**

15	1.a.1	Workmen's Comp	5260	N/A
15	1.a.3	Unemployment Insurance	7020/7030	5,273
15	1.a.4	Social Security (FICA)	7010	22,371
15	1.a.7	Pension Expense	5630	12,065
15	1.a.5	Health Insurance	5220/5221	<u>51,251</u>
				<u>90,960</u>
		Total Fringes		<u>90,960</u>
10	A-13	Total Wages Paid		<u>293,995</u>
				<u>30.94%</u>
		Disallowed Fringes		<u>51</u>

Page 28 - Adjustments to Statement of Expenditures

Page	Line	Description	GL Number	Amount
<b>Item # 4 - Salaries and Wages (other)</b>				
<b>Carmine O. Castiglione</b>				
		<u>Related Party &gt; Cap</u>		
10	6b	Housekeeping Wages	6040	30
10	7b	Maintenance Wages	6060	398
10	12h	Recreation Wages	6080	184
				<u>612</u>
<b>Carmine Castiglione</b>				
		<u>Related Party &gt; Cap</u>		
10	6c	Dietary Wages	6030	349
10	7b	Maintenance Wages	6060	174
10	12h	Recreation Wages	6080	87
10	A4	Other Admin Wages	6020	1,046
10	12d	Aides/Attendant Wages	6070	87
				<u>1,743</u>
		Total Adjustment		<u>2,355</u>

**Item #23 - Administrative and General (other)**

Fringe Benefits on Maintenance Wages

				<u>Per Page 15</u>
15	1.a.1	Workmen's Comp	5260	15,113
15	1.a.2	Unemployment Insurance	7020/7030	5,273
15	1.a.3	Social Security (FICA)	6130	22,371
15	1.a.4	Health Insurance	5220/5221	51,251
15	1.a.7	Pension Expense	5630	12,065
		Total Fringes		<u>106,073</u>
		Total Wages Paid		293,995
		<b>Fringe Benefit Percentage</b>		<b>36.08%</b>
		Total Disallowed Wages		<u>2,355</u>
		Disallowed fringes		<u>850</u>

**Page 28 - Adjustments to Statement of Expenditures**

<u>Page</u>	<u>Line</u>	<u>Description</u>	<u>GL Number</u>	<u>Amount</u>
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Item #24 - Meals to employees, guests, and others who are not residents

**Average Cost/Meal**

18	2.a.1	Raw Food	5120	53,049
18	2.a.2	Non-Food Supplies	5110	<u>4,947</u>
		Total Costs		<u><u>57,996</u></u>

**Number of Meals Served**

Total resident days	7955
Meals/day	<u>x3</u>
	23,865
Guest Meals	<u>320</u>
Total Meals	<u><u>24,185</u></u>

<u>Total</u>	<u>57,996</u>	=	<b>2.40</b>
<u>Meals</u>	<u>24,185</u>		<b>Cost per meal</b>

**Disallowance**

Guest Meals	320
Cost per Meal	<u>2.40</u>
Cost of Guest Meals	<u><u>768</u></u>

29

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Garden Brook Residential Care Home, LLC.			1886	9/30/2015	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 5,784			5,784
<b>Page 20 - Resident Care Supplies ***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,267			1,267
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,363			1,363
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	\$ 4,461			4,461
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 6,888			6,888
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 19,763			19,763

\*\*\* 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.



Garden Brook Residential Care Home, LLC.  
9/30/2015

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Cable TV/over Cap.			\$ 1,267
<b>Total Other Ancillary Costs</b>			\$	\$	\$ 1,267

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	D(b)	Kia Sedona \$5,083 excess cost x \$7,521 depl			\$ 1,279
22	D(b)	Lawnmower depl (see pg 29a)			\$ 84
<b>Total Excess Movable Equipment Depreciation</b>			\$	\$	\$ 1,363

#### Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6.f	Snowplowing - Cottage (pg 29a)			\$ 375
22	6.f	Landscaping - Cottage (pg 29a)			\$ 187
22	10.a	Real Estate Tax - Cottage (pg 29a)			\$ 3,130
27	14.a	Property Insurance - Cottage (pg 29a)			\$ 769
<b>Total Other Property Adjustments</b>			\$	\$	\$ 4,461



Annual Report of Long-Term Care Facility  
 Garden Brook RCH, LLC; License #1886  
 Allocation of Expenses for Portion of Facility Not Used by RCH  
 9/30/2015

Page 29 - Adjustments to Statement of Expenditures (cont'd) - Maintenance and Property

Cottage Expense Allocation		Amount		Page	Line	GL Number
Description	Amount	Allocation %	Dissallowed Cost			
<u>Item #39 - Other</u>						
<u>Snowplow and Sanding</u>						
Snowplowing & Sanding	7,870.00	4.76%	375	22	6.f	5539
<u>Landscaping</u>						
Gas/Oil	39.00					
Mower Service	64.00					
Equipment/Dirt Compactor	747.00					
Equipment/Lawn Tiller	656.00					
Equipment/Push Mower	311.00					
Crushed Stone	542.00					
Plant/bulb/seed/flower/misc	1,571.00					
	<u>3,930.00</u>	4.76%	<u>187</u>	22	6.f	5537
<u>Item #35 - Excess Depreciation</u>						
<u>Depreciation</u>						
Lawn Mower Depreciation (old mower traded 9/29/15)	1,261.76					
Lawn Mower Depreciation (new mower 9/29/15)	<u>560.21</u>					
	1,761.97	4.76%	84	22	7.d	5040

Allocation is based on % of Revenue between Private Cottage Rental and Total Rental Income for the property (as requested by auditors during 2008 audit)		
Allocation Percentage	Gross Income from all Tenants	Allocation %
Cottage Rental Income	84,717	4.76%
RCH Resident Income	694,188	95.24%
Total Revenue	<u>778,905</u>	100.000%

<u>Item #39 - Other</u>						
<u>Real Estate Tax</u>						
Property tax paid by owner	21,513.00	14.55%	3,130	22	10.a	n/a
<u>Property Insurance</u>						
Total Property Insurance	5,282.00	14.55%	769	27	14.a	5250
(allocated based on original property value of cottage/Total building original property value)						
<b>Total Dissallowances</b>			<u>4,545</u>			

All other expenses relating to the cottage are paid outside of the RCH

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Garden Brook Residential Care Home, LI 1886		9/30/2015			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 691,579			691,579		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 2,609			2,609		
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
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	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 694,188			694,188		
<b>IV. Other Revenue *</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 4,936			4,936		
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 4,936			4,936		
<b>VI. Total All Revenue (III+V)</b>	\$ 699,124			699,124		

\* 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.



**G. Balance Sheet**

Name of Facility	License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home,	1886	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash (on hand and in banks )			\$	2,995
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	41,831
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	2,122
5. Prepaid Expenses			\$	339
a. Prepaid Auto Insurance	339			
b. _____				
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize )			\$	1,555
Escrow Payroll Taxes 10/1/15 payroll	1,555			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	48,842
<b>B. Fixed Assets</b>				
1. Land			\$	
2. Land Improvements	*Historical Cost	4,500	\$	3,600
	Accum. Depreciation	900	Net	
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost	54,120	\$	32,871
	Accum. Depreciation	21,249	Net	
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation		Net	
6. Movable Equipment	*Historical Cost	49,852	\$	41,864
	Accum. Depreciation	7,988	Net	
7. Motor Vehicles	*Historical Cost	30,083	\$	11,281
	Accum. Depreciation	18,802	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize )			\$	
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	89,616

\* 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
Garden Brook Residential Care Home, I		1886	9/30/2015	32	37
Account				Amount	
Total Brought Forward:				\$ 138,458	
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
2. Land Improvements					
	*Historical Cost	11,200			
	Accum. Depreciation	4,200	Net	\$	7,000
3. Buildings					
	*Historical Cost	860,000			
	Accum. Depreciation	344,000	Net	\$	516,000
4. Non-Movable Equipment					
	*Historical Cost		Net	\$	
	Accum. Depreciation				
5. Movable Equipment					
	*Historical Cost		Net	\$	
	Accum. Depreciation				
6. Motor Vehicles					
	*Historical Cost		Net	\$	
	Accum. Depreciation				
7. Minor Equipment-Not Depreciable					
C-8 Total Leasehold or Like Properties (C1 thru 7)					
				\$	523,000
D. Investment and Other Assets					
1. Deferred Deposits					
2. Escrow Deposits					
3. Organization Expense					
	*Historical Cost	123,162			
	Accum. Depreciation	65,003	Net	\$	58,159
4. Goodwill (Purchased Only)					
5. Investments Related to Resident Care (itemize)					
6. Loans to Owners or Related Parties (itemize)					
Name and Address		Amount	Loan Date		
7. Other Assets (itemize)					
Frontier Equip (disputed cost)		4,207			
Loan Refinance Cost (net of amort)		1,507			
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	63,873
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	725,331

\* 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
Garden Brook Residential Care Home, LLC.	1886	9/30/2015	33	37
<b>Account</b>			<b>Amount</b>	
<b>Liabilities</b>				
A. Current Liabilities				
1. Trade Accounts Payable			\$	77,345
2. Notes Payable ( <i>itemize</i> )			\$	23,478
Current Portion Webster Loan				23,478
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )			\$	8,185
Name of Lender	Purpose	Amount	Date Due	
Kia Motors Finance	2014 Kia	6,947	various	
Sheffield Financial	Tiger Mower&Cart	1,238	various	
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )			\$	6,487
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )			\$	1,664
6. Accrued Payroll Taxes Payable			\$	624
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> )			\$	26,177
Accrued Accounting Fees		8,780	Accrud Frontier Telephoi	750
Accrued Pension		12,065	Bus Entity Tax Payable	250
401K Payable		2,102		
Home Depot Credit Card		2,230		
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>			<b>\$</b>	<b>143,960</b>

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

*(Carry Total forward to next page)*



**U.S. Income Tax Return for an S Corporation**

**2014**

Department of the Treasury  
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
Information about Form 1120S and its separate instructions is at [www.irs.gov/form1120s](http://www.irs.gov/form1120s).

For calendar year 2014 or tax year beginning **10/01/14** ending **09/30/15**

<b>A</b> S election effective date <b>01/01/08</b>	<b>TYPE</b>  <b>OR</b>  <b>PRINT</b>	<b>Name</b> <b>GARDEN BROOK RESIDENTIAL CARE HOME</b>	<b>D</b> Employer identification number <b>20-8890055</b>
<b>B</b> Business activity code number (see instructions) <b>623000</b>		<b>Number, street, and room or suite no. If a P.O. box, see instructions.</b> <b>470 STRAITS TURNPIKE</b>	<b>E</b> Date incorporated <b>10/19/2007</b>
<b>C</b> Check if Sbt. M-3 attached <input type="checkbox"/>		<b>City or town, state or province, county, and ZIP or foreign postal code</b> <b>WATERTOWN CT 06795</b>	<b>F</b> Total assets (see instructions) <b>\$ 202,332</b>

**G** Is the corporation electing to be an S corporation beginning with this tax year?  Yes  No If "Yes," attach Form 2553 if not already filed

**H** Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return (5)  S election termination or revocation

**I** Enter the number of shareholders who were shareholders during any part of the tax year **1**

**Caution.** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

	<b>1a</b>	<b>694,188</b>	
<b>Income</b>	<b>1a</b> Gross receipts or sales		
	<b>1b</b> Returns and allowances		
	<b>1c</b> Balance. Subtract line 1b from line 1a		<b>694,188</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)		<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3 694,188</b>
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797)		<b>4</b>
	<b>5</b> Other income (loss) (see instructions—attach statement)	<b>SEE STMT 1</b>	<b>5 5,809</b>
	<b>6</b> Total income (loss). Add lines 3 through 5		<b>6 699,997</b>
<b>Deductions</b> (see instructions for limitations)	<b>7</b> Compensation of officers (see instructions—attach Form 1125-E)		<b>7 83,987</b>
	<b>8</b> Salaries and wages (less employment credits)		<b>8 240,789</b>
	<b>9</b> Repairs and maintenance		<b>9 14,316</b>
	<b>10</b> Bad debts		<b>10</b>
	<b>11</b> Rents		<b>11 90,000</b>
	<b>12</b> Taxes and licenses		<b>12 30,630</b>
	<b>13</b> Interest		<b>13 7,243</b>
	<b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		<b>14 16,763</b>
	<b>15</b> Depletion (Do not deduct oil and gas depletion.)		<b>15</b>
	<b>16</b> Advertising		<b>16</b>
	<b>17</b> Pension, profit-sharing, etc., plans		<b>17 12,065</b>
	<b>18</b> Employee benefit programs		<b>18 20,220</b>
	<b>19</b> Other deductions (attach statement)	<b>SEE STMT 2</b>	<b>19 187,622</b>
	<b>20</b> Total deductions. Add lines 7 through 19		<b>20 703,635</b>
	<b>21</b> Ordinary business income (loss). Subtract line 20 from line 6		<b>21 -3,638</b>
<b>Tax and Payments</b>	<b>22a</b> Excess net passive income or LIFO recapture tax (see instructions)		
	<b>22b</b> Tax from Schedule D (Form 1120S)		
	<b>22c</b> Add lines 22a and 22b (see instructions for additional taxes)		
	<b>23a</b> 2014 estimated tax payments and 2013 overpayment credited to 2014		
	<b>23b</b> Tax deposited with Form 7004		
	<b>23c</b> Credit for federal tax paid on fuels (attach Form 4136)		
	<b>23d</b> Add lines 23a through 23c		
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		
	<b>25</b> Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed		
	<b>26</b> Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid		
<b>27</b> Enter amount from line 26 Credited to 2015 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>			

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

<b>Signature of officer</b> <b>CARMINE CASTIGLIONE</b>	<b>Date</b>	<b>Title</b>	<b>MEMBER</b>
<b>Print/Type preparer's name</b> <b>MICHAEL J. MICHAUD</b>	<b>Date</b> <b>02/16/16</b>	<b>Check <input type="checkbox"/> if self-employed</b>	<b>PTIN</b> <b>P00429449</b>
<b>Firm's name</b> <b>BRODEUR &amp; COMPANY, CPAS, P.C.</b>	<b>Firm's EIN</b> <b>06-0885645</b>		
<b>Firm's address</b> <b>P.O. BOX 164 OLD SAYBROOK, CT 06475</b>	<b>Phone no.</b> <b>860-388-4627</b>		

**Schedule B Other Information** (see instructions)

<b>1</b> Check accounting method:	a <input type="checkbox"/> Cash	b <input checked="" type="checkbox"/> Accrual	Yes	No
	c <input type="checkbox"/> Other (specify) ▶			
<b>2</b> See the instructions and enter the:	a Business activity ▶	<b>RESIDENTIAL CARE</b>	b Product or service ▶	<b>ROOM &amp; BOARD</b>
<b>3</b> At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation				<b>X</b>
<b>4</b> At the end of the tax year, did the corporation:	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			<b>X</b>

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

<b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	Yes	No
		<b>X</b>

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

<b>5a</b> At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.	(i) Total shares of restricted stock	(ii) Total shares of non-restricted stock	Yes	No
				<b>X</b>
<b>b</b> At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.	(i) Total shares of stock outstanding at the end of the tax year	(ii) Total shares of stock outstanding if all instruments were executed	Yes	No
				<b>X</b>
<b>6</b> Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?			Yes	No
				<b>X</b>
<b>7</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.			<input type="checkbox"/>	
<b>8</b> If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions)		\$		
<b>9</b> Enter the accumulated earnings and profits of the corporation at the end of the tax year.		\$		
<b>10</b> Does the corporation satisfy both of the following conditions?	a The corporation's total receipts (see instructions) for the tax year were less than \$250,000	b The corporation's total assets at the end of the tax year were less than \$250,000	Yes	No
				<b>X</b>
<b>11</b> During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction		\$	Yes	No
				<b>X</b>
<b>12</b> During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions			Yes	No
				<b>X</b>
<b>13a</b> Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?			Yes	No
				<b>X</b>
<b>b</b> If "Yes," did the corporation file or will it file required Forms 1099?			Yes	No
				<b>X</b>

Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 -3,638
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9 -338
	10 Other income (loss) (see instructions) Type ▶	10
	11 Section 179 deduction (attach Form 4562) SEE STMT 3	11 17,331
	12a Charitable contributions SEE STMT 4	12a 50
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)
	d Other deductions (see instructions) Type ▶	12d
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions) Type ▶	13d
	e Other rental credits (see instructions) Type ▶	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ▶	13g
	Foreign Transactions	14a Name of country or U.S. possession ▶
b Gross income from all sources		14b
c Gross income sourced at shareholder level		14c
Foreign gross income sourced at corporate level		14d
d Passive category		14e
e General category		14f
f Other (attach statement)		14g
Deductions allocated and apportioned at shareholder level		14h
g Interest expense		14i
h Other		14j
Deductions allocated and apportioned at corporate level to foreign source income		14k
i Passive category		14l
j General category		14m
k Other (attach statement)		14n
Other information	14o	
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14p	
m Reduction in taxes available for credit (attach statement)	14q	
n Other foreign tax information (attach statement)	14r	
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a -1,605
	b Adjusted gain or loss	15b -115
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties - gross income	15d
	e Oil, gas, and geothermal properties - deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e 7,784

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount
Other Information	17a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement) <b>SEE STATEMENT 5</b>	

Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14)	18	-21,357
----------------	--	----	---------

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
<b>Assets</b>				
1 Cash		3,958		2,995
2a Trade notes and accounts receivable	39,577		41,831	
b Less allowance for bad debts	(	39,577	(	41,831
3 Inventories		1,962		2,122
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement) <b>STMT 6</b>				1,894
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets	126,294		138,556	
b Less accumulated depreciation	( 34,672	91,622	( 48,940	89,616
11a Depletable assets				
b Less accumulated depletion	(		(	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)	123,162		124,777	
b Less accumulated amortization	( 56,791	66,371	( 65,110	59,667
14 Other assets (attach statement) <b>STMT 7</b>				4,207
15 Total assets		203,490		202,332
<b>Liabilities and Shareholders' Equity</b>				
16 Accounts payable		43,352		77,347
17 Mortgages, notes, bonds payable in less than 1 year		13,811		31,663
18 Other current liabilities (attach statement) <b>STMT 8</b>		85,776		88,435
19 Loans from shareholders		63,652		55,868
20 Mortgages, notes, bonds payable in 1 year or more		129,685		96,232
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings		-132,786		-147,213
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		(	(	
27 Total liabilities and shareholders' equity		203,490		202,332

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books	-14,427	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a	Tax-exempt interest \$	338
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):			<b>STMT 10</b>	<b>338</b>
a	Depreciation \$		6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
b	Travel and entertainment \$		a	Depreciation \$	19,417
	<b>STMT 9</b>	<b>14,239</b>		<b>STMT 11</b>	<b>1,414</b>
4	Add lines 1 through 3	-188	7	Add lines 5 and 6	20,831
			8	Income (loss) (Schedule K, line 18). Line 4 less line 7	21,169
					-21,357

**Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)**

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	-125,354	
2	Ordinary income from page 1, line 21		
3	Other additions		
4	Loss from page 1, line 21	3,638	
5	Other reductions <b>STMT 12</b>	17,719	
6	Combine lines 1 through 5	-146,711	
7	Distributions other than dividend distributions		
8	Balance at end of tax year. Subtract line 7 from line 6	-146,711	

Final K-1

Amended K-1

**Schedule K-1  
(Form 1120S)**  
Department of the Treasury  
Internal Revenue Service

**2014**

For calendar year 2014, or tax  
year beginning 10/01/14  
ending 09/30/15

**Shareholder's Share of Income, Deductions, Credits, etc.**  
▶ See back of form and separate instructions.

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

**Part I Information About the Corporation**

A Corporation's employer identification number  
**20-8890055**

B Corporation's name, address, city, state, and ZIP code  
**GARDEN BROOK RESIDENTIAL CARE HOME**  
**470 STRAITS TURNPIKE**  
**WATERTOWN CT 06795**

C IRS Center where corporation filed return  
**E-FILE**

**Part II Information About the Shareholder**

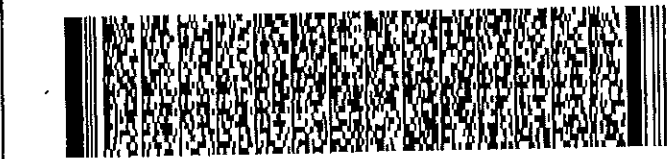
D Shareholder's identifying number  
**049-68-5734**

E Shareholder's name, address, city, state, and ZIP code  
**CARMINE CASTIGLIONE**  
**265 SHUTTLE MEADOW ROAD**  
**SOUTHINGTON CT 06489**

F Shareholder's percentage of stock ownership for tax year 100.000000 %

1	Ordinary business income (loss)	13	Credits
	<b>-3,638</b>		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
	<b>-338</b>		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		<b>A</b>	<b>-1,605</b>
		<b>B</b>	<b>-115</b>
11	Section 179 deduction	16	Items affecting shareholder basis
*	<b>17,331</b>	<b>E</b>	<b>7,784</b>
12	Other deductions		
<b>A</b>	<b>50</b>		
		17	Other information
		<b>K*</b>	<b>STMT</b>
		<b>V*</b>	<b>STMT</b>

\* See attached statement for additional information.



For IRS Use Only

Form **1125-E**

**Compensation of Officers**

OMB No. 1545-2225

(Rev. December 2013)

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).

Name

**GARDEN BROOK RESIDENTIAL CARE HOME**

Employer identification number

**20-8890055**

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number (see instructions)	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
<b>1 CARMINE CASTIGLIONE</b>	<b>049-68-5734</b>	<b>100.000%</b>	<b>100.000%</b>	<b>%</b>	<b>83,987</b>
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
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		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	

<b>2</b>	Total compensation of officers .....	<b>2</b>	<b>83,987</b>
<b>3</b>	Compensation of officers claimed on Form 1125-A or elsewhere on return .....	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return .....	<b>4</b>	<b>83,987</b>

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 12-2013)

**Depreciation and Amortization**  
(Including Information on Listed Property)

STMT 14

OMB No. 1545-0172

**2014**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment Sequence No. **179**

Name(s) shown on return

**GARDEN BROOK RESIDENTIAL CARE HOME**

Identifying number

**20-8890055**

Business or activity to which this form relates

**REGULAR DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	24,687
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	<b>SEE STATEMENT 13</b>	<b>12,651</b>	<b>12,651</b>
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	12,651
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	12,651
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	4,680
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	80,011
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	17,331
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	7,508
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		9,271	7.0	MQ	200DB	4,801
d 10-year property						
e 15-year property		2,765	15.0	MQ	150DB	1,400
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property	09/29/15	2,489	39 yrs.	MM	S/L	3
	09/30/15	824	39.0	MM	S/L	1

**Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	3,050
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	16,763
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.



Form 4562 (2014)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost				
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25				
26 Property used more than 50% in a qualified business use:												
2014 KIA SEDONA	09/30/13	100.00%	30,083	30,083	5.0	200DBMC	3,050					
27 Property used 50% or less in a qualified business use:												
								S/L-				
								S/L-				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	3,050			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29				

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)	4,579											
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	4,579											
34 Was the vehicle available for personal use during off-duty hours?	X											
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2014 tax year (see instructions):						
CLOSING COSTS MTG PAYOFF	10/10/14	1,615	461	15.0	108	
43 Amortization of costs that began before your 2014 tax year					43	8,211
44 Total. Add amounts in column (f). See the instructions for where to report					44	8,319

**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))

Department of the Treasury  
 Internal Revenue Service

▶ Attach to your tax return.

Attachment  
 Sequence No. **27**

▶ Information about Form 4797 and its separate instructions is at [www.irs.gov/form4797](http://www.irs.gov/form4797).

Name(s) shown on return

Identifying number

**GARDEN BROOK RESIDENTIAL CARE HOME**

**20-8890055**

**1** Enter the gross proceeds from sales or exchanges reported to you for 2014 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) ..... **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

<b>2</b> (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>ACER DESKTOP</b>	<b>11/02/07</b>	<b>10/01/14</b>		<b>615</b>	<b>615</b>	
<b>WASHER</b>	<b>09/30/13</b>	<b>09/01/15</b>		<b>574</b>	<b>912</b>	<b>-338</b>

<b>3</b> Gain, if any, from Form 4684, line 39	<b>3</b>
<b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37	<b>4</b>
<b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824	<b>5</b>
<b>6</b> Gain, if any, from line 32, from other than casualty or theft	<b>6</b>
<b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: <b>Partnerships (except electing large partnerships) and S corporations</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	<b>7</b> align="right"> <b>-338</b>
<b>8</b> Nonrecaptured net section 1231 losses from prior years (see instructions)	<b>8</b>
<b>9</b> Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	<b>9</b>

**Part II Ordinary Gains and Losses (see instructions)**

<b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

<b>11</b> Loss, if any, from line 7	<b>11</b>
<b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>
<b>13</b> Gain, if any, from line 31	<b>13</b>
<b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>
<b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>
<b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>
<b>17</b> Combine lines 10 through 16	<b>17</b>
<b>18</b> For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:	<b>18a</b>
<b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from Income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	<b>18a</b>
<b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	<b>18b</b>

For Paperwork Reduction Act Notice, see separate instructions.

**Like-Kind Exchanges**  
(and section 1043 conflict-of-interest sales)  
▶ Attach to your tax return.

▶ Information about Form 8824 and its separate instructions is at [www.irs.gov/form8824](http://www.irs.gov/form8824).

Name(s) shown on tax return

Identifying number

**GARDEN BROOK RESIDENTIAL CARE HOME**

**20-8890055**

**Part I Information on the Like-Kind Exchange**

Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

- 1 Description of like-kind property given up:  
**52" FREEDOM Z MOWER**
- 2 Description of like-kind property received:  
**TIGER CART RECEIVED IN TRADE FOR ASSET # 71**
- 3 Date like-kind property given up was originally acquired (month, day, year) 

3	<b>05/14/13</b>
---	-----------------
- 4 Date you actually transferred your property to other party (month, day, year) 

4	<b>09/29/15</b>
---	-----------------
- 5 Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement 

5	
---	--
- 6 Date you actually received the like-kind property from other party (month, day, year). See instructions 

6	
---	--
- 7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III  Yes  No

**Part II Related Party Exchange Information**

8 Name of related party	Relationship to you	Related party's identifying number

Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)

- 9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange or transfer property into the exchange, directly or indirectly (such as through an intermediary), that became your replacement property?  Yes  No
- 10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?  Yes  No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is not the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 unless one of the exceptions on line 11 applies.

- 11 If one of the exceptions below applies to the disposition, check the applicable box:
  - a  The disposition was after the death of either of the related parties.
  - b  The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.
  - c  You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation (see instructions).

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

**GARDEN BROOK RESIDENTIAL, CARE HOME**

**20-8890055**

**Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received**

Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see Reporting of multi-asset exchanges in the instructions.  
 Note: Complete lines 12 through 14 only if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12		
13	Adjusted basis of other property given up	13		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14		
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.				
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15		
16	FMV of like-kind property you received	16		8,997
17	Add lines 15 and 16	17		8,997
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions)	18		9,271
19	Realized gain or (loss). Subtract line 18 from line 17	19		-274
20	Enter the smaller of line 15 or line 19, but not less than zero	20		0
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions)	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22		0
23	Recognized gain. Add lines 21 and 22	23		
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24		-274
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25		9,271

**Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales**

Note: This part is to be used only by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used only if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)		
27	Description of divested property		
28	Description of replacement property		
29	Date divested property was sold (month, day, year)	29	
30	Sales price of divested property (see instructions)	30	
31	Basis of divested property	31	
32	Realized gain. Subtract line 31 from line 30	32	
33	Cost of replacement property purchased within 60 days after date of sale	33	
34	Subtract line 33 from line 30. If zero or less, enter -0-	34	
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)	35	
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	36	
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37	
38	Basis of replacement property. Subtract line 37 from line 33	38	

Asset Description	Date Acquired	Date Sold	Casualty Occurrence Description
A <u>WASHER</u>	<u>09/06/11</u>	<u>09/01/15</u>	
B <u>PECO COLLECTION SYSTEM</u>	<u>09/14/12</u>	<u>09/01/15</u>	
C _____			
D _____			
E _____			
F _____			
G _____			
H _____			
I _____			

	Property A	Property B	Property C	Property D	Property E	Property F	Property G	Property H	Property I
<b>Sale Information:</b>									
Gross sales price									
Cost or basis	<u>528</u>	<u>1,626</u>							
Commissions/other expenses									
Accumulated depr excluding Sec 179									
Section 179	<u>528</u>	<u>1,626</u>							
AMT gain/loss adjustment									
Sale to related party									
Casualty gain on Form 4797, Part III	<u>NO</u>	<u>NO</u>							
Section 1250 property									

**Installment Sale Information:**

Mortgage and other debts \_\_\_\_\_

Current year payments received \_\_\_\_\_

Prior year payments received \_\_\_\_\_

**Installment Sale Related Party Info:**

**Casualty / Theft Information:**

Total net reimbursement \_\_\_\_\_

Cost or basis \_\_\_\_\_

Accumulated depr excluding Sec 179 \_\_\_\_\_

Section 179 \_\_\_\_\_

FMV before loss \_\_\_\_\_

FMV after loss \_\_\_\_\_

AMT gain/loss adjustment \_\_\_\_\_

Property type \_\_\_\_\_

Gain (loss) \_\_\_\_\_

Net gain (loss) on disposal of 179 assets \_\_\_\_\_

## Federal Statements

Statement 1 - Form 1120S, Page 1, Line 5 - Other Income (Loss)

Description	Amount
OTHER INCOME	\$ 391
OVERHEAD REIMBURSEMENT	4,545
MISCELLANEOUS INCOME	873
TOTAL	\$ 5,809

Statement 2 - Form 1120S, Page 1, Line 19 - Other Deductions

Description	Amount
AUTO EXPENSE	\$ 423
BANK SERVICE CHARGES	155
DUES	550
GIFTS TO RESIDENTS	609
INSURANCE - WORKMAN'S COMP	15,113
LICENSES AND PERMITS	430
LINENS	444
MISC EXPENSES	524
PAYROLL PROCESSING FEES	3,270
POSTAGE & DELIVERY	381
RECREATION EXPENSE	1,406
RESIDENT TELEPHONE	619
SUBSCRIPTIONS	208
RESIDENT SUPPLIES	219
TELEPHONE	2,615
DIETARY SUPPLIES	4,947
FOOD	53,049
INSURANCE - AUTO	2,159
INSURANCE - LIABILITY	3,553
INSURANCE - PROPERTY	5,282
INSURANCE - EMPLOYER LIAB	1,097
WATER & SEWER	1,198
PEST CONTROL	772
LANDSCAPING	3,930
FIRE CONTROL	1,843
SNOWPLOWING & SANDING	7,870
SECURITY	815
WASTE DISPOSAL	2,090
PROPANE GAS	1,760
ELECTRICITY	15,634
HEATING OIL	9,082
ACCOUNTING FEES	25,880
PENSION ADMIN FEES	1,400
CABLE TV	2,467
HOUSEKEEPING EXPENSE	4,255
LAUNDRY	633
OFFICE EXPENSE	1,296
MEDICINE CABINET SUPPLIES	1,085
EDUCATION/TRAINING	240
AMORTIZATION	8,319
TOTAL	\$ 187,622

## Federal Statements

Statement 3 - Form 1120S, Page 3, Schedule K, Line 11 - Section 179 Deduction

<u>Description</u>	<u>Amount</u>
SECTION 179 - PERSONAL PROP	\$ <u>17,331</u>
TOTAL	\$ <u><u>17,331</u></u>

Statement 4 - Form 1120S, Page 3, Schedule K, Line 12a - Cash Contributions

<u>Description</u>	<u>Cash Contrib 50%</u>	<u>Cash Contrib 30%</u>	<u>Total</u>
CONTRIBUTIONS	\$ <u>50</u>	\$ <u>          </u>	\$ <u>50</u>
TOTAL	\$ <u><u>50</u></u>	\$ <u><u>0</u></u>	\$ <u><u>50</u></u>

Statement 5 - Form 1120S, Page 4, Schedule K, Line 17d - Other Items and Amounts

<u>Description</u>	<u>Amount</u>
DISPOSAL OF SECTION 179 PROPERTY - SEE ATTACHED WRK	

Statement 6 - Form 1120S, Page 4, Schedule L, Line 6 - Other Current Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ESCROW PAYROLL	\$ <u>          </u>	\$ <u>1,555</u>
PREPAID INSURANCE	<u>          </u>	<u>339</u>
TOTAL	\$ <u><u>0</u></u>	\$ <u><u>1,894</u></u>

Statement 7 - Form 1120S, Page 4, Schedule L, Line 14 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
FRONTIER DISPUTED SETUP	\$ <u>          </u>	\$ <u>4,207</u>
TOTAL	\$ <u><u>0</u></u>	\$ <u><u>4,207</u></u>

## Federal Statements

Statement 8 - Form 1120S, Page 4, Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
ACCRUED ACCOUNTING EXPENSE	\$ 8,095	\$ 2,230
CREDIT CARD PAYABLE	3,125	2,102
401 K PAYABLE	700	53,483
DUE TO DSS	53,483	750
ACCRUED EXPENSES	325	6,487
ACCRUED PAYROLL	6,232	624
ACCRUED PAYROLL TAXES	585	1,664
ACCRUED PAYROLL - OFFICERS	1,414	12,065
ACCRUED PENSION EXPENSE	11,817	8,780
ACCRUED ACCOUNTING EXPENSE		250
ACCRUED BUSINESS ENTITY TAX		250
TOTAL	<u>\$ 85,776</u>	<u>\$ 88,435</u>

Statement 9 - Form 1120S, Page 5, Schedule M-1, Line 3 - Expenses on Books Not on Return

Description	Amount
ACCRUED OFFICER SALARY - EOY	\$ 1,664
CAPITALIZED REPAIRS	12,575
TOTAL	<u>\$ 14,239</u>

Statement 10 - Form 1120S, Page 5, Schedule M-1, Line 5 - Income on Books Not on Return

Description	Amount
FORM 4797 BOOK/TAX DIFF	\$ 338
TOTAL	<u>\$ 338</u>

Statement 11 - Form 1120S, Page 5, Schedule M-1, Line 6 - Deductions on Return Not on Books

Description	Amount
ACCRUED OFFICER SALARY - BOY	\$ 1,414
TOTAL	<u>\$ 1,414</u>

Statement 12 - Form 1120S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
NET SECTION 1231 LOSS	\$ 338
CHARITABLE CONTRIBUTIONS	50
SECTION 179 EXPENSE	17,331
TOTAL	<u>\$ 17,719</u>



## Regular Depreciation

Statement 13 - Form 4562, Part I, Line 6 - Section 179 Expense

<u>Description of Property</u>	<u>Cost</u>	<u>Expense</u>
FRONT LOAD WASHER	\$ 956	\$ 956
FRONT LOAD WASHER	1,477	1,477
4 CHESTS & 2 NIGHT STANDS	2,291	2,291
BAKERS PRICE GAS RANGE	2,339	2,339
GUTTERS (BLDG 3)	1,288	1,288
2 TRANE DUCTLESS WALL UNITS	4,300	4,300
TOTAL	<u>\$ 12,651</u>	<u>\$ 12,651</u>

Federal Statements

20-8890055

Regular Depreciation

Statement 14 - Form 4562 - Election Made Under Regulations Section 1.168(i)-6(i)

Property Given Up

52" FREEDOM Z MOWER

Property Received

TIGER CART RECEIVED IN TRADE FOR ASSET # 71

20-8890055

**Federal Statements**  
**Carmine Castiglione**  
**049-68-5734**

Schedule K-1, Box 11 - Section 179 Deduction

<u>Description</u>	<u>Shareholder Amount</u>
SECTION 179 - PERSONAL PROP	17,331
TOTAL	<u>17,331</u>

Schedule K-1, Box 17, Code V - Other Information

<u>Description</u>	<u>Shareholder Amount</u>
GAIN ON REPAYMENT SHR LOAN	7,784

**Schedule K-1, Box 17, Code K - Shareholder's Disposition of Section 179 Property**

Form **1120S**  
Schedule K-1

2014

For calendar year 2014 or tax year beginning 10/01/14 ending 09/30/15

Taxpayer Identification Number  
**20-8890055**  
**049-68-5734**

Name  
**GARDEN BROOK RESIDENTIAL CARE HOME**  
**CARMINE CASTIGLIONE**

Asset Description	Date		Casualty Occurrence Description
	Acquired	Disposed	
A WASHER	09/06/11	09/01/15	
B PECO COLLECTION SYSTEM	09/14/12	09/01/15	
C			
D			
E			
F			
G			
H			
I			

Sale Information:	Property A	Property B	Property C	Property D	Property E	Property F	Property G	Property H	Property I
Gross sales price									
Cost or basis	528	1,626							
Commissions/other expenses									
Accumulated depr excluding Sec 179									
Section 179	528	1,626							
AMT gain/loss adjustment									
Sale to related party									
Casualty gain on Form 4797, Part III									
Section 1250 property	NO	NO							

Installment Sale Information:  
Mortgage and other debts  
Current year payments received  
Prior year payments received

Installment Sale Related Party Info:

Casualty / Theft Information:  
Total net reimbursement  
Cost or basis  
Accumulated depr excluding Sec 179  
Section 179  
FMV before loss  
FMV after loss  
AMT gain/loss adjustment  
Property type

# Federal Asset Report

## Form 1120S, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Section 179 Expense:</b>									
83	FRONT LOAD WASHER	9/21/15	956		X	N/A	7 MQ200DB	0	956
84	FRONT LOAD WASHER	9/21/15	1,477		X	N/A	7 MQ200DB	0	1,477
85	4 CHESTS & 2 NIGHT STANDS	9/15/15	2,291		X	N/A	5 MQ200DB	0	2,291
86	BAKERS PRICE GAS RANGE	9/21/15	2,339		X	N/A	7 MQ200DB	0	2,339
87	GUTTERS (BLDG 3)	9/26/15	1,288		X	N/A	15 MQ150DB	0	1,288
92	2 TRANE DUCTLESS WALL UNITS	9/29/15	4,300		X	N/A	7 MQ200DB	0	4,300
			<u>12,651</u>			<u>N/A</u>		<u>0</u>	<u>12,651</u>
<b>5-year GDS Property:</b>									
85	4 CHESTS & 2 NIGHT STANDS	9/15/15	N/A*		X	0	5 MQ200DB	0	0
			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>7-year GDS Property:</b>									
83	FRONT LOAD WASHER	9/21/15	N/A*		X	0	7 MQ200DB	0	0
84	FRONT LOAD WASHER	9/21/15	N/A*		X	0	7 MQ200DB	0	0
86	BAKERS PRICE GAS RANGE	9/21/15	N/A*		X	0	7 MQ200DB	0	0
91	Tiger Cart Received in trade for asset # 71	9/29/15	9,271			9,271	7 MQ200DB	0	4,801
92	2 TRANE DUCTLESS WALL UNITS	9/29/15	N/A*		X	0	7 MQ200DB	0	0
			<u>9,271</u>			<u>9,271</u>		<u>0</u>	<u>4,801</u>
<b>15-year GDS Property:</b>									
81	GUTTERS - Main Bldg	9/25/15	2,765			2,765	15 MQ150DB	0	1,400
87	GUTTERS (BLDG 3)	9/26/15	N/A*		X	0	15 MQ150DB	0	0
			<u>2,765</u>			<u>2,765</u>		<u>0</u>	<u>1,400</u>
<b>Non-Residential Real Property:</b>									
88	GFI OUTLETS & HEAT WIRES	9/29/15	2,489			2,489	39 MMS/L	0	3
89	FLOODLIGHTS	9/30/15	824			824	39 MMS/L	0	1
			<u>3,313</u>			<u>3,313</u>		<u>0</u>	<u>4</u>
<b>Prior MACRS:</b>									
2	MISC USED FURN, FIX & EQUIP	10/19/07	25,000			25,000	7 MQ200DB	24,680	320
3	CHAIRS DINE RM	3/15/08	1,048		X	524	7 HY 200DB	1,025	23
4	LIVING RM FURN	5/07/08	2,624		X	1,312	7 HY 200DB	2,565	59
5	ACRR DESKTOP	11/02/07	615			615	5 HY 200DB	615	0
	Sold/Scrapped: 10/01/14								
8	KITCHEN COUNTER	9/06/08	848		X	424	7 HY 200DB	829	19
11	DISHWASHER HOB LXIH3	5/29/08	4,744		X	2,372	7 HY 200DB	4,638	106
12	FREEZER TRUE T12F	9/17/08	1,749		X	874	7 HY 200DB	1,710	39
13	REFRIGERATOR TRUE T35	9/17/08	2,862		X	1,431	7 HY 200DB	2,798	64
14	FURNACE	1/29/08	5,469			5,469	39 MMS/L	941	140
16	SEPTIC SYSTEM	3/28/08	8,200			8,200	39 MMS/L	1,375	211
17	2 FILING CABINETS	9/30/08	485		X	242	7 HY 200DB	474	11
18	4 CHEST/BUREAU, 2 CHAIRS, LOVESE	9/30/08	2,431		X	1,216	7 HY 200DB	2,377	54
19	Hall and Stair Runner Carpeting	9/29/11	2,466		X	0	5 HY 200DB	2,466	0
20	Security Camera	6/11/10	2,273		X	0	5 HY 200DB	2,273	0
21	Front Load Washer	9/30/10	666		X	0	7 HY 200DB	666	0
22	Fireplace	9/30/10	572		X	0	7 HY 200DB	572	0
23	7 Twin Beds	9/11/10	1,243		X	0	7 HY 200DB	1,243	0
24	1/2 HP 7 gmp Well Pump	7/26/10	1,850			1,850	39 MMS/L	200	47
25	Phone System (Baldwin Comm)	9/30/09	1,681		X	0	5 HY 200DB	1,681	0
26	HP COMPUTER	2/18/11	636		X	0	5 HY 200DB	636	0
27	TWIN BEDS (5)	9/16/11	898		X	0	7 HY 200DB	898	0
29	MATTRESS/SPRING (3)	9/26/11	574		X	0	7 HY 200DB	574	0
30	WASHER	9/06/11	528		X	0	7 HY 200DB	528	0
	Sold/Scrapped: 9/01/15								
31	DRYER	9/06/11	529		X	0	7 HY 200DB	529	0
32	DRYER SAMSUNG	9/06/11	506		X	0	7 HY 200DB	506	0
34	DECK PATIO COVER	9/17/11	1,202		X	0	7 HY 200DB	1,202	0
35	LOVESEAT, CHAIR, SOFA	8/09/12	399		X	0	5 MQ200DB	399	0
36	2 MADISON TWIN BEDS	4/24/12	381		X	0	5 MQ200DB	381	0

\*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

# Federal Asset Report

## Form 1120S, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
37	New Stone Wall and Backfill	9/27/12	4,500		X	2,250	15 MQ150DB	2,700	180
38	DRESSER, CHEST, TWIN STAND	8/09/12	506	X	X	0	5 MQ200DB	506	0
39	DRESSERS, BUREAUS	9/16/12	585	X	X	0	5 MQ200DB	585	0
40	DRESSERS & NIGHT STANDS	9/15/12	1,776	X	X	0	5 MQ200DB	1,776	0
41	3 A/C UNITS	8/29/12	798	X	X	0	5 MQ200DB	798	0
42	2 PICNIC TABLES, BENCH	8/09/12	1,106	X	X	0	5 MQ200DB	1,106	0
43	SOFA & 2 CHAIRS	9/12/12	1,485	X	X	0	5 MQ200DB	1,485	0
44	CARPETING	9/15/12	2,052	X	X	0	5 MQ200DB	2,052	0
45	PECO COLLECTION SYSTEM	9/14/12	1,626	X	X	0	5 MQ200DB	1,626	0
Sold/Scrapped: 9/01/15									
46	APPLIANCES	9/09/12	616	X	X	0	5 MQ200DB	616	0
47	GAS GRILL	9/10/12	408	X	X	0	5 MQ200DB	408	0
48	FRONT LOAD DRYER	9/10/12	1,170	X	X	0	5 MQ200DB	1,170	0
50	JUICE DISPENSER	5/17/12	752	X	X	0	5 MQ200DB	752	0
51	LAWN EQUIPMENT	9/19/12	1,727	X	X	0	5 MQ200DB	1,727	0
52	STEPS IN SIDES OF BLDG	11/16/12	2,250			2,250	15 MQ150DB	402	185
53	STONE WALL IN FRONT OF BLDG	12/03/12	2,350			2,350	15 MQ150DB	420	193
57	GAZEBO	7/17/13	1,062			1,062	7 MQ200DB	331	209
58	HARDWOOD FLOORING	9/21/13	2,497			2,497	15 MQ S/L	187	167
59	WOOD GLIDER BENCH (COSTCO)	9/22/13	339			339	7 MQ200DB	105	67
60	CONVERTIBLE BENCH (COSTCO)	9/22/13	636			636	7 MQ200DB	198	125
61	MEDIA MANTEL FIREPLACE W/HBATI	9/22/13	780			780	7 MQ200DB	243	153
62	ELECTRICAL WORK	9/26/13	1,600			1,600	15 MQ150DB	178	142
64	WASHER	9/30/13	912			912	5 MQ200DB	392	182
Sold/Scrapped: 9/01/15									
65	2 DOOR ARACTIC COOLER	9/30/13	2,100			2,100	7 MQ200DB	654	413
66	2 FREEZERS	9/30/13	3,094			3,094	7 MQ200DB	963	609
67	DRYER (SEARS)	11/21/12	893			893	7 MQ200DB	415	136
69	TOWER GENERATOR	9/16/13	1,588			1,588	7 MQ200DB	794	313
71	52" Freedom Z Mower	5/14/13	6,009			6,009	7 MQ200DB	2,177	958
Traded: 9/29/15									
75	AC Unit	2/25/14	18,100		X	17,195	15 HY 150DB	905	1,720
77	PLUMBING	2/10/14	4,786		X	4,547	15 HY 150DB	239	455
78	DRESSERS, NIGHTSTAND	9/17/14	2,414	X	X	0	5 HY 200DB	2,414	0
79	3 MATTRESS SETS	9/26/14	702	X	X	0	5 HY 200DB	702	0
80	FLOOR RUNNERS (MONAHAN'S)	9/28/14	1,564	X	X	0	5 HY 200DB	1,564	0
90	DRYER	9/30/13	912			912	5 MQ200DB	392	208
			<u>146,174</u>			<u>100,543</u>	<u>89,463</u>		<u>7,508</u>
<b>Other Depreciation:</b>									
72	LAND IMPROVEMENTS	10/19/07	0			0	0 HY	0	0
73	RCH Buildings	10/19/07	0			0	0 HY	0	0
74	Building #4	10/19/07	0			0	0 HY	0	0
94	Chiks Painting	5/14/14	0			0	0 HY	0	0
<b>Total Other Depreciation:</b>			<u>0</u>			<u>0</u>	<u>0</u>		<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>			<u>0</u>	<u>0</u>		<u>0</u>
<b>Listed Property:</b>									
70	2014 KIA SEDONA	9/30/13	30,083			30,083	5 MQ200DB	6,604	3,050
			<u>30,083</u>			<u>30,083</u>	<u>6,604</u>		<u>3,050</u>
<b>Amortization:</b>									
93	CLOSING COSTS MTG PAYOFF	10/10/14	1,615			1,615	15 MOAmort	0	108
1	GOODWILL	10/19/07	123,162			123,162	15 MOAmort	56,791	8,211
			<u>124,777</u>			<u>124,777</u>	<u>56,791</u>		<u>8,319</u>
<b>Grand Totals</b>			<u>329,034</u>			<u>270,752</u>	<u>152,858</u>		<u>37,733</u>
<b>Less: Dispositions and Transfers</b>			<u>9,690</u>			<u>7,536</u>	<u>5,338</u>		<u>1,140</u>
<b>Less: Start-up/Org Expense</b>			<u>0</u>			<u>0</u>	<u>0</u>		<u>0</u>
<b>Net Grand Totals</b>			<u>319,344</u>			<u>263,216</u>	<u>147,520</u>		<u>36,593</u>

# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 1120S, Page 1</b>								
3	CHAIRS DINE RM	3/15/08	1,048	100	0	0	524	524
4	LIVING RM FURN	3/07/08	2,624	100	0	0	1,312	1,312
8	KITCHEN COUNTER	9/06/08	848	100	0	0	424	424
11	DISHWASHER HOBLIXH3	5/29/08	1,744	100	0	0	872	872
12	FREEZER TRUE T12F	9/17/08	1,749	100	0	0	875	874
13	REFRIGERATOR TRUE T33	9/17/08	2,862	100	0	0	1,431	1,431
17	2 FILING CABINETS	9/30/08	485	100	0	0	243	242
18	4 CHEST/BUREAU, 2 CHAIRS, LOVESEA	9/30/08	2,431	100	0	0	1,215	1,216
19	Hall and Stair Runner Carpeting	9/29/11	2,466	100	2,466	0	0	0
20	Security Camera	6/11/10	2,273	100	2,273	0	0	0
21	Front Load Washer	9/30/10	666	100	666	0	0	0
22	Fireplace	9/30/10	572	100	572	0	0	0
23	7 Twin Beds	9/11/10	1,243	100	1,243	0	0	0
25	Phone System (Baldwin Comm)	9/30/09	1,681	100	1,681	0	0	0
26	HP COMPUTER	2/18/11	636	100	636	0	0	0
27	TWIN BEDS (3)	9/16/11	898	100	898	0	0	0
29	MATTRESS/SPRING (3)	9/26/11	574	100	574	0	0	0
30	WASHER	9/06/11	528	100	528	0	0	0
31	DRYER	9/06/11	529	100	529	0	0	0
32	DRYER SAMSUNG	9/06/11	506	100	506	0	0	0
34	DECK PATIO COVER	9/17/11	1,202	100	1,202	0	0	0
35	LOVESEAT, CHAIR, SOFA	8/09/12	399	100	399	0	0	0
36	2 MADISON TWIN BEDS	4/24/12	381	100	381	0	0	0
37	New Stone Wall and Backfill	9/27/12	4,500	100	0	0	2,250	2,250
38	DRESSER, CHEST, TWIN STAND	8/09/12	506	100	506	0	0	0
39	DRESSERS, BUREAUS	9/16/12	585	100	585	0	0	0
40	DRESSERS & NIGHT STANDS	9/15/12	1,776	100	1,776	0	0	0
41	3 A/C UNITS	8/29/12	798	100	798	0	0	0
42	2 PICNIC TABLES, BENCH	8/09/12	1,106	100	1,106	0	0	0
43	SOFA & 2 CHAIRS	9/12/12	1,485	100	1,485	0	0	0
44	CARPETING	9/15/12	2,052	100	2,052	0	0	0
45	PECO COLLECTION SYSTEM	9/14/12	1,626	100	1,626	0	0	0
46	APPLIANCES	9/09/12	616	100	616	0	0	0
47	GAS GRILL	9/10/12	408	100	408	0	0	0
48	FRONT LOAD DRYER	9/10/12	1,170	100	1,170	0	0	0
50	JUICE DISPENSER	5/17/12	752	100	752	0	0	0
51	LAWN EQUIPMENT	9/19/12	1,727	100	1,727	0	0	0
75	A/C Unit	2/25/14	18,100	100	0	0	905	17,195
77	PLUMBING	2/10/14	4,786	100	0	0	239	4,547
78	DRESSERS, NIGHT STAND	9/17/14	2,414	100	2,414	0	0	0
79	3 MATTRESS SETS	9/26/14	702	100	702	0	0	0
80	FLOOR RUNNERS (MONAHAN'S)	9/28/14	1,564	100	1,564	0	0	0
<b>Form 1120S, Page 1</b>			<b>78,018</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,790</b>	<b>32,387</b>
<b>*Less: Dispositions and Transfers</b>			<b>2,154</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Form 1120S, Page 1</b>			<b>75,864</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,790</b>	<b>32,387</b>
<b>(Grand Total)</b>			<b>78,018</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,790</b>	<b>32,387</b>
<b>Less: Dispositions and Transfers</b>			<b>2,154</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Grand Total</b>			<b>75,864</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11,790</b>	<b>32,387</b>

**Retained Earnings Reconciliation Worksheet**

Form **1120S**

**2014**

For calendar year 2014 or tax year beginning **10/01/14**, ending **09/30/15**

Name

Employer Identification Number

**GARDEN BROOK RESIDENTIAL CARE HOME**

**20-8890055**

**Schedule L - Retained Earnings**

Retained Earnings - Unappropriated	<u>-502</u>
Accumulated Adjustments Account	<u>-146,711</u>
Other Adjustments Account	<u>0</u>
Undistributed Previously Taxed Income	<u>0</u>
 Schedule L, Line 24 - Retained Earnings	 <u><u>-147,213</u></u>

**Schedule M-2 - Retained Earnings**

	Accumulated Adjustments Account	Other Adjustments Account	Undistributed Previously Taxed Income	Retained Earnings Unappropriated/ Timing Differences	Total Retained Earnings
Beg Yr Bal	<u>-125,354</u>	<u>0</u>	<u>0</u>	<u>-7,432</u>	<u>-132,786</u>
Ordinary Inc (Loss)	<u>-3,638</u>				<u>-3,638</u>
Other Additions				<u>21,169</u>	<u>21,169</u>
Other Reductions	<u>17,719</u>			<u>14,239</u>	<u>31,958</u>
Distributions					
End Yr Bal	<u><u>-146,711</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>-502</u></u>	<u><u>-147,213</u></u>



## Federal Statements

Form 1120S, Page 1, Line 1a - Gross Receipts or Sales

Description	Amount
CT STATE TITLE 19 INCOME	\$ 545,387
SS & SSI INCOME	191,516
RESIDENT'S ALLOWANCE	-45,324
PRIVATE PAY	2,609
TOTAL	\$ <u>694,188</u>

Form 1120S, Page 1, Line 12 - Taxes and Licenses

Description	Amount
TAXES:7010 · EMPLOYER FICA	\$ 22,371
TAXES:7020 · FUTA	1,946
TAXES:7030 · CT SUI	3,327
TAXES:7040 · PERSONAL PROPERT	2,736
TAXES:7060 · BUSINESS ENTITY	250
TOTAL	\$ <u>30,630</u>

Form 1120S, Page 1, Line 13 - Interest

Description	Amount
INTEREST EXP:5310 · MORTGAGE	\$ 704
5321 · INTEREST EXP:5321 · WE	5,231
INTEREST EXP:5340 · KIA AUTO	355
INTEREST EXP:5350 · FINANCE C	953
TOTAL	\$ <u>7,243</u>

Form 1120S, Page 1, Line 18 - Employee Benefit Programs

Description	Amount
EMPLOYEE BENEFIT PROGRAM	\$ 20,220
TOTAL	\$ <u>20,220</u>

Form 1120S, Page 4, Schedule L, Line 2a - Trade Notes and Accounts Receivable

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 39,577	\$ 41,831
ACCOUNTS RECEIVABLE		
TOTAL	\$ <u>39,577</u>	\$ <u>41,831</u>

## Federal Statements

Form 1120S, Page 4, Schedule L, Line 3 - Inventories

Description	Beginning of Year	End of Year
INVENTORY - RAW FOOD	\$ 1,962	\$ 2,122
TOTAL	\$ 1,962	\$ 2,122

Form 1120S, Page 4, Schedule L, Line 17 - Mortgages, Notes, Bonds Payable in Less Than One Year

Description	Beginning of Year	End of Year
CURRENT PORTION OF L/T DEBT	\$ 13,811	\$ 31,663
TOTAL	\$ 13,811	\$ 31,663

Form 1120S, Page 4, Schedule L, Line 19 - Loans from Shareholders

Description	Beginning of Year	End of Year
SHAREHOLDER LOANS	\$ 63,652	\$
OFFICER LOAN - C. CASTIGLIONE		17,129
INTERCOMPANY LOANS:1170 · DUE		-54,273
INTERCOMPANY LOANS:2005 · DUE		93,012
TOTAL	\$ 63,652	\$ 55,868

Form 1120S, Page 4, Schedule L, Line 20 - Mortgages, Notes, Bonds Payable in One Year or More

Description	Beginning of Year	End of Year
MORTGAGE PAYABLE - FOLEY	\$ 114,782	\$
WEBSTER LOAN - (REFI FOLEY)		82,912
SHEFFIELD FINANCE		5,365
N/P KIA MOTORS FINANCE	14,903	7,955
TOTAL	\$ 129,685	\$ 96,232

Form 4562, Page 1, Line 11 - Business Income Limitation

<u>Description</u>	<u>Amount</u>
ORDINARY INCOME (LOSS)	\$ -3,638
NET SECTION 1231 GAIN (LOSS)	-338
SHAREHOLDER WAGES	83,987
BUSINESS INCOME	<u>80,011</u>

## Federal Statements

Form 1120S, Retained Earnings Wrk, Retained Earnings Unapprop - Other Additions

<u>Description</u>	<u>Amount</u>
ACCRUED OFFICER SALARY - BOY	\$ 1,414
DEPRECIATION BOOK/TAX DIFF	19,417
FORM 4797 BOOK/TAX DIFF	338
TOTAL	<u>\$ 21,169</u>

Form 1120S, Retained Earnings Wrk, Retained Earnings Unapprop - Other Reductions

<u>Description</u>	<u>Amount</u>
ACCRUED OFFICER SALARY - EOY	\$ 1,664
CAPITALIZED REPAIRS	12,575
TOTAL	<u>\$ 14,239</u>

**Federal Statements****RE Unapp/Timing Diff beg bal**

<u>Description</u>	<u>Amount</u>
ACCRUED OFFICER WAGES	\$ -1,414
BOOK/TAX DEPRECIATION	12,840
PRE S-CORP LOSSES	-18,858
TOTAL	<u>\$ -7,432</u>

**Repairs and maintenance**

<u>Description</u>	<u>Amount</u>
REPAIRS PER BOOKS	\$ 26,891
CAPITALIZED AMOUNTS FOR TAX	-12,575
TOTAL	<u>\$ 14,316</u>

**G. Balance Sheet (cont'd)**

Name of Facility Garden Brook Residential Care Home, LLC		License No. 1886	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				143,960	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment <i>(temize)</i>					
\$ 13,320					
Name of Lender	Purpose	Amount	Date Due		
Kia Motors Finance	vehicle 2014 Kia	7,955	Various		
Sheffield Financial	Tiger Mower & Cart	5,365	various		
2. Mortgages Payable				\$ 82,912	
3. Loans from Owners or Related Parties <i>(temize)</i>				\$ 55,868	
Name and Address of Lender	Amount	Loan Date			
Carmine Castiglione	17,129	various			
Garden Brook Real Estate LLC	38,739	various			
4. Other Long-Term Liabilities <i>(temize)</i>				\$ 53,483	
Due to DSS		53,483			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 205,583	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 349,543	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home,	1886	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	7,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	516,000
3. Reserve for depreciation value of leased personal property <del>(equity)</del>			\$	
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			\$	523,000
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(131,913)
6. Gain or Loss for Period			\$	(15,299)
	10/1/2014	thru	9/30/2015	
7. Total Net Worth			\$	(147,212)
<b>C. Total Reserves and Net Worth</b>			\$	375,788
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	725,331

### H. Changes in Total Net Worth



Name of Facility	License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home, LL	1886	9/30/2015	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2014		\$	(132,786)
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>		\$	699,124
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>		\$	714,423
D.	Net Income or Deficit		\$	(15,299)
E.	Balance		\$	(148,085)
F.	Additions			
	1. Additional Capital Contributed <i>(itemize)</i>			
	2. Other <i>(itemize)</i>			
	pr yr adj - AT&T	255		
	pr yr adj - Auto Ins	550		
	pr yr adj - Voided Cks	862		
	Rounding	1		
F-3.	Total Additions		\$	1,668
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>		\$	795
	Purpose		Amount	
	pr yr adj - L/H Improv Depn		795	
	3. Total Deductions		\$	795
H.	Balance at End of Period		\$	(147,212)
	09/30/15			



**Page 36, Line C: Total Expenditures**

Total Expenses from Page 27	779,496
less: land improvement depreciation for equity	(560)
less: building depreciation for equity purposes not recorded on books	(43,000)
less: real estate taxes paid by lessor	<u>(21,513)</u>
Total Expenses per Trial Balance (reported on Page 36, line C)	<u>714,423</u>

### I. Preparer's/Reviewer's Certification

Name of Facility Garden Brook Residential Care Home,	License No. 1886	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<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 2/16/16		
Printed Name of Preparer Michael J. Michaud, CPA				
Address Address P O Box 164 Old Saybrook, CT 06475		Phone Number 860-388-4627 Ext. 226		