State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

								
Name of Facility (as I	•							
Premier Care of Wood								
Address (No. & Stree	t, City, State, Z	ip Code)						
280 Middle Road Tur	npike, Woodbu	ry, CT.06798						
Type of Facility		<u> </u>						
Chronic and C	onvalescent		Rest Home with	n Nursing			•	
☐ Nursing Home	only		Supervision on	y	Ø	Residential C	are Home	
(CCNH)			(RHNS)					
Report for Year Begin	nning		Report for Year	Ending				
10/1/2017	Ü		9/30/2018					
License Numbers: CCNH		RHNS	Residential Care Home Medicare P			ledicare Provider		
Medicaid Provider N	umhers:	CC	CNH RI		RHNS		ICF-IID	
Medicald Flovider iv	umocis.							
For Department Use	e Only							
Sequence Number	Signed and	Date	Sequence N	lumber	Signed a	ind Notarized	Date Received	
Assigned	Notarized	Received	Assign	ed	Signed and Nota		2410 11100	
	· · · · · · · · ·							
			<u> </u>					

General Information

	_ • • • • •			
Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2018	1	37

Administrator's/Owner's Certification

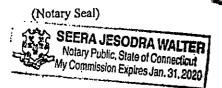
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISIONMENT UNDER STATE OR FEDERAL LAW.

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

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
			That	2/19/19
Printed Name (Administrator)			Printed Name (Owner)	
Edward Belanger			Nilesh H. Amin V	
			2011	Claure Province
Subscribed and Sworn	State of	Date	Signed (Notary Public)	Comm. Expires
to before me:		_	derafeschotetalle	(S) 121 10 (A)
Geera Jesadra Walter	CT	2-19-19	XIII asesova ucace	01/31/20
Address of Notary Public	<u> </u>	0		
779 Howard av	enue r	lew Havi	en CT OSSIG	



General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2018	1	37

Administrator's/Owner's Certification

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Signed (Administrator)	Date	Signed (Owner)	Date
Edwald bel	mgl 2/25/1		<u> </u>
Printed Name (Administrator)		Printed Name (Owner)	
Edward Belanger		Nilesh H. Amin	
Subscribed and Sworn Stat	e of Date	Signed (Notary Public)	Comm. Expires
to before me: NOVERN R CZEPIEL C	T 2/25/19	Mallullen Jul	06 130 120
Address of Notary Public	<u></u>		
378 Dennisa, Rd west	FOYOUR CT 064	198	

(Notary Seal)

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State of Connecticut Department of Social Services

55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjus	Page	of			
				1A	37
Name of Facility		Period Cov	ered:	From	То
Premier Care of Woodbury, LLC				10/1/2017	9/30/2018
Address of Facility					
280 Middle Road Turnpike, Woodbury, CT 06798		,	 	<u>-</u>	
Report Prepared By		Phone Num		Date	
Brodeur & Co., CPA's, P.C.		860-388-46	27	2/12/2019	,
· · · · · · · · · · · · · · · · · · ·			CONT	nynya	Residentia
Item		Total	CCNH	RHNS	Home
I. Dietary wages paid	\$	37,746		<u> </u>	37,746
2. Laundry wages paid	\$	11,483			11,483
3. Housekeeping wages paid	\$	13,745			13,745
4. Nursing wages paid	\$				
5. All other wages paid	\$_	96,172	<u> </u>	ļ <u>.</u>	96,172
6. Total Wages Paid	\$_	159,146		<u> </u>	159,146
7. Total salaries paid	\$	54,681			54,681
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$	213,827		<u> </u>	213,827

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

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General Information and Questionnaire Type of Facility - Organization Structure

					Report for Y	ear Ended	Page 2		f 7
		203-	-263-2009		9/30/2018	lata 71m	J		<u>'</u>
Name of Facility (as shown on license)					Street, City, St Turnpike, W		CT 06798		
Premier Care of Woodbury, LLC	CCNH	T			dential Care I		Medicare I	Provide	r No.
License Numbers:	CCINITI		KHIIA	17021		1883	1.100.00.01		101
Type of Facility (Check appropriate box(e		1		Ь					
Chronic and Convalescent		Reg	t Home with	Nursi	ing				
Nursing Home only (CCNH)			ervision only			Resident	tial Care Hor	ne	
	<u></u>								
Type of Ownership (Check appropriate bo		_	_ a	_	N D. & G		Canamana	0	Tene*
O Proprietorship O LLC O	Partnership	_0	Profit Corp.	<u> </u>	Non-Profit Co		Government		ı rust
				Date	e Opened	Date Clo	osed .		
If this facility opened or closed during rep	ort year provid	le:		1					
						ــــــــــــــــــــــــــــــــــــــ		<u>-</u>	
Has there been any change in ownership		^	Ver	6	No	ا مقلالا ال	" explain full	v.	
or operation during this report year?			Yes	<u> </u>	190	11 108,	CAPIAIII IUII	.J.	
			•		-				
	 _								
Administrator					Nursing I	Iomel			
Name of Administrator					Administr				
Edward Belanger, RN					License	1			
Other Operators/Owners who are assistan	t administrator	s (firl	Lor part time	oft			<u>-</u>		-
Name	a administrator	3 (1u1	i or best mile	,	License	No.:			
Traine									
		-							
1									
		_						_	
				_		_		_	<u> </u>

State of Connecticut

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General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y 9/30/2018	Page of 3	
Premier Care of Woodbury, LLC		1003	3/30/2016	State(a) and/	
y 131 OD .		Dualmass	A ddraes		or Town(s) in egistered
Legal Name of Part		Business A		CT Which K	ogistered
Premier Care of Woodbury, Ll	LC	60 Soundview A			
		Norwalk, CT 06			
Name of Partners/Members	Business A	ddress		Title	% Owned
Nilesh H. Amin	60 Soundview Ave., U CT 06854	Member	50		
Devanshi Amin	60 Soundview Ave., U CT 06854	nit 2, Norwalk,	Member		50

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General Information and Questionnaire Corporate Owners

Name of Facility	License No.	Report for Year	Ended	Page of
Premier Care of Woodbury, LLC	1883	9/30/2018		3A 37
If this facility is owned or operated as a corp	oration, provide	the following infor	mation:	
Legal Name of Corporation	Busir	ness Address	State(s) in W	hich Incorporated
Name of Directors, Officers	Busir	ness Address	Title	No. Shares Held by Each
·				
		<u></u>		
Names of Stockholders Owning at Least 10% of Shares				
·				

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General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended 9/30/2018	Page of 3B 37
Premier Care of Woodbury, LLC	1883		
If this facility is owned or operated as an individua	n proprietorship, p	novide the following informat	AVII.
OW	ner(s) of Facility		
			
			<u> </u>
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			<u> </u>
		<u> </u>	

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General Information and Questionnaire Related Parties*

Name of Facility		License	No.		Report for Year Ended		Page	of .
Premier Care of Woodb	ury, LLC		1883		9/30/2018		4	37
			-					
Are any individuals rece	iving compensation from the fa	cility re	lated th	rough		If "Yes," provide th		
marriage, ability to conti	rol, ownership, family or busing	ess assoc	ciation?	0	Yes O No	complete the inform	nation on Pa	ge 11 of the report.
				_				
Are any individuals or c	ompanies which provide goods	or servi	ces,					
	roperty or the loaning of funds							* *
	ssociation, common ownership							
association to any of the	owners, operators, or officials	of this f	acility?			If "Yes," provide th	e following	information:
			so Provi			Indicate Where		
		1	ls/Servi			Costs are Included		
Name of Related	Business		Related 1		Description of Goods/Services	in Annual Report	Cost	Actual Cost to the Related Party
Individual or Company		Yes	No	%**	Provided	Page # / Line #	Reported	Related Farty
Sona Real Estate, LLC	60 Soundview Ave, Unit 2, Norwalk, CT 06854	0	0		Real estate rental	Pg. 22, line 9	69,779	69,779
Related party employees		0	0		Refer to Page I la	Pg. 10, various	82,157	82,157
Edward Belanger, RN	280 Middle Road Tpk, Woodbury, CT 06798	0	0		Administrator wages	Pg. 10, A2	54,681	54,681
Related party disbursements	280 Middle Road Tpk, Woodbury, CT 06798	0	0		Various/see attached list	various	65,755	65,755
		0	0					
		0	0					_
		0	0					
		0	ø					
-		0	0					

^{*} Use additional sheets if necessary.

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

Transaction List by Vendor October 2017 through September 2018

Related Party Disbur:	ements 0/30/18						
	Туре	Date	Num	Memo	Account	Split	Amount
Barbara Belanger			_		•		
	BIII Pint -Check	02/14/2018	2826	rotated	1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	25.43
	Bill PmtChock	02/21/2018	2827	barb bought easter/sprin decorations	1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	30,73
	BILI Pint -Check	03/20/2018	2792	Bought used dryor from B Bolanger lebited	1010 - YO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	200,00
	Bill Pint -Check	07/11/2018	2928	barts paid related	1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	13.65
	Bill Pmt -Chock	08/03/2018	2962		1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	80,79
							351,60
Edward Belanger RN							
	Check	01/05/2018	2779		1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	281,31
	Check	01/05/2018	2787	pay back of loan to company on 12-29 and 1-2 T	1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	1,350,00
	Check	01/25/2018	1009	Ed toaned \$1400 to business 1-23-18 operating	ac 1020 - Chelsea Groton Bank	2000 - ACCOUNTS PAYABLE	1,400.00
	Check	02/02/2018	2793		1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	675,81
	Check	02/13/2018	2823	ed payed	1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	400,73
	Chock	03/01/2018	2829	ed payed	1010 • TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	648,75
	Check	03/02/2018	2845		1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	773.60
	Check	03/22/2018	2853	loan to business	1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600,00
	Check	06/02/2018	2887	loan to business	1010 - TO BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE	200,00
	Check	06/03/2018	2888	loan to business	1010 · TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	100,00
	Check	06/12/2018	2900	loan to business	1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOLINTS PAYABLE	1,000,00
	Chack	06/18/2018	2901	loan to business	1010 • TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	700,00
	Check	07/11/2018	2929		1010 • TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	1,025,43
	Check	08/07/2018	debit	lean to business arm took out	1010 · TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	200,00
	Check	08/08/2018	2965		1010 · TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	650.00
	Chack	08/16/2018	2967	loan to business	1910 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	376.00
	Check	10/03/2017	2671		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000.00
	Check	10/10/2017	2695		1010 - TO BANK OPERATING ACCOUNT	2090 • ADMINISTRATOR LOAN	1,500.00
	Check	10/20/2017	2598		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	1,150,00
	Check	11/07/2017	2726		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000,00
	Bill Pmt-Check	11/08/2017	2727		1010 · TO BANK OPERATING ACCOUNT	ZUSO - ADMINISTRATOR LOAN	16.79
	Check	11/11/2017	debt	ed cosh atm	1010 · TO BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN	300,00
	Bill Pmt-Check	11/12/2017	2730		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	200,00
	Check	12/08/2017	2740		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,500,00
	Check	01/05/2018	2786		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,500.00
	Check	02/06/2018	2803		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,500,00
	Bill Pmr-Check	03/12/2018	2850		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000.00
	Check 1	04/05/2018	2867		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,300.00
	Chock	04/26/2018	2869		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	450,00
	Bill Pmt-Check	04/30/2018	debit		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	23.95
	Check	05/04/2018	1035		1020 - Chelson Graten Bank	2090 - ADMINISTRATOR LOAN	4,000.00
	Check	06/06/2018	2897		1010 · TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000,00
	Bill Prot -Chock	07/03/2018	2906		1010 - TO BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN	3,000,00
	Check	07/21/2018	2931		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	380,00
	Check	08/03/2018	2935		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	500.00
	Chock	52/07 <i>/2</i> 018	2948		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	00.000,6
	Bit Pmt-Check	09/05/2018	2972		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	2,500,00

Lisa Lamonico

Transaction List by Vendor October 2017 through September 2018

Турс	Date	Num	Memo	Account	Splik	Amount
Bill Prot-Check	09/10/2018	2989		1010 - TO BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000.00
Ctrack	09/28/2018	2992		1010 - TO BANK OPERATING ACCOUNT	2030 - ADMINISTRATOR LOAN	200.00
						56,334.37
88 Pmt -Check	10/05/2017	2674		1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
BII Pmt-Check	10/18/2017	2697	lisa bought link catch for dryer related	1010 · TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	22.65
Blil Pmt -Check	11/09/2017	2728		1010 • TO BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE	600.00
Bill Pmt -Chock	12/11/2017	2754		1010 - TO BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE	600.00
Bill Pml -Check	01/05/2018	2778		1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600,00
Check	01/26/2018	2270	we 1-20-18 related	1015. TO BANK PAYROLL	6045 · NET PAY	439,60
Bill Pmt-Check	02/13/2018	2824		1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600,00
Bill Prot-Chack	03/07/2018	2847		1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Check	03/30/2018	2318	we 3-24-18 related	1015 - TO BANK PAYROLL	5045 · NET PAY	454,42
Bill Pint-Check	04/05/2018	2865		1010 - TO BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE	600.00
88 Part-Check	05/08/2018	2684		1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
ETA Past-Check	06/29/2018	2203		1010 - TO BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE	600.00
Check	07/27/2018	2398	we7-21-18 related	1015 - TO BANK PAYROUL	6045 · NET PAY	471.74
Bill Pint -Charck	07/31/2016	2933	related .	1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Check	06/03/2018	2403	wo7-25-18 related	1015 - TO BANK PAYROLL	6045 - NET PAY	490,37
Eli Part -Check	08/08/2018	2959	related	1010 - TO BANK CHERATING ACCOUNT	2000 · ACCOUNTS PAYABLE	600.00
Bill Pmt-Check	09/10/2018	2986		1010 - TO BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
						9,068.78

351.60 56,334.37 <u>9,068.78</u> 65,754.75

General Information and Questionnaire Basis for Allocation of Costs

Name of Facility	·									
Premier Care of Woodbury, LLC				<u> </u>	37					
If the facility is licensed as CDH and/or RCH o	r provides AI	DS or TBI	services with special Medica	aid rates,	costs					
must be allocated to CCNH and RHNS as follo-	ws:		<u> </u>							
Item			Method of Allocation	<u> </u>						
Dietary	1	Number of	meals served to residents							
Laundry	N	lumber of	pounds processed							
Housekeeping	1	Number of square feet serviced								
	. 1	lumber of	hours of routine care provide	ed by EAG	CH					
Nursing			lassification, i.e., Director (o							
			Nurses, Licensed Practical N	lurses, Ai	des and					
		Attendants								
Direct Resident Care Consultants	hours of resident care provide	led by EA	CH							
		*	(See listing page 13)							
Maintenance and operation of plant		Square feet								
Property costs (depreciation)		Square feet								
Employee health and welfare		Gross salar								
Management services	e cost center involved									
All other General Administrative expenses			rect and Allocated Costs							
The preparer of this report must answer the fol	lowing questi	ons applic	able to the cost information p	provided.						
1. In the preparation of this Report, were all	O Yes	Q No	If "No," explain fully why st	uch alloca	ation was					
costs allocated as required?			not made.							
			•							
										
2. Explain the allocation of related company e	xpenses and a	ttach copy	of appropriate supporting da	<u>ata.</u>						
			•							
	10 11 11		t t a satura an annaigh a	hama aa	et contaro?					
3. Did the Facility appropriately allocate and s	self-disallow (irect and	indirect costs to non-nuising	Home cos	st centers:					
(e.g., Assisted Living, Home Health, Outpat	tient Services	, Adult Da								
	O Yes	⊙ No	If "No," explain fully why s not made.	uch alloc	ation was					
N/A										

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-6 Rev. 9/2002

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 Y	ear Ended		Page	of
Premier Care of Woodbury, LLC			1883	9/30/2018		·	6	37
	Own Oper Offi	ed * to ners, ators, cers		Date of	Term of	Annual Amount		ount imed
Name and Address of Lessor			Description of Items Leased	Lease**	Lease	of Lease	Clai	mea
	0	0			_			
	0	0						
	0	0					_	
	0	•		<u> </u>				
	0	0		<u> </u>				
	0	Θ						
	0	0						
	0	0				, 		
	0	0						
	0	0						
L - Mileses Y - Deak Maintained for A	*** 1 *	7-1 *-1-	0.1	res ⊙	No	Total ***		

Is a Mileage Log Book Maintained for All Leased Vehicles?

^{*} 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	License No.	Report for Year Ended	1'age 01
Premier Care of Woodbury, LLC	1883	9/30/2018	7 37
The records of this facility for the p	period covered by this r	eport were maintained on the following bas	IS:
	Modified Cash		
s the accounting basis for this	**	If "No " avolain	
••••	Yes	If "No," explain.	
previous period? O	No		
Independent Accounting Firm		Address (No. & Street, City, State, 2	(in Code)
Name of Accounting Firm		10 Springbrook Rd., Old Saybro	ook CT 06475
1 Brodeur & Co., CPAs, PC		To Springbrook Rd., Old dayon	Duk, C1 00113
2			
3 4			
4 Services Provided by This Firm (<i>d</i>	escribe fully)		
I Y/E trial balance, cost report prep, te		nt shute audit assistance	\$ 13,140
	ax returns, tate termourseme	in abvise, about assistance	\$
2			<u> </u>
3			S
<u> </u>			Charge for Services Provided
			\$ 13,140
		o year o de Tour Glassification and Line	
	nditure Portion of This Repo	on? If Yes, Specify Expense Classification and Line	rio.
O Yes O No	Page 15, Line 1d_		
Legal Services Information	al Attament	· · · · · · · · · · · · · · · · · · ·	Telephone Number
Name of Legal Firm or Independe	nt Attorney		
1			
2 3			
4			
5			
Address (No. & Street, City, State,	Zip Code)		
1	-		
2			
3			
4			
5			
Services Provided by This Firm (a	lescribe fully)		
1			
2			\$
3			<u> </u>
4 .			S
5			<u> </u>
			Charge for Services Provided
	•		s
Are These Charges Reflected in the Evre	enditure Portion of This Ren	ort? If Yes, Specify Expense Classification and Lin	c No.
	N/A		
O Yes 🛛 No			

Schedule of Resident Statistics

Name of Facility Premier Care of Woodbury, LLC			License 1	No. 1883			Report fo 9/30/201	or Year Ende 8	:d		Page 8	of 37
		•			1	Period 10	/I Thru 6/	/30		Period 7/	1 Thru 9/30	
	Total All	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
Certified Bed Capacity A. On last day of PREVIOUS report period	15	· -		15	15			15	15			15
B. On last day of THIS report period	15		<u> </u>	15	15			15	15			15
Number of Residents A. As of midnight of PREVIOUS report period	15			15	15			15	15			15
B. As of midnight of THIS report period	14			14	15			15	14			14
Total Number of Days Care Provided During Period A. Medicare												
B. Medicaid (Conn.)	<u> </u>											
C. Medicaid (other states)			<u> </u>	<u> </u>			1	ļ <u> </u>		<u> </u>		
D. Private Pay							<u> </u>	<u> </u>		 	ļ	
E. State SSI for RCH	5,346			5,346	3,991			3,991	1,355			1,355
F. Other (Specify)						<u> </u>						
G. Total Care Days During Period (3A thru F)	5,346			5,346	3,991		<u> </u>	3,991	1,355			1,355
Total Number of Days Not Included in Figures in 3G 4. for Which Revenue Was Received for Reserved Beds A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days			<u> </u>	 - -		ļ	 	 	_	 	 	 -
5. Total Resident Days (3G + 4A + 4B)	5,346			5,346	3,991		<u> </u>	3,991	1,355	<u> </u>		1,355

Schedule of Resident Statistics (Cont'd)

Name of Faci	lity			Licen	se No.				•	for Year			Page	of 37
Premier Care	of Woo	dbury, L	LC	1883						9/30/201	<u>8</u>		9	- = 7
			n the certified b		pacity du	ring th	ie repoi	rt year	r?	0	Yes	•	No	
11 1155	_		Change		Ch	ange	in Beds			Ca	pacity After	er Change		
	<u> </u>		Residential											
Date of	CCNH	RHNS	Care Home		Lost			Jaine	<u></u>			Residential		
Change	(1)_	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH	RHNS	Care Home	Reason fo	r Change
										-				
													 	
<u>.</u>														
5. If there v	was any ENT D <i>i</i>	change i	in certified bed 90 days followi	capacing the	ity during change.	the r	eport ye	ear (a	s report	ted in iten	1 4 above)	provide the nur	nber of	
			Change in R							CC	NH	RHNS	Residential	Care Home
1st chan										 				
2nd cha 3rd char														
4th char	ige				10.00	. 17				L				
6. Number	of Resi	dents an	d Rates on Sept Medicare	embei T	30 of Co Medi	ost Ye	ar	1		S	elf-Pay		Other State Assisted	
		,	Miculcare	 	11100	1		_	-					
	Item		CCNH	_ ا	CONH	·R	HNS	C	CNH_	R	HNS	Residential Care Home	R.C.H.	ICF-MR
No. of I		s	,									-	14	1
Per Die			<u> </u>							Fi		-1	88.37	
a. One b. Two				╁									88,37	
c. Thre	e or mo	ге								`		Ì	 	
bed	rms.			1	_	<u> </u>		L _		 		 	- -	
 	h	. C Dhunia	al Therapy Trea	dmeni	te					το	OTAL _	CCNH	RHNS	Residential Care Home
- I A	. Medic	are - Par	t B											
В	. Medic	aid (Exc	clusive of Part B)								<u> </u>		
			Treatments Treatments			_					_			
	2. Re		Heatments										Ţ	
	. Total	Physica	l Therapy Treat	ment.	5				_			· · · · · · · · · · · · · · · · · · ·		
			h Therapy Treat	ments	3						_			
A	. Medic	care - Par	clusive of Part E	3)										
_	1. Ma	aintenan	ce Treatments_	<u> </u>						 			 	<u> </u>
	2. Restorative Treatments									- 			+ -	 -
<u>C</u>	C. Other D. Total Speech Therapy Treatments									-		 		
9. Total N	9. Total Number of Occupational Therapy Treatments										* ** 7			
1 4	. Medi	care - Pa	rt B											
I	3. Medi	caid (Ex	clusive of Part E	3)										
			ce Treatments Treatments											
	C. Other	-										 	 	
Ī	Total	Occupa	tional Therapy	Treat	ments									

Report of Expenditures - Salaries & Wages

Name of Facility	License No.		Report for Yea	r Ended	Page	of
Premier Care of Woodbury, LLC	1883		9/30/2018		10	37
Are time records maintained by all individuals receiving co	mpensation?	0	Ycs		No	
The second secon	. — —		Total Cost a	nd Hours		
A CONTRACTOR OF THE CONTRACTOR	1	_				
: :	ì				Residential	
· Item	CCNH	Hours	RHNS	Hours	Care Home	Hours
A. Salaries and Wages*	1.			į		
Operators/Owners (Complete also Sec. I of Schedule A1)		<u>ti</u>		i:		
2. Administrator(s) (Complete also Sec. III	-			. A.	ıi e	
of Schedule A1)			-		54,681	2,080
3. Assistant Administrator (Complete also Sec. IV		i			1	
of Schedule A1)	<u> </u>				· r.	
4. Other Administrative Salaries (telephone		ļ.,		<u> </u>	13,378	885
operator, clerks, receptionists, etc.)	_ - -			1 -	13,376	00.
Dietary Service Head Dietitian		7		1	1	
b. Food Service Supervisor						
c. Dietary Workers				1,	37,746	2,064
6. Housekeeping Service	* (", "	٥	72			
a. Head Housekeeper b. Other Housekeeping Workers		 	 	 	13,745	1,022
7. Repairs & Maintenance Services					•	
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers				1)	6,148	320
8. Laundry Service		4	<u> </u>			
a. Supervisor b. Other Laundry Workers	+	 	 	<u> </u>	11,483	96
9. Barber and Beautician Services	1					
10. Protective Services						
11. Accounting Services		_				
a. Head Accountant b. Other Accountants	+	 	 	 		
b. Other Accountants 12. Professional Care of Residents	-					
a. Directors and Assistant Director of Nurses						
b. RN	t. W	15			*	
I. Direct Care	-	<u> </u>	<u></u> -			<u> </u>
2. Administrative**	-	-1		· ·	" >	
c. LPN 1. Direct Care		<u> </u>	<u>(; </u>	1		
2. Administrative**						
d. Aides and Attendants			ļ		72,788	5,49
e. Physical Therapists		 	- 		 	
f. Speech Therapists g. Occupational Therapists		 	-} -			· .
h. Recreation Workers					3,858	27
i. Physicians						
Medical Director	-		 	+		
Utilization Review Resident Care***	 	-	 	 	 	
4. Other (Specify)		· - 9.		•		
			1			<u> </u>
j. Dentists		+			 	
k. Pharmacists I. Podiatrists		+	+	 	 	\vdash
n. Social Workers/Case Management	-	<u> </u>	<u> </u>			<u> </u>
n. Marketing					3	
o. Other (Specify)		, ;		*	1 1	
See Attached Schedule A-13, Total Salary Expenditures		 	 		213,827	13,10

^{*} 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 selting.

*** 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)

	CC	NII	'RH	INS	Residential	Care Home
Position	S	Hours	S	Hours	S	Hours
	entata e					
		. 3545 (37.2	神奇組織		建裁数等限	
See 1 Control of the	ingerg,					
	545 PA-70	24篇。第7.29	V. L. EWIL			
					经验证的	美国电 机器
				27.7		
	12	Comment of the contract of the		and the	产业总量工 型	
					ALTERNATIVE	277 Bilas
		The state of the s				the state of
	Figure August			- 15-17 - (s as res		
and the state of t						
	1 *45**** - C. C *5****					
					12 12 12 12 12 12 12 12 12 12 12 12 12 1	
		P. P. S. VAE . 4.5.			<u>(1) 基 基 </u>	
Total	S		(\$4 ·	}XX	Software	

Schedule of Other Fees (Page 13)

	CC	NH	RII	NS	Residential	Care Home
Service	S	Hours		Hours	S	Hours
	企业工業投 差				General Ca	
		24-10				
		\$ 100 V 100				
			1. P. CONT. 1. 1. C. MICE	g vitter vitality		
				7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	and instant.					
			7 \$ +===			
Total	\$1,20				<u> </u>	(<u> </u>

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-11 Rev. 10/2005

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

Name of Facility				License No.	•	Report for	Year Ended		Page	of
Premier Care of Woodbury, LLC		•		1883		9/30/2018			11	37
Name	CCNH	Salary Pa	Residential Care Home	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
Section I - Operators/Owners			_						<u> </u>	
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).										
See attached										

^{*} 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
Barbara Belanger	4,123.20	none	Office Other Admin	258				
	9,620.80 13,744.00		Aide/Attendant	859	A.12.d			
Steven Belanger	30,643.37	none	Dietary	1472				
·	5,407.65 36,051.02		Maintenance	260 1732	.A.7b :			
Lisa Lamonico	6,169.75		Housekeeping	418	A.6b	r	, •	
•	3,084.88		Recreation	-	A.12h		•	
	9,254.63		Office Other Admin	627				
	12,339.50 30,848.76	,	Aide/Attendanţ	836 2090	_A.12d			•
Alex Belanger	740.14 740.14		Maintenance		_A7.b			
Julianna Belanger	773.07 773.07		Recreation	63	_A.12h			

•

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-12 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

Name of Facility (as licensed)	. 2			License No.		Report for Year Ended			Page	of
Premier Care of Woodbury, LLC				1883		9/30/2018			12	37
		Salary Pai	d	Esison Bonotita						
Name	CCNH	RHNS	Residential Care Home	Fringe Benetits 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
Section III - Administrators***										
Edward Belanger			54,681		Administrator	2,080	Line A2	N/A		
			_				_			
Section IV - Assistant Administrators										
		_	 			_				
	<u> </u>		 				 -			
<u> </u>										
1					<u> </u>		<u></u>		<u> </u>	<u> </u>

^{*}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
remier Care of Woodbury, LLC	18	83	9/30/2018		13	37
			Total Cost	and Hours		
. Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
B. Direct care consultants paid on a fee			f		1	avi trajk)
for service basis in lieu of salary			ll control			1
(For all such services complete Schedule B1)				_ *		
1. Dietitian						
2. Dentist						
3. Pharmacist			<u> </u>			
4. Podiatrist						
5. Physical Therapy	- topic	Ę,		_		
a. Resident Care					 	<u> </u>
b. Other	<u> </u>			<u> </u>	<u> </u>	ļ
6. Social Worker					<u>-</u>	
7. Recreation Worker						1
8. Physicians	3 ***			•		<u>. </u>
a. Medical Director (entire facility)				1	12	11
b. Utilization Review	*		1			
(Title 18 and 19 only) monthly meeting		ļ	ļ <u> </u>		 	
c. Resident Care**						
d. Administrative Services facility 1. Infection Control Committee (Quarterly meetings)		<u> </u>				
2. Pharmaceutical Committee	 					
(Quarterly meetings)			 	ļ. <u> </u>	- -	├
3. Staff Development Committee (Once annually)	*:					
e. Other (Specify)	ž.,	**************************************	N ₁			
9. Speech Therapist	(Sec. 9.1		7-	¥		
a, Resident Care						↓`
b. Other						
10. Occupational Therapist						
a. Resident Care						╄
b. Other					<i>5</i> ;.	3)
11. Nurses and aides and attendants				7		
a. RN			<u>.</u>	•		
1. Direct Care	. (ļ	<u> </u>			-
2. Administrative***					a.	1
b. LPN			2 g ²			
1. Direct Care		 	 	 	+	-
2. Administrative***	 	 	 	 	 -	
c. Aides		 	 	 		
d. Other		1 7 75 6		 -		
12. Other (Specify) See Attached Schedule	s s.k	¥ 11 1 ₆ 12	, Y.A.			
B-13 Total Fees Paid in Lieu of Salaries	high grust ha reporter			<u> </u>	<u> </u>	

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 hill 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 energy 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 Premier Care of Woodbury, LLC	of Woodbury, LLC		Report for Ye 9/30/2018	ear Ended	of 37	
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers Yes No		14 37 Explanation of Relationship		ionship
<u> </u>		0	•			
		0	•		·	
		0	•			
		0	•			
		0	•			
		0	0			
		0	0			
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		0	0			
		0	0			
		0	0			

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility Premier Care of Woodbury, LLC 1883		Report for Ye 9/30/2018	ear Ended	Page 15	of 37	
Premier Care of Woodbury, LLC 1883		9/30/2018		13	<u> </u>	
Item		Total	CCNH	RHNS	Residential Care Home	
I. Administrative and General			2.3			
a. Employee Health & Welfare Benefits		٤.			1	
Workmen's Compensation	\$	10,174			10,174	
2. Disability Insurance						
3. Unemployment Insurance	\$	4,710			4,710	
4. Social Security (F.I.C.A.)	\$	16,358			16,358	
5. Health Insurance	\$	15,051			15,051	
6. Life Insurance (employees only)		16 4	* *	1		
(not-owners and not-operators)	\$	<u>, </u>				
7. Pensions (Non-Discriminatory)	\$					
(not-owners and not-operators)		ac.	s "		THE PARTY NAMED IN	
8. Uniform Allowance						
9. Other (Specify)	\$					
See Attached Schedule				18		
b. Personal Retirement Plans, Pensions, and	\$	<u></u>	<u> </u>	Ţ		
Profit Sharing Plans for Owners and			•			
Operators (Discriminatory)*		p			1	
<u> </u>					(<u> </u>	
c. Bad Debts*	\$				<u> </u>	
d. Accounting and Auditing	\$.	13,14	
e. Legal (Services should be fully described on Page 7)	\$					
f. Insurance on Lives of Owners and	\$	3,264			3,26	
Operators (Specify)*			<u> </u>			
g. Office Supplies	\$	2,596			2,59	
h. Telephone and Cellular Phones			7 ,			
1. Telephone & Pagers	\$	2,370			2,37	
2. Cellular Phones	\$	2,188			2,18	
i. Appraisal (Specify purpose and	\$					
attach copy)*		r.	3.	The state of the s		
i. Corporation Business Taxes (franchise tax)	\$					
k. Other Taxes (Not related to property - See Page 22)			-	*		
1. Income*	\$				<u> </u>	
2. Other (Specify)	\$					
See Attached Schedule		. A		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3. Resident Day User Fee						
Subtotal	\$				69,85	

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

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

Premier Care of Woodbury, LLC 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

•		•	Residential
Description	CCNH	RHNS	Care Home
		MARKATAN PRANCES	
			The second secon
Total	\$	\$	ф <u></u>

Schedule of Other Taxes

			Residential
Description	CCNH	RHNS	Care Home
Total -			CO
, ,			

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

Name of Faci	ility .	License No.			ear Ended	Page	of
Premier Care	of Woodbury, LLC	1883	9/	30/2018		16	37
			-				
			1				Residential
	Itein			Total	CCNH	RHNS_	Care Home
	Subtotal	s Brought Forward	<u>': </u>	69,851			69,851
I. Travel:	and Entertainment						<u> </u>
	esident Travel and Entertainment		\$	<u>·</u>	·		
	oliday Parties for Staff		\$				
3. Gi	fts to Staff and Residents		\$				
4. En	nployee Travel		\$				
5. Ed	fucation Expenses Related to Seminars an	d Conventions	\$				2005
6. Aı	utomobile Expense (not purchase or depr		\$	3,065			3,065
7. Ot	ther (Specify)		\$				1
	e Attached Schedule				Bert		4.4
	Administrative and General Expenses			ŗ.		_	000
1. Ac	dvertising Help Wanted (all such expense	- , <u> </u>	\$	232			232
2. Ac	dvertising Telephone Directory (all such		\$				
3. Ac	dvertising Other (Specify)***		\$_				19
Se	ee Attached Schedule			ا المحاجد	ــــــــــــــــــــــــــــــــــــــ		
4. Fu	ınd-Raising***		\$				
	ledical Records		\$		ļ		
6, Ba	arber and Beauty Supplies (if this service	is supplied	\$	_			
di.	rectly and not by contract or fee for service	e)***					
7. Po	ostage		\$	271			271
* 8. D	ues and Membership Fees to Professional		\$				
A:	ssociations (Specify)						
	ee Attached Schedule		1				
8a. Di	ues to Chamber of Commerce & Other Non-A	Allowable Org.***	\$		 		
9. St	ubscriptions		\$			<u> </u>	
10. C	ontributions***		\$	•			•1
	ee Attached Schedule			·		<u> </u>	
11. Se	ervices Provided by Contract (Specify and	Complete	\$				
So	chedule C-2, Page 21 for each firm or inc						
12. A	dministrative Management Services**		\$	·	<u> </u>		
	ther (Specify)		\$	3,757		,	3,757
Se	ee Attached Schedule			•			
C-14 Total	Administrative & General Expenditures		\$	77,176		<u></u>	77,176

^{*} 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

			Residential
Description ·	CCNH	RHNS	Care Home
	-Jahr 1. staff	ieriu vėti.	
	-Tanak		
	· 医性性 医髓		
		声整字·数	大学 おお
THE TENED OF THE WASHINGTON TO SELFTING			
Total Other Travel and Entertainment	\$	\$	<u> 5</u>

Schedule of Other Advertising

•		Residential
Description	CCNII RIINS	Care Home
[14] (14) (14) (15) (15) (15) (15) (15) (15) (15) (15		
		化苯酚磺磺
	TO THE SPECIAL PROPERTY.	
Total Other Advertising	\$	S == ==

Schedule of Duts

			Residential
Description	CCNII	RHNS	Care Home
[1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2			
		STATE OF THE STATE	
MARK TRANSPORT THE PERSON WELL THE PERSON			
			eedh jii
		祖宗城堡	
			11 F 12 15 F 12 P 1
	Programme.		
	4. \$70% p. 50	3.000754 A	
· · · · · · · · · · · · · · · · · · ·		17/18 - TE	3474-9 JAM
Tofal Dues	`S: 2:2 ` ; i : ?	-\$:S = 1.7 = 4.4

Schedule of Contributions

		Residential
Description	CCNH	RHNS Care Home
Percentage of the second		
The second of th		
Trail Contribution		or is a second of the second o
Total Contributions		

Schedule of Other Administrative and General

			Residential
Description	CCNH	RHNS	Care Home
Pomperaug Dept. of Health, food service permit			\$ 460
Payroll processing fcc.			\$ - 2,729
region processing recommendation of the second seco		i. Westige	
Mical Charles and the control of the			S 18
Check scanner rental (co			-\$ 550
Check scenner chartes			
		ywiden.	
	S. Y.	3	\$ 3,757
Total Other Administrative and General			

Schedule C-1 - Management Services*

Name of Facility Premier Care of Woodbury, LLC	License No. 1883	Report for Year Ended 9/30/2018	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt, Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
·····			
<u> </u>			
•			
		•	

^{*} 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) Report for Year Ended Page of License No. Name of Facility 37 18 1883 9/30/2018 Premier Care of Woodbury, LLC Residential Care Home RHNS Total CCNH Item Dietary a. In-House Preparation & Service 45,890 45,890 Raw Food 3,267 3,267 Non-Food Supplies 2. Other (Specify) b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21) c. Other (Specify)_ 49,157 2D. Total Dietary Expenditures (2a + b + c + d) 49,157 Residential Care RHNS Home CCNH' Total 2F. Dietary Questionnaire 45 Resident Meals: Total no. of meals served per day:* 45 G. No
 H. Is cost of employee meals included in 2E? O Yes If yes, specify No
 O Yes Did you receive revenue from employees? amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) Is cost of meals provided to persons other If yes, specify O No than employees or residents (i.e., Board O Yes cost. \$3,345 Members, Guests) included in 2E? If yes, specify \$3,345 O No Is any revenue collected from these people? • Yes amt. Where is the revenue received reported in the Cost Report? (Page/Line Item) 30IV8 Is cost of food (other than meals, e.g., If yes, specify snacks at monthly staff meetings, board O No O Yes cost. meetings) provided to employees included If yes, specify No O Yes O. Is any revenue collected from employees? aınt. Where is the revenue received reported in the Cost Report? (Page/Line Item)

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

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

Name of Facility Premier Care of Woodbury, LLC	Ī	icense	No. 1883		oort for Y 30/2018	ear Ended	Page 19	of 37	
. Item			Total	(CCNH	RHNS	Resi	dential Care Home	;
 Laundry a. In-House Processing* 1. Bed linens, cubicle curtains, draperies, 		Lbs.				Ì			
gowns and other resident care items washed, ironed, and/or processed.***	7	Amt. \$	687	-				6	587
 Employee items including uniforms, gowns, etc. washed, ironed and/or 		Lbs.		-					-
processed.***		Amt. \$		 					\dashv
3. Personal clothing of residents	ļ	Lbs.		-					
washed, ironed, and/or processed.***		Amt. \$		_		· · · · ·			
4. Repair and/or purchase of linens.***	L	Lbs.		<u> </u>	•				
		<u> Amt. \$</u>		8			<u> </u>		<u>798</u>
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	FF.			, , , , , , , , , , , , , , , , , , ,			
c. Other (Specify)		\$					ļ	,	105
3D. Total Laundry Expenditures (3a+b+c)		\$	1,48.	5]	- 	<u> </u>	J		485
3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E?	 o	Yes	•	N	0	If yes, specify cost.			
In. Did you receive revende from empreyees.		Yes		N		If yes, specify amt.			
I. Where is the revenue received reported in the Co	ost .	Report'	?	(Page/Line				_=
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	0	Yes	<u> </u>	N (o 	If yes, specify cost.			
K. Did you receive revenue from these people?	_	Yes		N		If yes, specify amt.			
L. Where is the revenue received reported in the Co				_	Page/Line	e item)			

^{*} Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Repo	rt for Year E	nded .	Page	of
	Premier Care of Woodbury, LLC			9/30/2018		20	37
	Item			Total	CCNH	RHNS	Residential Care Home
<u> </u>	Housekeeping	Sq. Ft. Serviced	- 				
4.	• -	by Personnel	Ì				
	a. In-House Care	Amt.	\$	4,113			4,113
1	1. Supplies - Cleaning (Mops,	Ain.	Ψ	1,110			
	pails, brooms, etc.)	Sq. Ft. Serviced				 	
}	b. Purchased Services (by contract other	· .					
ĺ	than through Management Services)	by Personnel	\$				
	(Complete Schedule C-2 att. Page 21)	Amt.					
	C. Other (Specify)		\$[
					<u> </u>	can all processing	<u> </u>
4D.	Total Housekeeping Expenditures (4a +	b+c)	\$	4,113		<u> </u>	4,113
5.	Resident Care (Supplies)**)
-	a. Prescription Drugs***			u		<u>.</u>	
	1. Own Pharmacy		\$				<u> </u>
-	2. Purchased from		\$				
1	Z. Turonasou iron						
<u> </u>	b. Medicine Cabinet Drugs		\$	136			136
-	c. Medical and Therapeutic Supplies		\$				
\vdash	d. Ambulance/Limousine***		\$				
}	e. Oxygen				-		F
1	1. For Emergency Use		\$				
\vdash	2. Other***		\$	-			
\vdash	f. X-rays and Related Radiological						
	Procedures***		•		#* **		
<u> </u>	g. Dental (Not dentists who should be in	cluded under	• \$	<u></u>	11 •	1	
		citiuca tinaci	Ψ			1	
<u> </u>	salaries or fees)		\$	F 14. 12.22.	<u> </u>	- N	- #
<u> </u>	h. Laboratory***	.	\$	1,680	 	 	1,680
	i. Recreation		<u> </u>		 	 	
<u> </u>	j. Direct Management Services*		- \$			+	
<u> </u>	k. Indirect Management Services*		<u>\$</u>		 		3,472
	1. Other (Specify)****		Ф	3,472	- «		
<u></u>	See Attached Schedule	<i>c</i> :>	Φ.	5 200		<u></u>	5,288
5M	. Total Resident Care Expenditures (5a -	ა <u>ე)</u>	\$				1 - 5,240

^{*} 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

Department	CCNH	RHNS	Residential Care Home
Description Resident supplies-nondiscriminatory soap, shampoo, etc.			\$ 241_
Cable TV			\$ 3,231-
			<u>s proposition in the</u>
	ikālo Klapeterla kolonā - Kolonikaska taka		
			• \$ 3 <i>4</i> 79
Total Other Resident Care	\$	\$: \$

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-21 Rev. 10/2001

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

Name of Facility Premier Care of Woodbury, LLC			License No. 1883	Report for Year Ended 9/30/2018					of 37	
		Related ** t Operators,				Total Cost/Page Ref.**		** 		
Name of Individual or Company	Address	Yes	No	Explanation of Relationship	Full Explanation of Service Provided*	CCNH_	RHNS	Residential Care Home	Pg_	Line
		0	<u> </u>	<u> </u>						
		0	•				<u>-</u>			
		.0	•				<u></u>	<u> </u>	<u> </u>	
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		0	•				<u> </u>	<u> </u>		
-		0	0				<u> </u>			
		0	0					<u> </u>		
		0	0							
		0	0						<u> </u>	<u> </u>

^{*} 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 Ye		Page	of	
Premier Care of Woodbury, LLC	1883	9/30/2018	22	37		
					Resident	
Item		Total	CCNH	RHNS	Ho	ne
6. Maintenance & Operation of Plant				}		
a. Repairs & Maintenance	\$	15,030				15,030
b. Heat	\$	8,232				8,232
c. Light & Power	\$	12,968				12,968
d. Water	\$	<u> </u>				
e. Equipment Lease (Provide detail on pa	ge 6) \$	3		ļ. <u>.</u> .	<u> </u>	
f. Other (itemize)	\$	9,276		_		9,276
See Attached Schedule						<u> </u>
6g. Total Maint. & Operating Expense (6a -	6f) S	45,506			<u> </u>	45,506
7. Depreciation (complete schedule page 23*						
a. Land Improvements		<u> </u>			<u> </u>	
b. Building & Building Improvements		3				
c. Non-Movable Equipment		507				
d. Movable Equipment		1,445		<u> </u>		1,952
*7e. Total Depreciation Costs (7a + b + c + d)		1,952			 	1,952
8. Amortization (Complete att. Schedule Pag		1				
a. Organization Expense		ß		<u> </u>		,
b. Mortgage Expense	,	6			<u> </u>	
c. Leasehold Improvements		302			<u> </u>	302
d. Other (Specify)		В			<u> </u>	_
*8e. Total Amortization Costs (8a+b+c+d)		302				302
9. Rental payments on leased real property le	ss					
real estate taxes included in item 10b		\$ 69,779		<u> </u>		69,779
10. Property Taxes						
a. Real estate taxes paid by owner		\$ 16,238		ļ		16,238
b. Real estate taxes paid by lessor	•	\$ 1,470				<u>1,</u> 470
c. Personal property taxes		\$ 1,158	<u>.</u>	<u> </u>	 	1,158
11. Total Property Expenses (7c + 8c + 9 + 1	.0)	\$ 90,899			<u> </u>	90,899

^{*} 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

Decadation :	CCNH	RHNS	Residential Care Home
Description Fire control and security			\$ 2,550
Refuse removal			\$ 3,573
Snow removal			\$2,538
I:awn/landscaping			\$ 615
		And the second s	
		11)	
			\$ 9,270
Total Other Repairs and Maintenance	\$	\$	D

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

Depreciation Schedule

						ation Sc		In 6 V			Page	of
Name of Facility			License No.	_		Report for Year E 9/30/2018	nded		Page 23	37		
Premier Care of Woodbury, LLC	•				188	<u> </u>					23	
					Historical Cost Exclusive of	Less Salvage	Cost to Be	Accumulated Depreciation to Beginning of	Method of Computing	Useful Life	Depreciation for This Year	Totals
Property Item					Land	Value	Depreciated	Year's Operations	Depreciation	Lue	for this tear	Totals
A. Land Improvements				i								
 Acquired prior to this report period 							ļ <u> </u>					
Disposals (attach schedule)							ļ					·
 Acquired during this report period (atta 	ch sche	dule)						the property makes the second of the second	franc Safar, and safa parame	n anadijaningan	Maria and the same of the same of the same of	
A-4. Subtotal					*			** ***********************************	400 <u></u>			
B. Building and Building Improvements							1					
 Acquired prior to this report period 							ļ					
Disposals (attach schedule)							-					
Acquired during this report period (atta	ch sche	edule)				pp (1.00M/15)					2 p. co. and 10 p. co. and 10 p. co. and 10 p. co.	L.:::-:
B-4. Subtotal					r. 54	S Samuel and and property				-7gii	حقيب حاسب فحسنتها حسيس	
C. Non-Movable Equipment										_	607	7-
Acquired prior to this report period					2,537		2,537	423	IS/L	5	507	
Disposals (attach schedule)							ļ		 	 _		
Acquired during this report period (atta	ch sch	edule)					, , , , , , , , , , , , , , , , , , , ,	militaria e a serienta de la companione				507
C-4. Subtotal	_					<u></u>		* ·	<u> </u>	,, ; ; ;	<u> </u>	507
	logt	ileage oook ained?	Dat	e of isition	Historical Cost Exclusive of	Less Salvage	Cost to Be	0 0	Method of Computing	Useful	Depreciation	
	Yes	No	Month	Year	Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle)		,	ı	ें।	, f	•			d d			
a. 2006 Dodge Durango	X		7	2017	5,780		5,780	241	S/L	4	1,445	
b.	f	†	!	<u> </u>						<u> </u>		
c,			t						<u> </u>	↓	<u> </u>	· ·
đ.			<u> </u>									
2. Movable Equipment		*******		٠٠					:			
a. Acquired prior to this report period			5	2007	50,000		50,000	50,000	S/L	 	 	-
b. Disposals (attach schedule)		*				a busines y defends del del Lanco		and the same and t	Agentine on the contents		AND DESCRIPTION OF PERSONS AND	
c. Acquired during this report period		î			*	*		†	į.	1	T	4
(attach schedule)	. 4	j						A MARKET SAN THE PARTY NAMED AND ADDRESS OF THE PARTY NAMED AN	7 E & .		****	
D-3. Subtotal		F	and the second	7,500 In 12 12 1		į.	u,		:	*2		1,44
E. Total Depreciation	9	X		#	į	S	te antiketas amina mili <u>a</u> ti <u>a</u> a	and the state of t		<u>.</u> 	حديث حديث	1,95

Schedule of Land Improvements Acquired during this report period

Schedule of Land 1	mprovements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:				tala di antan
· · · · · · · · · · · · · · · · · · ·				77.73.4 . 14 14.72.1
				- 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
ាំឃុះជី ខ្លាំង				
otal additions for	Land Improvements	3_ ==-		\$
Ocletions:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Company of the co	
in er ± in the		\$14500 m		######################################
	4. 15 · 15 · 15 · 15 · 15 · 15 · 15 · 15			
Pro Contract		144F 474EF(1)	#1341 1 1 1 W	This or this
				#. M - 1 # # -
4 5				
		ratigal refer		
Fotal delations for	Land Improvements	S		ST

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

Senedule of Bullain Acquisition Date	Description of Item	Cost	Useful Life	Depreciation	
ddltions:					
			wich we		
otal additions for	Building Improvements	Size v		\$====	
eletions:					
7-7					
1.1.1					
			编型) 。		
eti jargranda (d. 1901) Kitoperatera (d. 1987)					
Cotol deletions for	Building Improvements	SETTING		Sale Z	

^{*}Ties to Page 23, Line B3

^{**}Ties to Page 23, Line D2

	ovable Equipment Acquired during this repost period		Uscful	
cquisition Date	Description of Item	Cost	Life	Depreciation
dditions:				
7.5 7-1-1				
			N. MERT	
173x . +		AME HAL	CAME TO COL	第 2条。
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otal additions for	Non-Movable Equipment	S:	VI NEW VIEW	3.2
cletions:				
Teduce of the Philips				
7,547,644,654,654,654,654,654,654				
ran in the second of the secon				THE DAMES
		/2=m==		
), ge"=#	Non-Movable Equipment	S-2-2-7		\$ ************************************

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

SCHEHOLE OF MOTOR	le Equipment Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:			i Turke i sansa u ye	Prosested and Park
		Merceautic	<u> 9 - 44574.</u>	
The state of the		#### "VF	####*. : T =	
A 10 15 10				N 5 F#AC ()
	[19] 表表现的特别的"19] A.J. (A.J. (A.J			
Total additions for	Movable Equipment	<u>.S.</u>	e . H	\$=
Deletions:		· · · · · · · · · · · · · · · · · · ·	V-12-12-12-12-12-12-12-12-12-12-12-12-12-	
1.1		1000年底。	1.79.73.91.1 FB3	
		1,424,000	<u>nale la pri</u>	
	marketije at tiek til		hatistisa Pair	Description
- <u>.</u>		i halleha		<u> 1964, 19</u> 46)
7		Faithg 14	Markya.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The Lab		
Total deletions for	Movable Equipment	\$		\$

^{*}Ties to Page 23, Line D2c

Schedule of Leasehold Improvements Acquired during this report period

Schedille of Freusen	old improvements Acquired during this report period	. .	Useful	Depreciation	
Acquisition Date	Description of Item	Cost	Llfe	Depreciation	
Additions:				27 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
7 (17)		7,-12,-1-1	177 <u>64477</u> 2	23,222 - 27,1 25,224, 21,2	
		Mar an y		7.1 <u>5-1-17</u>	
. <u> </u>					
				TET NATE HE	
otal additions for	Leasehold Improvement	Sample	#4. Y-100 /F	5	
Deletions:					
1				:HUMTUUM	
. <u> </u>				<u>, the Ceite</u>	

== ** ** * * * * * * * * * * * * * *			www.c.al		
<u> 16. julius propies in 19.</u> Viningalia				Him: Uii	
	The state of the s				
Foini deletions for	Leasehold Improvement	S		\$ -	

^{**}Tles to Page 23, Line D2b

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Amortization Schedule*

Name	Name of Facility Premier Care of Woodbury, LLC			License No.		Report for Yea	r Ended		Page	of
				1883		9/30/2018			24	37
		Date Acqui				Accumulated Amort. to Beginning of	Basis for			
	Item	Month	Year	Length of Amortization	Cost to Be Amortized	Year's Operations	Computing Amortization**	Rate %	Amortization for This Year	Totals
Α.	Organization Expense									and the first of the second
	2.									
	3.									<u></u>
A-4.	Subtotal					i. ¥			1	
B.	Mortgage Expense									
	2.									± **:
	3.		i							<u> </u>
B-4.	Subtotal			3 : 1		* , :	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
C.	Leasehold Improvements and Other 1. Acquired prior to this report period	3	2014	15 утѕ	4,530	1,057	S/L		302	
	2. Disposals (attach schedule)			<u> </u>		<u> </u>				
	3. Acquired during this report period (attach schedule)		,,	. 11					` .	e e
C-4.	Subtotal			2 30 		ar	A A		4	302
D.	Total Amortization	ē .		, 3d g			1		ī	302

- * 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.

Book Asset Detail 10/01/17 - 9/30/18

12/19/2018 2:11 PM Page 1

FYE: 9/30/2018

										<u>—</u>	
Asset t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Department: Leaschold Improvements											
6 7	Sprinkler System Sprinkler System	3/12/14 6/23/14	4,530.00 0.00	0.00 00.0	0.00 0.00	1,057.00 000	302.00 0.00	1,359.00 0.00	3,171.00 0.00	S/L	15.0 0.0
l	Leasehold Imp	provements	4,530.00	0.00c	0.00	1,057.00	302.00	1,359.00	3,171.00		
Departme	ent: Moveable Equipment										
1 3 5 8 9 10 11 12 13 14 15	Moveable Equipment Freezer - Ace Mart Restaurant Supp Freezer - Ace Mart Restaurant Supp 2 Queen Ann Armchairs Queen Anne Recliner Tribeca & Piece Bedroom Set Tribeca &-Piece Bedroom Set 2 Recliners (Chocolate) Tribeca Bedroom Set & Recliner Louie & Piece Twin Set Queen Anne Accent Recliner Carpeting (D Room/L Room) Moveable	5/20/07 7/15/10 11/25/10 4/14/14 5/05/14 5/05/14 7/11/14 7/11/14 5/12/14 4/14/14 9/08/14 Equipment	50,000.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50,000.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	50,000.00 0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	200DB	5.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0
Departme	nt: Non-Moveable Equipment	- <u>-</u>									
19	Generator Non-Moveable	1 1/30/16 Equipment	2,536.96 2,536.96	0.00 0.00c	0.00	422.83 422.83	507.39 507.39	930.22 930.22	1,606.74 1,606.74	S/L	5.00
Departme	ent: Vehicles										
18	2006 Dodge Durango	7/22/17 Vehicles	5,780.17 5,780.17	0.00 0.00c	0.00	240.84 240.84	1,445.04 1,445.04	1,685.88	4,094.29 4,094.29	S/L	4.00
	G	irand Total	62,847.13	0,00c	0.00	51,720,67	2,254.43	53,975.10	8,872.03		

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

Name of Facility Premier Care of Woodbury, LLC	License No. 1883	Report for Year En 9/30/2018	ded	_	Page 25	of 37
	<u> </u>			· · · · · · · · · · · · · · · · · · ·		
11. Property Questionnaire Part A	·				· · · · · · · · · · · · · · · · · · ·	-
Is the property either owned by the	ne Facility	~ **	•	NI-	If "Yes," compl	ete Part B.
or leased from a Related Party?*		9 Yes	U	No	If "No," comple	te Part C.
*If any owner or operator of this fa	cility is related by family,	, marriage, ownership, abil	lily to control or			1
business association to any person	or organization from who	om buildings are leased, the	en it is considered			
a related party transaction. Description		Total	ŧ. ∗			
1. Date Land Purchased		03/08/07				
2. Date Structure Completed			1			ه ار
3. If NOT Original Owner, Date	e of Purchase	03/08/07	E e		u _d	
4. Date of Initial Licensure						
5. Total Licensed Bed Capacity			*			
6. Square Footage		6,018				
7. Acquisition Cost		in the second of		¥		æ
a. Land			e e e e e e e e e e e e e e e e e e e			
b. Building Part B - Owner and Related Pa	ution .	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mort	282C
1. Financing	irties	1st Mortgage	Zha Mortgugo	Sta thoregage		, g. g.
a. Type of Financing (e.g., f	fixed, variable)	NCB Fixed	Colson SBA Fix			
b. Date Mortgage Obtained		03/08/07	03/08/07			
c. Interest Rate for the Cost	Year	4,25%	5.78%			
d. Term of Mortgage (numb		20	20	ļ <u>.</u>	 	
e. Amount of Principal Born		508,250	358,000		ļ	
f. Principal balance outstan-			}		Į.	
Complete if Mortgage was			100			
During Current Cost Yo		Tived.			<u> </u>	\$ 25 <u>4</u> _
g. Type of Financing (e.g., the Date of Refinancing	iixed, variable)	Fixed 10/13/17	 	 		
i. New Interest Rate		5.080%			 	
j. Term of Mortgage (numb	per of years)	20				
k. Amount of Principal Born		590,000				
I. Principal Outstanding on	Note Paid-Off	575,431		<u> </u>	<u></u>	
Part C - Arms-Length Leas			у			
Name and Address of Lesso	or P	roperty Leased	Date of Lease	Term of Lease	e Annual Amou	nt of Lease
				1	· .	•
		<u> </u>	<u> </u>		<u> </u>	
] .	
			 	 - -	 	
] .					
		<u> </u>				
			<u> </u>	<u> </u>	<u> </u>	

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 18b.

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

Name of Facility	License No.		Report for Ye	ar Ended		Page		of 7
Premier Care of Woodbury, LLC	1883		9/30/2018			26	3'	
Item			Total	CCNH	RHNS	1	ential C Home)are
12. Interest A. Building, Land Improve Equipment 1. First Mortgage	ment & Non-Movabl	\$				33		
Name of Lender		Rate	÷.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Address of Lender			1	,	*		e	
2. Second Mortgage		\$						
Name of Lender		Rate				E		
Address of Lender			· · · · · · · · · · · · · · · · · · ·					
3. Third Mortgage		\$	-					F
Name of Lender		Rate						
Address of Lender			*					
4. Fourth Mortgage		\$						· •
Name of Lender		Rate				, a		۳
Address of Lender						7 1 2 2 4 7 3 1 S		
B. CHEFA Loan Informat	ion				in the second	i.		
1. Original Loan Amor	ınt	\$	<u></u>					
2. Loan Origination De						Sec. 1		
3. Interest Rate %	<u> </u>	<u> </u>	ļ. ·					
4. Term								
5. CHEFA Interest Ex	pense		·	. :	,	ļ		
12 B7. Total Building Interest Ex) \$		ry Subtotals	<u> </u>			

(Carry Subtotals forward to next page)

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

Name of Facility	License No),		Report for Y	ear Ended		Page of
Premier Care of Woodbury, LLC	1883	3		9/30/2018			27 37
							Residential
Îte	m			Total	CCNH	RHNS	Care Home
		als Brou	ight Forward:	-			
12. C. Movable Equipment							
I. Automotive Equipme	ent		\$	364			364_
A. Item		Rate	Amount	1 " <u>1</u>	ā	*	
2006 Dodge Durango	, 8	.83%	5,847	1	l ne	* 6	
Lender	<u></u>						
Greenwood Credit Union				* .		*	
Address of Lender				The same of the sa		0	
2669 Post Road Warwick, RI 028	86						
2. Other (Specify)							
A. Item	T	Rate	Amount	2 12 2 1	· · · · · ·	TEI Y.	· .
1							
Lender							3
Bollooi				estrell in			
Address of Lender		_				,	W.
11441 035 01 201100				4700			<u>.</u>]e
B. Item		Rate	Amount	-1			8
Di itom					" "	ľ	i) *
Lender						,	# *
				1			
Address of Lender		_				14.	
					Ii	man institute	
12. C. 3. Total Movable Equip	ment Intere	st				,] ,
Expense (C1 + 2)				364			364
12. D. Other Interest Expense	(Specify)			3,426		_	3,426
Fin Chg/Late Fees \$455	, Credit Cds	& Tax C	Col \$2,971			e u	
,							<u> </u>
13. Total All Interest Expense ((12B7 + 12C)	3 + 12D	9)	3,790	<u> </u>	<u>'</u>	3,790
14. Insurance	<u>-</u>						· ·
a. Insurance on Property (buildings on	ly)		3,818			3,818
b. Insurance on Automobi	les			4,399	·		4,399
c. Insurance other than Pro	operty (as sp	ecified a				.,,,	1
1. Umbrella (Blanket C	loverage)			<u> </u>	<u> </u>		 ''
2. Fire and Extended C	overage			<u> </u>	<u> </u>	ļ	<u> </u>
3. Other (Specify)			- ;	3,001			3,001
Liability						5	
	•			(K)			· ·
					. ' . v .'	P . W . W.	11000
14d. Total Insurance Expenditu				11,218		ļ. ——	11,218
15. Total All Expenditures (A-	<u>13 thru C-</u> 14	(<u>) </u>		502,459		<u> </u>	502,459

D. Adjustments to Statement of Expenditures

	of Fa		Woodbury, LLC	Lic	ense No. 1883	Report for Ye 9/30/2018	ear Ended	Page 28	of 3 <u>7</u>
1 10111	101 Out		,, 00000,,, 220	<u> </u>	Total		1		
Item	Page	I ine			Amount of	1		Reside	ntial Care
	No.		Item Description		Decrease	CCNH	RHNS	Н	ome
			es and Wages		1 .				
rage	10-0	(IIIIII)	Outpatient Service Costs	\$			Ĭ <u></u> -	<u> </u>	•
1:	 		Salaries not related to Resident Care	\$		· -		<u> </u>	
2. 3.	-		Occupational Therapy	<u>\$</u>		• .		· ·	•
- 3. 4.	<u> </u>		Other - See attached Schedule	\$:	·	-	1	
		luo Con	L	_		N.		1	
	13 - 1		Resident Care Physicians **	\$	·	<u> </u>	<u> </u>		
<u>5.</u>	_	_		\$				1	
6.			Occupational Therapy Other - See attached Schedule	-\$	 -	 		-	
7.	L								
	S 13 &	10 -	Administrative and General	\$		-!		Ť	
8.		ļ	Discriminatory Benefits	-\$		 		 	
9.	<u> </u>	 	Bad Debts	\$		 		 	
10.	<u> </u>	<u> </u>	Accounting	<u> </u>		 	 	 	
10a.	_	<u> </u>	Legal	\$		 		 	
11.		<u></u>	Telephone	- <u>\$</u>	1,468	 		+-	1,468
12.	15	1h2_	Cellular Telephone	<u> </u>	1,400				.,,,,,,
13.	15	រេ	Life insurance premiums on the life	c	3,264			47	3,264
<u> </u>	<u> </u>		of Owners, Partners, Operators	\$	3,204	 		 	
<u> 14.</u>	Ļ	↓	Gifts, flowers and coffee shops	\$			*19	Ĭ	
15.	ļ		Education expenditures to colleges or		·				
		1	universities for tuition and related costs	•					
		L.	for owners and employees	\$		°71	· th	ų.	_
16,		i	Travel for purposes of attending				•		
	1		conferences or seminars outside the			14.5			
]	continental U.S. Other out-of-state		*				- 4
		L.	travel in excess of one representative	\$		 		 - -	2,024
17.	. 16	16		\$					2,02
18.		<u> </u>	Unallowable Advertising *	\$				┼	
19.		<u> </u>	Income Tax / Corporate Business Tax	\$			 	 	
20.			Fund Raising / Contributions	_\$			- 	 	
21.			Unallowable Management Fees	\$				 	
22.			Barber and Beauty	\$				┼	
23			Other - See attached Schedule	\$	81	3	15	1	1
Page	e 18 - i	Dietar	y Expenditures			The second second	!! !		
24	. 29b		Meals to employees, guests and others				<u> </u>	4	2 24
•			who are not residents	\$	1	· 8 -		i .	3,34
Page	e <u>19 -</u> 1	Launc	dry Expenditures		C C COMPANY	·		ļ <u>-</u>	region of
25			Laundry services to employees, guests						•
	L		and others who are not residents			*15	<u>!</u>		
Pag	e 20	House	ekeeping Expenditures						
26			Housekeeping services to employees, guests						
			and others who are not residents	S	<u> </u>		 		10.11
			Subtotal (Items 1 - 26	5) \$		Carry Subtotal	<u></u>	<u></u>	10,11

(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

		•		DIVINO	Residential
Page Ref	Llne Ref	Description	CCNH	RHNS	Care Home
	·/·_/	[4] (4) [4] [4] [4] [4] [4] [4] [4] [4] [4] [4]			
II, II 9 II 1			57E) (192		
rene en				· ENERGY	
TV F #4" 4			"沙草溢。"秦		
E - 1.14 1.14					
	7, 1				<u>isani</u>
Total Othe	r Salaries	Ad Just ment -		\$	S:
	•				<u>-</u>

Schedule of Fees Adjustments

				navaio.	Residential Care Home
Page Ref	Line Ref	Description	CCNH	RHNS	
	174.H-747.A-7				
A TANK					
Jan North Heal	9974-1-10 4144 - 147				
7.5 mm = 177	70 m. n. 14 february				
- 1863-1956 1970-1941	ere i serio Regionalis				
10 10 12 12 12 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	1017 ju të: 10-ër Xardit				
42 72 7					
	Feb. 7-79 (ARA),			F. Samero (FC)	
	<u> </u>	The state of the s		5 7	37.
Total Othe	r rees Adj	ustments:			-7.

Schedule of Other A&G Adjustments

Page Ref Line Ref Description CCNH 16 ml3 Miscellaneous	RHNS	Residential Care Home
16 m13 Miscellaneous	· Printed of Country	
		\$ 18
Total Other A&G Adjustments	3	S = 18

State of Connecticut Annual Report of Long-Term Care Facility CSP-29 Rev. 10/2006

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

			D. Adjustments to Stateme						
Name	e of Fa	cility	1	Lic	icense No. Report for Year Ended		Page	of	
Prem	ier Ca	re of \	Woodbury, LLC		1883	9/30/2018		29	37
	_				Total			1	
Item	Page	Line			Amount of				ntial Care
No.	No.	No.	Item Description		Decrease	CCNH	RHNS	H	lome
			Subtotals Brought Forward	\$	10,119		_		10,119
Page	20 - I	Reside	nt Care Supplies***				· <u></u>		
27.			Prescription Drugs	\$					
28.			Ambulance/Limousine	\$					
29.			X-rays, etc	\$		<u> </u>		ļ <u> </u>	
30.			Laboratory	\$				L	
31.			Medical Supplies	\$					
32.			Oxygen (non emergency)	\$		2		ļ	
33.		_	Occupational Therapy	\$					
34.			Other - See Attached Schedule	\$	2,031				2,031
Page	22 - 1	Mainte	enance and Property		<u>-</u>	, .	_		
35.			Excess Movable Equipment Depreciation		<u></u>			ė.	
		ļ	See Attached Schedule	\$				i i	
36.	22	7d	Depreciation on Unallowable					1	
			Motor Vehicles	\$	954				954
37.	29c		Unallowable Property and Real				* .		
ì			Estate Taxes	\$	453			↓	453
38.	<u> </u>	·	Rental of Building Space or Rooms	\$				 	
39.			Other - See Attached Schedule	\$	876				876
Page	27 - 1	nsura	ince		·				
40.			Mortgage Insurance	\$		<u> </u>	ļ _ _	 	
41.	27	14d	Property Insurance	\$	98	***			98
Othe	r - Mi	scella	neous				<u> </u>	<u> </u>	
42.	<u> </u>		Other - Indirect	<u>\$</u>					
43.			Interest Income on Account Rec.	\$		<u> </u>			
44.			Other - Miscellaneous Administrative	\$		ļ		-}	
45.			Management Fees Direct	\$					
46			Management Fees Indirect	\$				_	
47.		T _	Other - Direct	\$	6,570				6,570
Not	For P	rofit I	Providers Only		-				
48		1	Building/Non Movable Eq. Depreciation	_	1 4				
	1		Unallowable Building Interest -						
			See Attached Schedule	5					
49	Total	l Amo	unt of Decrease (Items 1 - 48)	9	21,101	<u> </u>	:		21,101

^{•••} Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicaro, and private-pay residents. Identify separately by category as indicated on Page 20.

Premier Care of Woodbury, LLC 9/30/2018

Schedule of Other Ancillary Costs

			•		Residential
Page Ref L	ine Ref	Description	CCNH	RHNS .	Care Home
20 51		Cable TV .\$1,200 max		2007 25 244-7	-\$
	, .			紅雲刺.连	
- 1,7					
	7-14-02				
				jer i	
			4.00		
				無性難定	
Total Other	Ancillary	Costs	3	\$	\$ 2,031

Schedule of Excess Movable Equipment Depreciation

Page Ref Line Ref	Description	CCNII	RHNS	Residential Care Home
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
=		建心量。至	1994 T. W.	全载。 <u>於 2000</u>
12 20 TH THE				
v =				
				美雄学 国
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(- '0 - 0 - 1	· S	3
Li otal Excess Monaph	e Equipment Depreciation			

Schedule of Other Property Adjustments

					Residential
Page Ref	Line Ref	Description	CCNII	RHNS	Care Home
22		Personal property tax on auto-personal riso (see Page 28a)	7. 当也。"和章	起,事。"	\$ 96
- T		Other Rent Adjustments (see Page 29c)	是是 连		\$ 780
7 2					
	7-4				
100	· 141				
	4 (7)				
20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -					
# 15 1 15 m			性, 基2-, 20-1	新加速通行	
Total Othe	··	Addustments	\$	3 H	\$ 876
rotal Offic	i i i obei i3	Aujustinemanne de la company d	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
	12D	Pin Chg/late fees, credit card and tax collector.			S 4 3,426
27	12c1	Auto loan interest-personal use (see Page 29a)			\$ 240-
	14 b	Auto insurance personal use (see Page 29a)			-\$ 2,904
	สมคริง				等型時間過程
	27 - Fact				350 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	, 1 2		SET THEFT		
7. T. 27	Y - Care		建設设备等 在		
	11411				
			建型置约		
Total Othe	r Adlustm	ents and the contract of the c	5=====		\$ 6,570

Schedule of Unallowable Building Interest

					Residential
Page Ref	Line Def	Description	CCNII	RHNS	Care Home
25°2 "Y.					
17-18	े <u>महारा</u> क्ता . स राम्युर्वे सम्बद्धाः				
*: 24/	- <u>1. 394</u>	THE PARTY OF STREET AND TWEET AND THE PARTY.	(第7)整线	表上 表 类是4	元进起 死
	2 - 20			學的一樣對值	
- ya: 	3.2				
14 (17) # 1	<u> </u>		(###.##\).j		
2 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.5.65				
<u> </u>	gar Gar			Mark & M	
3-6	7. 25 1 17 - 7. 25 1 1				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	344 49 1414 - 1 - 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
25379 60 (553 v 253)	i i di Ekirendi.	ullding Interest	3	3	3
TOTAL OUR	IOMAROIC TO	niting time test.	<u> </u>		

6,218 *

3,202

Page 29 - Adjustments to Statement of Expenditures

Item #49 - Other

			iotai	Business	Personal		
Personal Use of Auto - 2006 Dodge Durango		_					
Odometer 10/1/17	169,664						
Odometer 09/30/18	190,560						
	20,896		20,896	7,103	13,793		
		<u></u>	20,896	7,103	13,793		
Percentage				33.99%	66.01%		
						Cost	report
Description		GL Number	Total	Business	Personal	Page	Line
Auto Expense		6010	3,066	1,042	2,024	16	16
Insurance - Auto	~	6188	4,399	1,495	2,904	27	14 b
Auto Loan Interest		6197	364	124	240	27	12 1
Personal Prop Tax - Auto		6836	146	50	96	22	10c
Depreciation - Auto portion		6150	1,445	491	954 -	22	7 d

9,420

^{*} Note: difference between schedule and trial balance is due to the expansion of the percentage calculations to two decimal places as prescribed in previous audits

Annual Report of Long-Term Care Facility Premiercare of Woodbury, LLC 9/30/2018

Meal Adjustment-Other Rental

			Days	Meals/day	Meals
	RCH Resident Da	nve	5,346	3	16,038
			214	3	642
	Other Rental Day	ys	5,560		16,680
Page	<u>Line</u>	GL #/Description	<u>Cost</u>		
18	2.a.1	6060 Dietary Raw Food	45,890		
18	2.a.2	6061 Dietary Supplies	3,267		
10	A.5.c	6027 Dietary Wages	37,746		
		TOTAL MEAL COST	86,903		
					Average
		Total meal cost	86,903_		Meal Cost
		# of prepared meals	16,680	=	5.21
		Average Meal Cost	5.21		
		# of Other Rental Meals	642		
		. 5. 5.16. 16.14.			
	С	OST OF OTHER RENTAL MEALS	3,345	• •	

Allowable

3720

98

Reduction

Tota!

3818

Page 22-Maintenance and Property

27 14a

22 10 Other-Repairs 22 6. 22 6. 22 6. 22 6. 22 6.	<u>Line</u>	GL#/Description	<u>100%</u>	<u>2.5590%</u>	<u>97.44%</u>
	22 10.a,b	6850 Property Taxes	17708	453 172 211 8,02 332 12,63 16 59 65 2,47 91 3,48 65 2,48	17255
Other-	-Repairs and Mai	ntenance			
	22 6 h	6401 Oil/heat	8,232	211	8,021
		6400 Electricity	12,968	332	12,636
		6305 Lawn/landscaping	615	16	599
		6304 Snow removal	2,537	65	2,472
		6303 Refuse removal	3,573	91	3,482
	22 6.f	5007 Fire control	2,550	65	2,485
		TOTAL OTHER	30,475	780	29,695
Page :	27-Insurance	•			

6185 Property insurance

Disallowance Percentage:		
Bedroom-rented privately Total Building sq footage	<u>154</u> 6,018	2.5590% Disallowance
Main Building Outbuilding (sprinkler system) TOTAL BLDG SQ FQOTAGE	5,518 500 6,018	

F. Statement of Revenue

r, Statement of Rev		eport for Y	ear Ended		Page	of
Name of Facility License No. Premier Care of Woodbury, LLC 1883		30/2018	Cat Indiaco		30	37
Premier Care of Woodbury, LLC 1883	121			<u> </u>		ential Care
ltom.]	Total	CCNH	RHNS		Home
Item		10141				· ·
I. Resident Room, Board & Routine Care Revenue	\$	478,416	<u>'t</u> <u> </u>	i_2		478,416
1. a. Medicaid Residents (CT only)	- \$	4/8,410			 -	.,,,,,,,
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	\$ _			 	 	
b. Private-Pay Room and Board Contractual Allowance **	\$		1		\$	
II. Other Resident Revenue	18			-	2	
a. Prescription Drugs - Medicare	-\$ -			 -	+	
b. Prescription Drugs - Medicare Contractual Allowance **	\$			├		
c. Prescription Drugs - Non-Medicare	\$		<u> </u>	├ ──		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	<u> </u>			 	 -	
2. a. Medical Supplies - Medicare	\$		ļ. —-			
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 **	\$		<u> </u>	 		
c. Speech Therapy - Non-Medicare	\$		<u> </u>			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$			<u> </u>		
5. a. Occupational Therapy - Medicare	\$		<u> </u>	 -		
b. Occupational Therapy - Medicare Contractual Allowance **	\$		ļ	<u> </u>		
c. Occupational Therapy - Non-Medicare	\$	<u></u>	<u> </u>	 		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ _					
6. a. Other (Specify) - Medicare	\$			 		
b. Other (Specify) - Non-Medicare		<u> </u>		ļ.——		
III. Total Resident Revenue (Section I. thru Section II.)	\$	478,416		1		478,416
IV. Other Revenue*	4)	4				
1. Meals sold to guests, employees & others	\$		<u> </u>			
2. Rental of rooms to non-residents	\$	11,5 <u>53</u>	<u> </u>	ļ		11,553
3. Telephone	\$					
Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$		<u> </u>			
7. Barber, Coffee, Beauty and Gift shops	\$					
1	\$	9,563			_ _	9,563
8. Other (Specify)	4					
8. Other (Specify) V. Total Other Revenue (1 thru 8)	\$	21,116	<u> </u>		_ _	21,110

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

•			Residential
Page Ref Description	CCNII	RHNS	Care Honie
	1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Salaki:	
	- Parvaint		三篇工一章.
	1 0 0 0 0 0 0 13		
	THUEST		14.46
) 17 전 <u>과 교텔</u>
Total Other Resident Revenue - Medicare	1 36 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$	3: <u>\$</u> ** 2

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref Description	CCNII	RHNS	Residential Care Home
[10] 하는 [18] [2] 그리아 가장 하고 사람들은 사람들이 하는 사람들이 가장 하는 사람들이 하는 사람들이 하는 사람들이 되었다.		<u>} </u>	
	学到人名腊温		
· [18] 기위에 (19) 10 시간에 다른 10 10 개인에 가지 (1997) 10 10 전략은 19 4년 10 시간에 대한다는 기업적으로 기업			
			<u> </u>
Total Other Resident Revenue	3	3=:-	2==,==

Interest Income

Account

Dece Def	A	Balance	CCNH	RHNS	Residential Care Home
Page Ref	Account	1 7% - → 6 2°C 7°C - 7°C	(2000) NO. 100	16 15 15 15 15 15 15 15 15 15 15 15 15 15	
3-1-2					
Or first the		Zif Tidayid	419 V. 120.		
	rest Income		\$ = 1.77.	\$.===:=	S

Schedule of Other Revenue

Page Def	Description	CCNH	RHNS	Residential Care Home
	Personal use of auto			S 6,218
	Meals to non-residents			S====3-345:
75 X X			·	
· · · · · · · · · · ·				
1-15-1				
77.75				
100 Take 1-6.				
€\$ 40° °° .	THE COMMON TO CALL STATE OF THE PARTY OF THE			
112				

	er Revenue	3-11-11-11	S ====	\$ 9,563

G. Balance Sheet

Name of	f Facility	License No.	Report for Year	Ended	Page	of
	Care of Woodbury, LLC	1883	9/30/2018		31	37_
		Account	· · · · · · · · · · · · · · · · · · ·		Amour	nt
Assets		16				
A. Cu	irrent Assets	•			_	
1.	Cash (on hand and in banks)				<u> </u>	
	Resident Accounts Receivable				\$	
3.	Other Accounts Receivable (Excluding Owners o	r Related Parties)		\$	
4	Inventories	<u> </u>			\$	
5.	Prepaid Expenses			1	\$	
	a					
	b					
	c	<u> </u>				
	d. See Schedule				* ::: 	
	Interest Receivable				\$	
	Medicare Final Settlement R				\$	
8.	Other Current Assets (itemize	e)			\$	
		_ _				
	See Schedule					* -
	otal Current Assets (Lines Al	thru 8)			<u>\$. </u>	
B. Fiz	xed Assets				Φ.	
	Land				<u>\$</u> \$	
2.	Land Improvements	*Historical Cost	. ———	-,,,	\$	
		Accum, Depreciat	tion	Net	<u> </u>	
3.	Buildings	*Historical Cost		<u>-</u>	\$ *	
		Accum. Depreciat	ion	Net	·	
4.	Leasehold Improvements	*Historical Cost		-,,	\$,	
		Accum, Depreciat	ion	Net	₫ 1·	
5,	Non-Movable Equipment	*Historical Cost		- 9	\$	
		Accum. Depreciat	tion	Net	<u> </u>	<u>·</u>
6.	Movable Equipment	*Historical Cost		- N1-4	\$	
		Accum, Depreciat	tion	Net	<u> </u>	
7.	Motor Vehicles	*Historical Cost			\$.	
		Accum. Depreciat	tion	Net	<u> </u>	<u> </u>
8.	Minor Equipment-Not Depre	eciable			\$	
- 9	Other Fixed Assets (itemize)	<u> </u>			\$	
]	= 					
	See Schedule				·,	<u> </u>
B-10.	Total Fixed Assets (Lines B	1 thru 9)			\$	

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

G. Balance Sheet (cont'd)

Name	e of Facility	License No.	Report for Year Ended .	Page	of
	ier Care of Woodbury, LLC	1883	9/30/2018	32	37
		Account		Ar	nount
			Total Brought Forward	: \$	
Ċ.	Leasehold or like property reco				
	1. Land	-		\$	<u></u>
	2. Land Improvements	*Historical Cost			
	•	Accum. Depreciation	n Net	\$	
	3. Buildings	*Historical Cost			
	•	Accum. Depreciatio	n Net		
	4. Non-Movable Equipment	*Historical Cost			
		Accum. Depreciatio	n Net	\$	
	5. Movable Equipment	*Historical Cost		1	
		Accum. Depreciatio	n Net	\$	
	6. Motor Vehicles	*Historical Cost		}	
		Accum. Depreciatio	n Net	\$	
	7. Minor Equipment-Not Dep	preciable		\$	
C-8	Total Leasehold or Like Prop			\$ <u>·</u>	_=
D.	Investment and Other Assets				
1	1. Deferred Deposits	<u> </u>			
	2. Escrow Deposits			\$	
	3. Organization Expense	*Historical Cost		·	
	_	Accum. Depreciation	on Net	\$	
	4. Goodwill (Purchased Only	")		\$	
	5. Investments Related to Re	sident Care (itemize)		\$	
	·			e'	
			<u> </u>		
	6. Loans to Owners or Relate	d Parties (itemize)		\$	_
	· Name and Address	Amount	Loan Date		
	·				
	·		·		
	7. Other Assets (itemize)		٠	\$	5,591
	Due from Julianna-Ale	xander, LLC	5,591	_	
	<i>r</i>			_ *	
	See Schedule		<u> </u>		
D-8.	Total Investments and Other	Assets (Lines D1 thru 7	")	\$	5,591
D-9	Total All Assets (Lines A9+	B10 + C8 + D8)	•	\$	5,591

^{*} 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
Premier Care of Woodbury, LLC			1883	9/30/2018	· · · · ·	. 33	37
			Account			Amou	nt ·
Liabilities							`
Α.	Cu	rrent Liabilities					01.010
	1:	•					21,810
ļ	2.	Notes Payable (itemize)			\$; ·	
						m it	į
l							
<u> </u>			- "	<u>.</u>			
		See Schedule		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		<u> </u>	E 28
	3.	Loans Payable for Equipm			Date Due	, a	
		Name of Lender	Purpose	Amount	Date Due		*)
					i.		
					Į.		
1							
					į		ži.
		•					
						\$	
		4	,				
			}		,		
	4. Accrued Payroll (Exclusive of Owners and/or Stockholders only)						<u> </u>
	5.	Accrued Payroll (Owners	\$				
	6.					<u> </u>	
_	7.	Medicare Final Settlemer		\$			
	8.	Medicare Current Financ		8			
	9,	Mortgage Payable (Curre		\$			
		. Interest Payable (Exclusive		Related Parties)		<u> </u>	
·		. Accrued Income Taxes*				\$	
		. Other Current Liabilities	(itemize)			\$	
		·	•				
			<u> </u>				*
			-	See Schedule		v.	, X
A-13	3. To	tal Current Liabilities (Li	nes A1 thru 12)			\$	21,810

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

	4	005		11.5	Return of Par	tnershir	Incom	е			ОМВ	No. 1545- <u>0123</u>
Form	, 1 !	065		calendar year 2017, or tax ye	erbedgeing 1	0/01/1	7 , ending	09/30	/18		7	017
Depar	lment of	the Treasury	Fo	: calendar year 2017, or lax ye	ov/Form1065 for Ins	tructions ar	d the lates	t Informatic	n			<u>U 1 / </u>
		ue Service		Name of partnership					D Em	ployer iden	tification n	umber
A i	'rincipal	business activity		PREMIER CAL	RE OF WOODE	BURY LI	'C	i				
וס	สสบา	NTL CARE	Туре	C/O NILESH							8055	
		product or service	or	Number, street, and room or	suite no. If a P.O. box, see 0	he instructions.				e business		,
		& BOARD	Print	60 SOUNDVI	EW AVENUE -	<u> APT 2</u>	<u>. </u>		U. 101	D/UI/ al essels (s	/2007	
-		code number		City or town, state or provinc	e, country, and ZIP or foreign	n postal code			insi	ruciions)		5,592
				NORWALK	•	CT 068	54	⊢	\$_			5,392
	<u>623(</u>	000		<u></u>			_					
	Ohaale	applicable boxes	(6) C	Initial return (2) Technical termination Cash (2 one for each person wh		<u>;)</u> (;	3)	er (specify)	>			ended return
1	Numbe	er of Schedules K	-1. Altach	one for each person with a stached	io was a paililei at air	y time dami	y the tan jes					
<u>J</u>	Check	if Schedules C a	nd M-3 are	attached		on below C	es the Inclu	rations for a	nore Inf	ormation		
Cau	tlon. <i>l</i>	nclude only trade	or busine	ss income and expense	s on lines 1a through	22 08low. S	ee (ne msire				·	
_	1a i	Gross receipts or	sales				1a	493,	<u> 315</u>			
	ь	Returns and allov	ances			,,,,,,,, L	1b					493,315
	_c	Balance, Subtrac	Lline 1b fr	om line 1a						1c _		493,315
a	2	Cost of goods so	d (atlach l	Form 1125-A)			,			3		493,315
ncome	3	Gross profit. Sub	tract line 2	from line 1c				· · · · · · · · · · · · · · · · · · ·		4		400/010
ည	4	Ordinary Income (Io	ss) from oth	er partnerships, estates, an	d Irusts (attach statemen	b)	******			5		
=	5	Net farm profit (lo	ss) (altacl	h Schedule F (Form 104	10))					6		
	8	Net gain (loss) fro	m Form 4	1797, Part II, line 17 (atte statement)	ach Form 4797)		CTATI	MENT	1	7		6,218
	7	Other Income (los	ss) (atlach	statement)	*************			20,111111		B		499,533
_		Total Income (lo	ss), Comi	oine lines 3 through 7						9		213,827
see the instructions for limitations)	9	Salaries and wag	es (other t	than to partners) (less e	mployment creaks) (10		
nitati	10	Guaranteed payr	nents to pa	artners	*****************					11		15,030
≅	11 12	Repairs and man	Heliance '							12		
ns fe	13	Dad devis								13		69,779
휹	13	Taves and licens	., AS							14		23,695
nst.	15	Interest								15		3,790
鼍	16a	Depreciation (if r	equired, at	ttach Form 4562)		L	16a					
g	Ь	Less depreciatio	n reported	on Form 1125-A and el	lsewhere on return	L	16b			16c		
)S	17	Depletion (Do no		oll and gas depletion.)						18		
ğ	18	Retirement plans	, etc	. ,						19		18,315
Š	19	Employee benef	t program	s tatement)			e Cman	EMENT.	·	20		138,556
Deductions	20	Other deductions	s (attach s	tatement)	des delt selven for lit	oo O through	h 20:			21		482,992
_	<u> </u>	Total deduction	s. Add the	amounts shown in the	1ar right column for in	165 9 Billougi	11 20			22		16,541
_	22			ne (loss). Subtract line 2 are that I have exemined this re	tum including accompanying	a schedulas and	slatements, and	f to the best of t	my			
		knowledge and beli	enjury, i ceci el, il is lave, c	correct, and complete. Declarate	on of preparer (other than pa	rtner or limited li	abitily company	member) is bar	no bea	May the 1	RS discuss	lhis rélum
	gn	sil information of wi	rich preparer	has any knowledge.			_		l	•		wn below (see
H	ere	.					_ 🕨		. L	Instruction	ns)? X	Yes No
		Signature of p	artner of limit	led liability company member			Date				 (
_		Print/Type prepare	's name		Preparer's signature			Date		Check	H H	PTIN
Рa	lđ	MICHAEL J. M	ICHAUD					02/	12/19	sell-emp		885645
	 эрагег		▶ BRC	DEUR & COMP	ANY, CPAS,	<u> P.C.</u>			Firm's	EIN 🚩	00-0	000040
	e Only). BOX 164		06400			Dhace	, n S	360-3	88-4627
				SAYBROOK,		06475			Phone	, 110 <u>.</u>		Form 1065 (2017)
Fo	r Pape	erwork Reductio	n Act Not	ice, see separate instr	uctions.							

	1065 (2017) PREMIER CARE	OF WOODRII	BA.	T.T.C	20	-5358055		Pag	e 2
	hedule B Other Information	OF HOODDO							_
	What type of entity is filing this return? Ch	eck the applicable	box:				Į Y	es N	0
1	What type of entity is fining this return of	b Dome	estic lii	mited partnershi	p				×
а	Domestic general partnership			mited liability pa					
C	Domestic limited liability company	r H Othe	_	1111100 1100mily P-					
<u>e</u>	Foreign partnership	T Onle	a sa bio	a disconneded 6	ntilv ana	dnershin (including			
2	At any time during the tax year, was any	partner in the partn	ersmy	a distegatore	an octate	of a deceased nariner).		ŀ	
	an entity treated as a partnership), a trust	, an S corporation,	an es	itate (otner than	an estate	of a deceased parmery.		- 1:	K
	or a nominee or similar person?	<u></u>		<u></u>			3		*
3	At the end of the tax year:					Link boom and and			*
а	Did any foreign or domestic corporation,	partnership (includ	ing an	y entity treated a	is a partne	isnip), trust, or tax-	188		6500
	average accomination, or any foreign gove	rnment own, direct	v or in	idirectly, an inter	rest of buy	o of those in me brow,	1	ļ	
	topo or conital of the partnership? For IUI	es of constructive	owner	ship, see instruc	itions. It "Y	es, attach schedule		1	X,
	O. 4. Information on Partners Owning 50%	% or More of the Pa	artners	hip			·····	 -	<u>.</u>
b	Did any Individual or estate own directly	or indirectly, an Int	erest o	of 50% or more I	n the profit	I, loss, of capital of		l	
D	the and arching For rules of constructive	ownership, see in	structi	ons, if "Yes," all	ach Sched	Mis D-1' Michiganon			
	on Partners Owning 50% or More of the 1	Partnership						X	1900
	on Partners Owning 50% of Note of the	able:							
4	At the end of the tax year, did the partner Own directly 20% or more, or own, direct	silip. In an indirectly 509	4 orm	ore of the lotal v	olina now	er of all classes of			
а	Own directly 20% of more, or own, direct		O Ear	rules of constant	tive owner	rshin saa			
	stock entitled to vote of any foreign or do	mestic corporation	וטיתיזן	Tules of constrain	MING CHILLO	ioniki 0-10			X
	instructions. If "Yes," complete (i) through			,	*********			rcentage	
	(i) Name of Corporation	(11)	Employ	er identification per (if any)		(III) Country of Incorporation		in Volina lock	l
	(1)		Nunu	ser (it ally)			<u> </u>		
							 		
									-
							 		-
		·							
			_				_ 	000000000000000000000000000000000000000	28
b	Own directly an interest of 20% or more,	or own, directly or	Indire	ctly, an Interest	of 50% or	more in the profit, loss,			8
U	or capital in any foreign or domestic part	nership (including	an ent	lity treated as a p	partnership	o) or in the beneficial	8		8
	interest of a trust? For rules of construct	ive ownership, see	instru	ctions. if "Yes,"	complete ((I) through (v) below	<u> </u>		X
	interest of a trust i of rules of construct	(II) Employe	3f	(III) Type		(Iv) Country of	(v) M Percenta	mumikaN enwO en	d Ir
	(i) Name of Entity	Identificatio Number (if as		Entity	Ψ.	Organization	Profit, Los		
		Hamber (in a							
									_
_				 					
				 					
				 					
				<u> </u>				Yes	N
					_				3
5	Did the partnership file Form 8893, Elec	tion of Partnership	Level	Tax Treatment,	or an elec	tion statement under			
_	section 6231(a)(1)(B)(ii) for partnership-	level tax treatment	, that i	is in effect for thi	s tax year	? See Form 8893 for		2000000	***
	more details			***********	<u></u>			300000000	. Z
_	Does the partnership satisfy all four of	the following condi	tions?						
6	The partnership's total receipts for the ta	ov vear were less t	han \$2	250.000.					×
a	The partnership's total receipts for the one	i of the lay year w	re les	s than \$1 million	١.				Š
b	The partnership's total assets at the end Schedules K-1 are filed with the return a	and furnished to th	a nadr	ners on or hefore	the due d	late (including	ļ		
C	Schedules K-1 are filed with the return 8	and iumsiled to th	o parti	IOIS OIL OI DEIOIC		y			
	extensions) for the partnership return.								
d	The partnership is not filing and is not re	equired to file Sche	edule n	VI-3		4 of Earm 4066	• • • • • • • • • • • • • • • • • • • •		×
	If "Yes," the partnership is not required	to complete Sched	lules L	., M-1, and M-2;	item r on	page 1 of Form 1005,			
	or Hom L on Schedule K-1							20000002	
7	le this partnership a publicly traded part		ln sec						
8	During the tax year, did the partnership	nership as defined	_	ction 4 <u>69(k)(2)?</u>	. ,,,,,,,,				
•	and find on on to reduce the principal a	have any debt tha	t was (cancelled, was f	orgiven, or	had the terms			
	modified so as to reduce the billicital a	have any debt that mount of the debt	?	cancelled, was f	orgiven, or	had the terms		 	
9	Heathle partnership filed or is it require	have any debt that mount of the debt	?	cancelled, was f	orgiven, or	had the terms			
_	Has this partnership filed, or is it require	have any debt tha mount of the debt ed to file, Form 89°	8, Ma	cancelled, was f Iterial Advisor Di	orgiven, or sclosure S	tatement, to provide			
40	information an any reportable transaction	have any debt tha mount of the debt' ed to file, Form 89°	8, Ma	cancelled, was f	orgiven, or sclosure S	tatement, to provide			
10	information on any reportable transaction	have any debt tha mount of the debt ed to file, Form 89 on? did the partnership	18, Ma	terial Advisor Di	sclosure S	tatement, to provide			
10	At any time during calendar year 2017,	have any debt tha mount of the debt ed to file, Form 89 on? did the partnership hank account, sec	18, Ma	cancelled, was f Iterial Advisor Di an interest in or account, or oth	orgiven, or sclosure S a signatu er financia	tatement, to provide re or other authority over a financial account)? See the instructions for			
10	information on any reportable transaction At any time during calendar year 2017, account in a foreign country (such as a exceptions and filling requirements for F	have any debt tha mount of the debt' ed to file, Form 89 on? dld lhe partnership bank account, sec inCEN Form 114.	18, Ma	cancelled, was f Iterial Advisor Di an interest in or account, or oth	orgiven, or sclosure S a signatu er financia	tatement, to provide re or other authority over a financial account)? See the instructions for			
_	At any time during calendar year 2017,	have any debt tha mount of the debt' ed to file, Form 89 on? dld lhe partnership bank account, sec inCEN Form 114.	18, Ma	cancelled, was f Iterial Advisor Di an interest in or account, or oth	orgiven, or sclosure S a signatu er financia	tatement, to provide re or other authority over a financial account)? See the instructions for		1068	200000000000000000000000000000000000000

	perule 8 Other Information (continued)				Tv [No.
					Yes	NO
11	At any time during the tax year, did the partnership receive a distribution from, or was it the grant	tor of, or				
• •	transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return	1 To Report			- N	2000 37
	Table 2010 to Mills Foreign Trusts and Receipt of Certain Foreign Gifts, See instructions					X
12a	Is the partnership making, or had it previously made (and not revoked), a section 754 election?				**********	X
	a le tradice de detaile regarding a section 754 election.				S	,000 K
b	and the authorities make for this lay year an entingal hasis adjustment under section 743(0) or 7	/34(b)? If "Yes,"				32
	attach a distanced showing the computation and allocation of the basis adjustment. See mistract				5.0000000000000000000000000000000000000	X
_	to the partnership continued to adjust the basis of padnership assets under section 743(b) or 734(b) because of a	l				
С	enhaloatial built in lose (as defined under section 743(d1) or substantial pasts reduction (as defined under section	N1				
	734/4/10 If two a statement showing the computation and allocation of the basis adjustment. See insuc	2000010	<u>در جو وک د.</u>		700000000000000000000000000000000000000	X
13	Chart this boy if during the current or prior tax year, the partnership distributed any property for	Colden III a				
13	like-kind exchange or contributed such properly to another entity (other than disregarded entities	s wholly		. \Box		
	11 the analysis throughout the tay year)	A A A S S S S S S S S S S S S S S S S S		<u></u> ▶ <u> </u>		
	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-commo	on or other				
14	or the distance to produce which products 2		<u> </u>	<u> </u>	***********	X
45	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respec	nglero Foreign				
15	Discounted Entition, optor the number of Forms 8858 altached, See Instructions					
	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign partners and the second	eign Partner's				
16	Information Statement of Section 1446 Withholding Tax, filed for this partnership.					X
	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Part	nerships, attache	ad			
17	and the second s					
	to this return. ▶ Did you make any payments in 2017 that would require you to file Form(s) 1099? See instruction	ns			1	X
18a	reme at the state of the second control form(s) 1099?	<u> </u>				arawa
p	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certai	n Foreign				
19	Consequence established to this return				_	
	Corporations, attached to this return. ► 0 Enter the number of partners that are foreign governments under section 892. ► 0					
20	The state of the second state of the partnership make any payments that would require it to	to file Form 1042	2		1 1	
21	and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through	1474)?				X_
	Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See	the Instructions	for		1 1	
22					_\\	X
_	Form 8938)?,					
Des	signation of Tax Matters Partner (see instructions) ter below the general partner or member-manager designated as the tax matters partner (TMP) for	r the tax year of	this ret	urn:		
Ente	er below the general panner of thember-manager designated as the same paners	-				
	and A	Identifying				
	ome of esignated NILESH AMIN	number of TMP	<u> </u>	148-60-05	04	
	MP / NIDEDII AMERI					
	NII YANG Cana	Phone number		_		
€.n	the TMP is an nilly, name	of TMP	<u></u>	<u> 203-809-0</u>)5 <u>52</u>	
<u>ol</u>	TMP representative		-			
	Address of 60 SOUNDVIEW AVE - APT 2					
de	losigneted TATODINATIV CT 06854					
TM	MP / NORWALK					
				F	orm 106	5 (2017)

Form 106	35 (20	PREMIER CARE OF WOODBURY LLC 20-5356055		Total amount
Sche	Me	K Partners' Distributive Share Items	1	16,541
	4	Ordinary business income (loss) (page 1, line 22)	2	20,702=
ĺ	2	Net contained actate income (loss) (attach Form 8825)	2	
	2-	Other gross rental income (loss)		
1	h	Expenses from other rental activities (attach statement)		
}	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
ا چ	4	Guaranteed payments	4	
SS	5	Interest income	5	
길	g g	Dividende: a Ordinary dividends	6a	
9	٠	b Qualified dividends 6b		
5	-	Daveliles	7	
Income (Loss)		Net short-term capital gain (loss) (attach Schedule D (Form 1085))	8	
-	8	to the second sec	9a	
1	ya	Collectibles (28%) gain (loss) Unrecaptured section 1250 gain (ettach statement) 9b 9c		
	D	Collections (2070) gain (1095)		
	C	Net section 1231 gain (loss) (attach Form 4797)	10	
	10	Other Income (loss) (see instructions) Type	11	
	11_	Section 179 deduction (attach Form 4562)	12	
<u> </u>		Section 179 deduction (attach Point 4002)	13a	
Deductions	13a	Contributions	13b	
당		Investment interest expense		
qq	C	Section 59(e)(2) expenditures:	13c(2)	
De		(2) Amount	13d	
=	ď	Other deductions (see instructions) Type	14a	16,541
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14b	
erd 등	b	Gross farming or fishing income	14c	499,533
ΝЩE	C	Gross nonfarm income	15a	
	15a	Low-income housing credit (section 42(j)(5))	16b	
Ø	b	Low-income housing credit (other)	15c	
÷	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15d	
Credits		Other rental real estate credits (see Instructions) Other rental credits (see Instructions) Type	15e	
•		- Commercial Commercia	15f	
	f	Official decirions		
	16a	Name of country or U.S. possession ▶		
(D	þ	Gross income from all sources	16c	
nsactions	\ c	Gross income sourced at partner level		
渡		Foreign gross income sourced at partnership level		
Sa	d	Passive calegory		<u>- </u>
ä	1	Deductions allocated and apportioned at partner level Interest expense ▶ h Other ▶	16h	
Ë	8	Interest expense		
E		Deductions allocated and apportioned at partnership level to foreign source income Passive category General category k Other		
<u>'ē</u>	1		161	
Foreign Tra	1	Total foreign taxes (check one): ▶ Paid		
_	n	Reduction in taxes available for credit (attach statement)		
		Other foreign tax information (attach statement)	17a	
	172	Post-1986 depreciation adjustment	433	
e in e	t	Adjusted gain or loss	47-	
Alternative Minimum Tax	۰ (Depletion (other than oil and gas)	4= -	
	: 0	Oil, gas, and geothermal properties – gross income	17e	
	6	OII, gas, and geothermal properties – deductions	100	
	<u>- 1</u>	Other AMT items (attach statement)	40-	
	18	Tax-exempt interest Income	405	
엺	1	Other tax-exempt income SEE STATEMENT 3	180	2,254
Ē	(Nondeductible expenses	19a	
<u>.</u> 0	19	Distributions of cash and marketable securities	401-	
<u>l</u>		b Distributions of other property	·	
Other Information	20	a Investment income	20b	
췬		b Investment expenses c Other items and amounts (attach statement) SEE STATEMENT 4	'	
		Other items and amounts (attach statement)	* #(C.)0000A.)	Form 1065 (2017)

Anal	ysis of Net Inc	come (Loss)								16	,541
1	Net Income (loss). Co	ombine Schedule K, lines	throu	igh 11. From the res	uii, subtrac	the sum of S	chedule K, lines	12 through	13d, and 16t 1		, 541
	Analysis by		((II) Individual	[(III) I	ndividual	(Jv) Partne	- 1	(A) Exembr	(vi) Nominee/	Olbor
	partner type:	(i) Corporate		(active)	(pa	assive)	(11)		Organization	Nominee	Julei
	General partners						ļ				
b	Limited partners		<u> </u>	8,270		8,271	:	<u> </u>	End of t	l	
Sol	nedule L Bi	alance Sheets per Bo	oks		Beginning	of tax year	/la\		(c)	(d)	
-	Α	ssels		(a)			(b)		(0)		
						3					
-		iccounts receivable						├			\$55000000000000000000000000000000000000
b	Less allowance fo	r bad debts			*********	<u> </u>					
	Inventories					<u> </u>					
4	U.S. government	obligations				 	<u> </u>	1			
5	Tax-exempt secur	see STMT	<u>.</u>			 -	· · · · · ·			- 5	5,592
6	(allach stetoment)	SEE STMT	.			<u></u>					
7a	Loans to partners (or	r bersous terated to barrue	is)			 -		1			
ь 8	Other levelments	l estate loans				<u> </u>	 	1			
	(attach statement)			****	(0		
9a		er depreciable assets				5	0		0		0
. b		d depreciation		1							
10a		d doubtion					\$\$0003.00.00.\$0				
		d depletion				<u> </u>					
11	•	(amortizable only)			245000000000000000000000000000000000000			<u> </u>			
12a b		d amortization					<u> </u>				
13	A			EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				_			= = 00
14)]			5,592
.~	Liabilitie	s and Capital									1 011
15		3				X	20,836	2			1,811
16	Mortgages, notes, b	onds payable in less than	1 year	г			446 000	_		10.	1,308
17	Other current liabilities	SEE STMT	6				110,003	<u> </u>			1,300
18	All nonrecourse loans	***********************					.	-			
19a	Loans from partners	s (or persons related to pa	riners))				-			
ь		ds payable in 1 year or more .				%		-		 	
20	Other liabilities (altech statement)	********				*	-130,839	<u> </u>		-11	7,527
21	Partners' capital account	ils				X '	-130,638	1			5,592
22		nd capital Reconciliation) nor B	ooks Mit	h Income (I	neel n	er Return	×I	
S	hedule M-1	Note. The partners	ויסונ	income (Loss	s) per o	odula M-3 (si	ee instructions)	.000, P	0. 1.0.0		
			- 1	1 3	, 312	Income	recorded on ho	oks this	year not included		
1) per books			, , , , , , ,		dule K, lines 1			ì	
2	Income included on	i Schedule K, lines 1, 2, 3d and 11, not recorded on	*								
	booke this year		- }								
		• • • • • • • • • • • • • • • • • • • •							****************		
3		other than health insurance)				7 Deductions	included on Schedul	e K, lines 1	Drough 136,		
4	Expenses recorded	i on books this year not lie K, lines 1 through	¨ ├			and 161, no	t charged against boo	ncome th	is year (itemize):	ļ	
	included on Schedu 13d, and 16I (ilemiz	ule K, lines 1 through				a Depreci	ation \$				
а		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	İ								
b	Travel and										
	SEE STA	TEMENT 7				8 Add line	s 6 and 7				
		3,22	9		,229	9 Income	(loss) (Analysi	s of Net	Income	4	6,541
6	Add lines 1 throu	ugh 4 , , , , , , , , , , , , , , , , , ,			,541	(Loss),	line 1). Subtrac	t line 8 f	rom line 5,,	1 4	U/U-11
9	chedule M-2	Analysis of Pa	<u>artne</u>	ers' Capital A	ccount	<u>s</u> _				1	
1	Balance at begin	nning of year		<u>-130</u>	,839	6 Distribu			***********		
2	Capital contribut	led; a Cash			——		a Prope	епту ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	
		b Properly		10	,312	7 Other o	decreases			1	
3		s) per books		13	,314	(itemize	e);			1	
4	Other increases (itemize):				1	8 Add line	os 6 and 7				
				_117	,527	9 Relance	e at end of vea	r. Subtra	ct line 8 from line !	-11	7,527
5	Add lines 1 throu	ugh 4		<u> -11 / </u>	1021	Dalano	o an one or you				1065 (201

SCHEDULE B-1 (Form 1065)

Information on Partners Owning 50% or More of the Partnership

➤ Attach to Form 1085.

(Rev. September 2017)
Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form1065 for the latest information.

OMB No. 1545-0123

Name of partnership

PREMIER CARE OF WOODBURY LLC

Employer Identification number (EIN) 20-5358055

Complete columns (i)		of the Partnership (Form 106 gn or domestic corporation, partnership preign government that owns, directly cructions).		(v) Maximum
(i) Name of Entity	(li) Employer Identification Number (d any)	(iii) Type of Entity	(iv) Country of Organization	Percentege Owned in Profit, Loss, or Capital
Part II Indiv	Iduals or Estates Ownl	ng 50% or More of the Partne	rship (Form 1065, Schedule B, Que	estion 3b)
Complete columns (i) through (iv) below for any inc of the partnership (see instru-	ividual or estate that owns, directly or i	ndirectly, an interest of 50% or more in the	
	(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(III) Country of Citizenship (see Instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
DEVANSHI	AMIN	roo 75 461	E INTERD STATES	50.00000

·(i) Name of Individual or Estate	(if any)	(11) 0001117	or Capital
DEVANSHI AMIN	592-75-4615	UNITED STATES	50.000000
NILESH AMIN	148-60-0504	UNITED STATES	50.000000
			<u>.</u>
			do B.4 /Form 1065\ (Rev. 9.2017)

For Paperwork Reduction Act Notice, see the Instructions for Form 1066.

Schedule B-1 (Form 1066) (Rev. 9-2017)

PARTNER# 1			 1	Amended K-1		L51113 OMB No. 1645-0123
Schedule K-1	2017		Final K-1 art III Partner		en i	ent Year Income,
(Form 1065)		(1 <u>. c</u>				d Other Items
Department of the Treasury Internal Revenue Service	For calendar year 2017, or lax year	1	Ordinary business Incor		15	Credits
beginning 10	/01/2017 ending 09/30/2018	2	Net rental real estate in	271		
Partner's Share of	Income, Deductions,	4	Med letust Less estate in	JOING (1033)		
Credits, etc.	See back of form and separate instructions.	3	Other net rental income	(foss)	16	Foreign transactions
Part Informa	tion About the Partnership					
A Partnership's employer identifi 20-5358055	ication number	4	Guaranteed payments			
B Partnership's nome, address,	city, state, and ZIP code	8	Interest income			
PREMIER CARE	OF WOODBURY LLC					
C/O NILESH AM		6a	Ordinary dividends			
NORWALK	CT 06854	6b	Qualified dividends			
C IRS Center where partnership	filed return	7	Royalties			
E-FILE D Check if this is a public	by traded partnership (PTP)	8	Net short-term capital g	ain (loss)		
CHECK II UNS 19 8 POUND	, 12000 partition, p. 1. 7					
	tion About the Partner	9a	Net long-term capital ga	sin (loss)	17	Alternative minimum tax (AMT) Items
E Partner's identifying number 592-75-4615	•	9b	Collectibles (28%) gain	(loss)		
F Pariner's name, address, city,						·
DEVANSHI AMIN	1	\$c	Unrecaptured section 1	250 gain		
60 SOUNDVIEW	አናም _ አውጥ ኃ	10	Net section 1231 gain (loss)	18	Tex-exempt income and
NORWALK	CT 06854					nondeductible expenses
		11	Other Income (loss)		C*	1,127
G General partner or LLC member-manager	Limited partner or other LLC member	-	<u> </u>			
I						
H X Domestic partner	Foreign partner					
If What type of entity is this part	ther? INDIVIDUAL plan (IRA/SEP/Keogh/etc.), check here	<u> </u>			19	Distributions
J Partner's share of profit, loss,	, and capital (see instructions):	12	Section 179 deduction			
Profit 50.	000000 % Ending 50.000000 %	13	Other deductions		Ĺ	
Loss 50.	000000% 50.000000%				20	Other information
Capital 50.	000000 % 50.000000 %				Z*	STMT
K Partner's share of liabilities at	t year end:	-				-
	s	<u></u>				
	s 61,560	14 A	Self-employment earnin	ngs (loss) 271		i
Recourse	\$ 61,560	F	,	<u> </u>	<u> </u>	
L Partner's capital account ana	CF 404	<u>c</u>	249,			
	<u>-65,421</u>	<u>*s</u>	see attached state	ment for addi	tional	information.
L	syear s 6,656					
	\$ <u>(</u>)	١.				
Ending capital account	s <u>-58,765</u>	6 				
X Tax basis	GAAP Section 704(b) book	Jse				
Other (explain)		For IRS Use Only				
M Did the partner contribute pro	operty with a bullt-in gain or loss?	For				
Yes X	No	_				·
ll "Yes," altach statem	em (see Instructions)					

651113 PARTNER# 2 OMB No. 1545-0123 Final K-1 Amended K-1 Part III Partner's Share of Current Year Income, 2017 Schedule K-1 Deductions, Credits, and Other Items (Form 1065) For calendar year 2017, or lax year Department of the Treasury Internal Revenue Service Ordinary business income (loss) Credits 8,270 beginning 10/01/2017 ending 09/30/2018 Net rental real estate income (loss) 2 Partner's Share of Income, Deductions, See back of form and separate instructions. Foreign transactions Credits, etc. Other net rentel income (loss) 3 Part I Information About the Partnership Guaranteed payments A Partnership's employer identification number 20-5358055 5 Interest Income B Partnership's name, eddress, city, state, and ZIP code PREMIER CARE OF WOODBURY LLC Ordinary dividends 6a C/O NILESH AMIN 60 SOUNDVIEW AVENUE - APT 2 Qualified dividends CT 06854 65 NORWALK Royallies C IRS Center where partnership filed return E-FILE Net short-term capital gain (loss) 8 D Check if this is a publicly traded partnership (PTP) Allemative minimum lax (AMT) items Part II Information About the Partner Net long-term capital gain (loss) 88 E Partner's Identifying number Collectibles (28%) gain (loss) Яb 148-60-0504 F Partner's name, address, city, state, and ZIP code Unrecaptured section 1250 gain 9¢ NILESH AMIN Tax-exempt income and Net section 1231 gain (loss) 60 SOUNDVIEW AVE - APT 2 nondeductible expenses CT 06854 NORWALK 1,127 Other income (loss) Limited partner or other LLC General partner or LLC member-manager Foreign partner H |X | Domestic partner 11 What type of entity is this partner? INDIVIDUAL Distributions 12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check hero Section 179 deduction J Partner's share of profit, toss, and capital (see instructions): Beginning Other deductions 50.000000% 50.000000% Profit Other Information 50.000000% 50.000000% Loss 50.000000% 50.000000% STMT 7.* Capital K Partner's share of liabilities at year end; Nonrecourse\$ Self-employment earnings (loss) 14 Qualified nonrecourse financing \$____ 8,270 61,559 Α Recourse \$ 249,766 L Partner's capital account enalysis: *See attached statement for additional information. -65,418Beginning capital account Capital contributed during the year \$_ 6,656 Current year increase (decrease) \$_ Withdrawats & distributions \$_{\(\) -58,762IRS Use Only Ending capital account \$____ X Tex basis GAAP Section 704(b) book

M Did the partner contribute property with a built-in gain or loss? X No If "Yes," attach statement (see instructions)

Other (explain)

20-5358055

Federal Statements

Statement 1 - Form 1065, Page 1, Line 7 - Other Income (Loss)

Description	 Amount
PERSONAL USE OF AUTO	\$ 6,218
TOTAL	\$ 6,218

Statement 2 - Form 1065, Page 1, Line 20 - Other Deductions

Description	 Amount
ACCOUNTING FEES	\$ 12,165
CABLE TV	3,231
CELL PHONE	2,188
DIETARY SUPPLIES	3,267
ELECTRICITY	12,968
FIRE CONTROL & SECURITY	2,550
FOOD	45,890
HEATING OIL	8,232
HOUSEKEEPING SUPPLIES	4,113
INSURANCE - GENERAL LIABILITY	3,001
INSURANCE - PROPERTY	3,818
LANDSCAPING	615
LAUNDRY	687
LICENSES	460
LINENS	798
OFFICE SUPPLIES	2,596
PAYROLL PROCESSING	2,729
POSTAGE	271
REFUSE REMOVAL	3,573
SNOW REMOVAL	2,538
TELEPHONE	2,370
WORKMEN'S COMPENSATION	10,174 232
ADVERTISING	136
MEDICINE CABINET SUPPLIES	1,680
RECREATION EXPENSE	241
RESIDENT CARE SUPPLIES	3,066
AUTO EXP	4,399
AUTO INSURANCE	550
CHECK SCANNER RENTAL FEE	18
MISC EXPENSES	
TOTAL	\$ 138,556
•	

Statement 3 - Form 1065, Schedule K, Line 18c - Nondeductible Expenses

BOOK DEPRECIATION S 2	<u>nt</u>
\$ 2	2,254
TOTAL TOTAL	2,254

\sim	-53	P (*	۱ ۸	
· 711	_ ^ 4	~~	EC 11	רר
Z. U				-

Federal Statements

Statement 4 - Form 1065, Schedule K, Line 20c - Other Items and Amounts

Description

Amount

LINE 20: OTHER INFORMATION

--

THE LLC IS NOT A SPECIFIED SERVICE BUSINESS

CODE Z - SECTION 199A INCOME

16,541

CODE AA - SECTION 199A W-2 WAGES

CODE AB - SECTION 199A UNADJUSTED BASIS

Statement 5 - Form 1065, Schedule L. Line 6 - Other Current Assets

Description	Beginning of Year	 End of Year
DUE FROM JULIANNA ALEXANDER	\$	\$ 5,592
TOTAL	\$ 0	\$ 5,592

Statement 6 - Form 1065, Schedule L, Line 17 - Other Current Liabilities

Description	E	Beginning of Year	 End of Year
DUE TO SONA RE LLC DUE TO JULIANNAALEXANDER, LLC	\$	101,308 8,445 250	\$ 101,308
ACCRUED BUS ENTITY TAX TOTAL	\$	110,003	\$ 101,308

Statement 7 - Form 1065, Schedule M-1, Line 4 - Expenses Recorded on Books, Not on Sch K

Description	 <u> Amount</u>
ACCRUED ACCOUNTING FEES	\$ 975 2,254
BOOK DEPRECIATION TOTAL	\$ 3,229

20-5358055

Federal Statements Devanshi Amin 592-75-4615

Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses

CodeDescriptionAmountCBOOK DEPRECIATION\$ 1,127

Schedule K-1, Line 20Z - Additional Supplemental Information

Description

LINE 20: OTHER INFORMATION

THE LLC IS NOT A SPECIFIED SERVICE BUSINESS

CODE Z - SECTION 199A INCOME

8,271

CODE AA - SECTION 199A W-2 WAGES

CODE AB - SECTION 199A UNADJUSTED BASIS

20-5358055

Federal Statements

Nilesh Amin 148-60-0504

Schedule K-1, Line 18 - Tax-Exempt Income and Nondeductible Expenses

	Description	Ar	Amount		
Code		<u> </u>	1,127		
С	BOOK DEPRECIATION				

Schedule K-1, Line 20Z - Additional Supplemental Information

Description |

LINE 20: OTHER INFORMATION

THE LLC IS NOT A SPECIFIED SERVICE BUSINESS

CODE Z - SECTION 199A INCOME

8,270

CODE AA - SECTION 199A W-2 WAGES

CODE AB - SECTION 199A UNADJUSTED BASIS

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Yea 9/30/2018	r Ended	Page 34	of 37
Premier Care of Woodbury, LLC	1883	9/30/2018			ount
	Account	Total Prove	ght Forward:		21,810
		Total Diod	giit i Oi Hata.		
Liabilities (cont'd)					• •
B. Long-Term Liabilities	and Generaliza			\$	
1. Loans Payable-Equipm	ent (<i>itemize</i>)	Amount	Date Due		•
Name of Lender	Purpose	Amount			
			1	r	
,		Į			
				* * * * * * * * * * * * * * * * * * *	
			ļ	,	
			\	<u>.</u>	
			- [***	
					<u></u>
2. Mortgages Payable				\$	
3. Loans from Owners or	Related Parties (itemize	?)		\$	101,308
Name and Address of Lender	Amount	Loan	Date		
Hame and Hadross of Estates				į	
			•	<u>.</u>	
Sona Real Estate, LLC	101,30	8 yarious			
Solia Real Estato, DEC	,				
				<u> </u>	
	ţ			e 9 4	
				į.	
	Lillida a Citamaina			\$	·
4. Other Long-Term Liabilities (itemize)					
			<u> </u>		
See Schedule				\$	101,30
B-5. Total Long-Term Liability	nes (Lines B1 thru 4)			\$	123,11
C. Total All Liabilities (Lin	US A-13 T D-3)			<u>-L'</u>	

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

Nan	ne of Facility	License No.	Report for Y	ear Ended	Page	of
Pren	mier Care of Woodbury, LLC	1883	9/30/2018		:35	37
		Account			Am	ount
A.	Reserves				,	
	1. Reserve for value of lease	d land		~	\$	
	2. Reserve for depreciation v	alue of leased build	lings and appurte	enances		,
	to be amortized					
	3. Reserve for depreciation v	value of leased person	onal property (Ea	quity)	\$	
	4. Reserve for leasehold real	properties on whic	h fair rental valu	e is based	\$	
	5. Reserve for funds set asid	e as donor restricted	d		\$	
	6. Total Reserves				\$	
B.	Net Worth				\$	
_	1. Owner's Capital				<u> </u>	
	2. Capital Stock		·		\$	
	3. Paid-in Surplus				\$	
	4. Treasury Stock		, , , , , , , , , , , , , , , , , , ,		\$	· ————
_	5. Cumulated Earnings				\$	(130,838)
	6. Gain or Loss for Period	10/1/2	2017 thru	9/30/2018	\$	13,311
	7. Total Net Worth				\$	(117,527)
C.	Total Reserves and Net Wor	th			\$	(117,527)
D.	Total Liabilities, Reserves, a	nd Net Worth			\\$	5,591

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year	Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2018		36	37
	Account			An \$	nount
A. Balance at End of Prior Period as shown on Report of 09/30/2017					(130,838)
B. Total Revenue (From Statemen					499,532
C. Total Expenditures (From State	ement of Expenditure	s Page 27)		\$	486,221
D. Net Income or Deficit				\$	13,311
E. Balance		<u>. </u>		\$	(117,527)
F. Additions 1. Additional Capital Contrib 2. Other (itemize)	uted (itemize)				
				\$	
F-3. Total Additions				- • 	
G. Deductions 1. Drawings of Owners/Oper	ntowa/Boutnova / Specif	5.)		s	
Name and Address (No.,		Title	Amount		
Ivallie and Address (ND.,	Спу, Бил с, Бір <u>/</u>			S	
2. Other Withdrawings (Spec	2. Other Withdrawings (Specify)				
Purpose		Amo	ount		
					,
3. Total Deductions				\$	
H. Balance at End of Period	09/:	30/18		\$	(117,527)

Annual Report of Long-Term Care Facility Premier Care of Woodbury, LLC FYE 9/30/18

Page 36A

Page 36-Expense Reconciliation

Total expenses Page 27	502,459
Property taxes paid by owner	(16,238)
Total expenses per Trail Balance, pg. 36, line C	486,221

I. Preparer's/Reviewer's Certification

Name of Facility	License No.	Report for Year Ended Pag	c of				
Premier Care of Woodbury, LLC	1883	9/30/2018 37	37				
Check appropriate category							
Chronic and Convalescent Nursing Home only (CCNH)	Rest Home with Nursing Supervision only (RHNS)	☑ Residential Care Home	:				
	Preparer/Reviewer Certifica	tion	ł				
I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.							
Signature of Preparer	Title	Date Signed					
Mutul Muline) CIA	2/25/19	· 				
Printed Name of Preparer		•					
Michael Michaud, CPA Addres Address		Phone Number					
PO Box 164, Old Saybrook, CT 06475		860-388-4627					
Annual Report Contact		Phone Number					
Michael Michaud, CPA		860-388-4627	<u></u>				
Annual Report Contact Email Address							
mmichaud@broceurcpa.com		·					