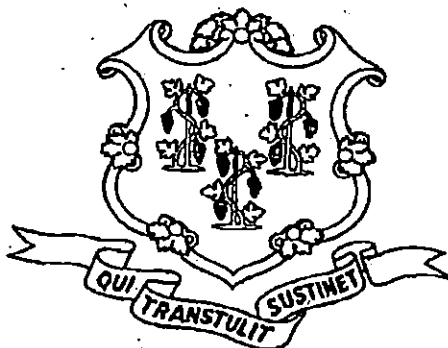


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Premier Care of Woodbury, LLC	
Address (No. & Street, City, State, Zip Code) 280 Middle Road Turnpike, Woodbury, CT.06798	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH	RHNS	Residential Care Home 1883	Medicare Provider
------------------	------	------	-------------------------------	-------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

General Information

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

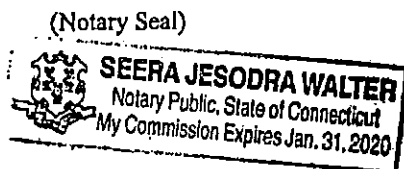
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for 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
					2/19/19
Printed Name (Administrator) Edward Betanger			Printed Name (Owner) Nilesh H. Amin		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Seera Jesodra Walter	CT	2-19-19		01/31/20	
Address of Notary Public 789 Howard Avenue New Haven, CT 06519					



General Information

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

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

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

Signed (Administrator) <i>Edward O. Belanger</i>		Date 2/25/19	Signed (Owner)		Date
Printed Name (Administrator) Edward Belanger			Printed Name (Owner) Nilesh H. Amin		
Subscribed and Sworn to before me: <i>Noreen R Czupiel</i>	State of CT	Date 2/25/19	Signed (Notary Public) <i>Noreen R Czupiel</i>	Comm. Expires 06/30/20	
Address of Notary Public 378 Dennis Rd Westbrook CT 06498					

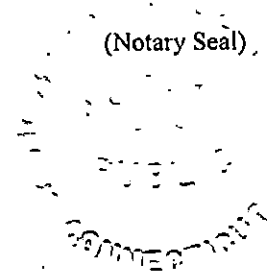


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State of Connecticut
 Department of Social Services
 55 Farmington Avenue, Hartford, Connecticut 06105

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Premier Care of Woodbury, LLC		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 280 Middle Road Turnpike, Woodbury, CT 06798				
Report Prepared By Brodeur & Co., CPA's, P.C.		Phone Number 860-388-4627	Date 2/12/2019	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 37,746			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			96,172
6. <i>Total Wages Paid</i>	\$ 159,146			159,146
7. Total salaries paid	\$ 54,681			54,681
8. <i>Total Wages and Salaries Paid</i> (As per page 10 of Report)	\$ 213,827			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.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-263-2009		Report for Year Ended 9/30/2018		Page 2	of 37
Name of Facility (as shown on license) Premier Care of Woodbury, LLC			Address (No. & Street, City, State, Zip) 280 Middle Road Turnpike, Woodbury, CT 06798		
License Numbers:	CCNH	RHNS	Residential Care Home 1883	Medicare Provider No.	
Type of Facility (Check appropriate box(es))					
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust					
If this facility opened or closed during report year provide:			Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.					
Administrator					
Name of Administrator Edward Belanger, RN			Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Related Parties*

Name of Facility Premier Care of Woodbury, LLC		License No. 1883	Report for Year Ended 9/30/2018		Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="radio"/> Yes <input type="radio"/> No					If "Yes," provide the Name/Address and complete the information on Page 11 of the report.			
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="radio"/> Yes <input type="radio"/> No					If "Yes," provide the following information:			
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Sona Real Estate, LLC	60 Soundview Ave, Unit 2, Norwalk, CT 06854	<input type="radio"/>	<input checked="" type="radio"/>		Real estate rental	Pg. 22, line 9	69,779	69,779
Related party employees		<input type="radio"/>	<input checked="" type="radio"/>		Refer to Page 11a	Pg. 10, various	82,157	82,157
Edward Belanger, RN	280 Middle Road Tpk, Woodbury, CT 06798	<input type="radio"/>	<input checked="" type="radio"/>		Administrator wages	Pg. 10, A2	54,681	54,681
Related party disbursements	280 Middle Road Tpk, Woodbury, CT 06798	<input type="radio"/>	<input checked="" type="radio"/>		Various/see attached list	various	65,755	65,755
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

Transaction List by Vendor
October 2017 through September 2018

Related Party Disbursements 0/30/18

	Type	Date	Num	Memo	Account	Split	Amount
Barbara Belanger	Bill Pmt -Check	02/14/2018	2826	rotated	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	26.43
	Bill Pmt -Check	02/21/2018	2827	barb bought easter/sprin docomallons	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	30.73
	Bill Pmt -Check	03/20/2018	2792	Bought used dryer from B Belanger related	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	200.00
	Bill Pmt -Check	07/11/2018	2928	barb paid related	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	13.65
	Bill Pmt -Check	08/09/2018	2982		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	80.79
							<u>351.60</u>
Edward Belanger RN	Check	01/05/2018	2779		1010 - TD 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 Feb	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	1,300.00
	Check	01/25/2018	1009	Ed loaned \$1400 to business 1-23-18 operating at	1020 - Chelsea Groton Bank	2000 - ACCOUNTS PAYABLE	1,400.00
	Check	02/02/2018	2793		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	675.81
	Check	02/13/2018	2823	ed payed	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	400.73
	Check	03/01/2018	2829	ed payed	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	648.75
	Check	03/02/2018	2845		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	773.60
	Check	03/22/2018	2853	loan to business	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
	Check	06/02/2018	2887	loan to business	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	200.00
	Check	06/03/2018	2888	loan to business	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	100.00
	Check	06/12/2018	2900	loan to business	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	1,000.00
	Check	06/18/2018	2901	loan to business	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	700.00
	Check	07/11/2018	2929		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	1,025.43
	Check	08/07/2018	debil	loan to business atm took out	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	200.00
	Check	08/08/2018	2965		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	650.00
	Check	08/16/2018	2967	loan to business	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	378.00
	Check	10/03/2017	2671		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000.00
	Check	10/10/2017	2695		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	1,500.00
	Check	10/20/2017	2698		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	1,150.00
	Check	11/07/2017	2726		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000.00
	Bill Pmt -Check	11/08/2017	2727		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	16.79
	Check	11/11/2017	debit	ed cash atm	1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	300.00
	Bill Pmt -Check	11/12/2017	2730		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	200.00
	Check	12/06/2017	2740		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,500.00
	Check	01/05/2018	2786		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,500.00
	Check	02/06/2018	2803		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,500.00
	Bill Pmt -Check	03/12/2018	2850		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000.00
	Check	04/05/2018	2867		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,300.00
	Check	04/26/2018	2869		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	450.00
	Bill Pmt -Check	04/30/2018	debit		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	23.95
	Check	05/04/2018	1035		1020 - Chelsea Groton Bank	2090 - ADMINISTRATOR LOAN	4,000.00
	Check	06/06/2018	2897		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000.00
	Bill Pmt -Check	07/03/2018	2906		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000.00
	Check	07/21/2018	2931		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	380.00
	Check	08/03/2018	2935		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	500.00
	Check	08/07/2018	2948		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000.00
	Bill Pmt -Check	09/05/2018	2972		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	2,500.00

Transaction List by Vendor
October 2017 through September 2018

Lisa Lamotico

Type	Date	Num	Memo	Account	Split	Amount
Bill Pmt -Check	09/10/2018	2989		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	3,000.00
Check	09/28/2018	2992		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN	200.00
						<u>56,334.37</u>
Bill Pmt -Check	10/05/2017	2674		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Bill Pmt -Check	10/18/2017	2697	lisa bought lint catch for dryer related	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	22.65
Bill Pmt -Check	11/09/2017	2728		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Bill Pmt -Check	12/11/2017	2754		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Bill Pmt -Check	01/05/2018	2778		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Check	01/26/2018	2270	we 1-20-18 related	1015 - TD BANK PAYROLL	6045 - NET PAY	439.60
Bill Pmt -Check	02/13/2018	2824		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Bill Pmt -Check	03/07/2018	2847		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Check	03/30/2018	2318	we 3-24-18 related	1015 - TD BANK PAYROLL	6045 - NET PAY	454.42
Bill Pmt -Check	04/05/2018	2885		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Bill Pmt -Check	05/08/2018	2884		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Bill Pmt -Check	06/29/2018	2903		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Check	07/27/2018	2398	we7-21-18 related	1015 - TD BANK PAYROLL	6045 - NET PAY	471.74
Bill Pmt -Check	07/31/2018	2903	related	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Check	08/03/2018	2403	we7-28-18 related	1015 - TD BANK PAYROLL	6045 - NET PAY	490.37
Bill Pmt -Check	08/08/2018	2959	related	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
Bill Pmt -Check	09/10/2018	2986		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE	600.00
						<u>9,068.78</u>
						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	License No. 1883	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (See listing page 13)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
N/A				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Premier Care of Woodbury, LLC			1883	9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease		Amount Claimed
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?			<input type="radio"/> Yes	<input type="radio"/> No	Total ***			

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire
 Accounting Basis**

Name of Facility Premier Care of Woodbury, LLC	License No. 1883	Report for Year Ended 9/30/2018	Page 7	of 37	
The records of this facility for the period covered by this report were maintained on the following basis:					
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash					
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.					
Independent Accounting Firm					
Name of Accounting Firm 1 Brodeur & Co., CPAs, PC 2 3 4			Address (No. & Street, City, State, Zip Code) 10 Springbrook Rd., Old Saybrook, CT 06475		
Services Provided by This Firm (<i>describe fully</i>)					
1	Y/E trial balance, cost report prep, tax returns, rate reimbursement advise, audit assistance			\$	13,140
2				\$	
3				\$	
4				\$	
				Charge for Services Provided	
				\$	13,140
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.					
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, Line 1d					
Legal Services Information					
Name of Legal Firm or Independent Attorney 1 2 3 4 5				Telephone Number	
Address (No. & Street, City, State, Zip Code) 1 2 3 4 5					
Services Provided by This Firm (<i>describe fully</i>)					
1				\$	
2				\$	
3				\$	
4				\$	
5				\$	
				Charge for Services Provided	
				\$	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.					
<input type="radio"/> Yes <input checked="" type="radio"/> No N/A					

Schedule of Resident Statistics

Name of Facility Premier Care of Woodbury, LLC		License No. 1883			Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. 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			15	15			15	15				15
2. 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
3. Total Number of Days Care Provided During Period													
A. Medicare													
B. Medicaid (Conn.)													
C. Medicaid (other states)													
D. Private Pay													
E. State SSI for RCH	5,346			5,346	3,991			3,991	1,355				1,355
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	5,346			5,346	3,991			3,991	1,355				1,355
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	5,346			5,346	3,991			3,991	1,355				1,355

Schedule of Resident Statistics (Cont'd)

Name of Facility Premier Care of Woodbury, LLC			License No. 1883			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay		Other State Assisted						
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents									14				
Per Diem Rate													
a. One bed rm.									88.37				
b. Two bed rms.									88.37				
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments													

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Premier Care of Woodbury, LLC	1883	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					54,681	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					13,378	885
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					37,746	2,064
6. Housekeeping Service						
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					6,148	320
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					11,483	967
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					72,788	5,496
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					3,858	272
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures					213,827	13,106

* Do not include in this section any expenditures paid to persons who receive a fee for services rendered or who are paid on a contract basis.
 ** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.
 *** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.

**Schedule 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	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
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	A4			
	<u>9,620.80</u>		Aide/Attendant	<u>601</u>	A.12.d			
	<u>13,744.00</u>			<u>859</u>				
Steven Belanger	30,643.37	none	Dietary	1472	A.5c			
	<u>5,407.65</u>		Maintenance	<u>260</u>	A.7b			
	<u>36,051.02</u>			<u>1732</u>				
Lisa Lamónico	6,169.75		Housekeeping	418	A.6b			
	3,084.88		Recreation	209	A.12h			
	9,254.63		Office Other Admin	627	A4			
	<u>12,339.50</u>		Aide/Attendant	<u>836</u>	A.12d			
	<u>30,848.76</u>			<u>2090</u>				
Alex Belanger	<u>740.14</u>		Maintenance	<u>60</u>	A7.b			
	<u>740.14</u>			<u>60</u>				
Juliana Belanger	<u>773.07</u>		Recreation	<u>63</u>	A.12h			
	<u>773.07</u>			<u>63</u>				

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

Name of Facility (as licensed)			License No.	Report for Year Ended				Page	of	
Premier Care of Woodbury, LLC			1883	9/30/2018				12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Edward Belanger			54,681		Administrator	2,080	Line A2	N/A		
Section IV - Assistant Administrators										

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

** Include all other employment worked during the cost year.

*** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Premier Care of Woodbury, LLC	1883	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 for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.
 ** This item is not reimbursable to facility. For Title 19 residents, doctors should bill DSS directly. Also, any costs for Title 18 and/or other private pay residents must be removed on Page 28.
 *** Administrative - costs and hours associated with the following positions: MDS Coordinator, Inservice Training Coordinator and Infection Control Nurse. Such costs shall be included in the direct care category for the purposes of rate setting.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2018	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
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) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 13,140			13,140
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$ 3,264			3,264
g. Office Supplies	\$ 2,596			2,596
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 2,370			2,370
2. Cellular Phones	\$ 2,188			2,188
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
Subtotal	\$ 69,851			69,851

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

(Carry Subtotals forward to next page)

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

Premier Care of Woodbury, LLC
 9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Total	\$	\$	\$

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Total	\$	\$	\$

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

Name of Facility	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2018	16	37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	69,851			69,851
I. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$			
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 3,065			3,065
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 232			232
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 271			271
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 3,757			3,757
C-14 Total Administrative & General Expenditures	\$ 77,176			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

Description	CCNH	RHNS	Residential Care Home
Total Other Travel and Entertainment	\$	\$	\$

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$	\$	\$

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Total Dues	\$	\$	\$

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$	\$	\$

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pomperaug Dept. of Health, food service permit			\$ 460
Payroll processing fee			\$ 2,729
Miscellaneous			\$ 18
Check scanner rental fee			\$ 350
Total Other Administrative and General	\$	\$	\$ 3,557

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 #

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Premier Care of Woodbury, LLC		1883	9/30/2018		18	37
Item	Total	CCNH	RHNS	Residential Care Home		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 45,890				45,890	
2. Non-Food Supplies	\$ 3,267				3,267	
3. Other (Specify) _____	\$ _____					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____					
c. Other (Specify) _____	\$ _____					
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 49,157				49,157	
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home		
G. Resident Meals: Total no. of meals served per day:*	45				45	
H. Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				
I. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.		
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost.	\$3,345	
L. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt.	\$3,345	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					301V8	
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.		
O. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility Premier Care of Woodbury, LLC		License No. 1883	Report for Year Ended 9/30/2018	Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$ 687			687
2.	Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.			
		Amt. \$			
3.	Personal clothing of residents washed, ironed, and/or processed.***	Lbs.			
		Amt. \$			
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$ 798			798
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$ 1,485			1,485
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Premier Care of Woodbury, LLC		1883	9/30/2018		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel					
a. In-House Care						
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt.	\$	4,113			4,113
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel					
	Amt.	\$				
C. Other (<i>Specify</i>)		\$				
4D. Total Housekeeping Expenditures (4a + b + c)		\$	4,113			4,113
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from		\$				
b. Medicine Cabinet Drugs		\$	136			136
c. Medical and Therapeutic Supplies		\$				
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$				
f. X-rays and Related Radiological Procedures***		\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory***		\$				
i. Recreation		\$	1,680			1,680
j. Direct Management Services*		\$				
k. Indirect Management Services*		\$				
l. Other (<i>Specify</i>)**** See Attached Schedule		\$	3,472			3,472
5M. Total Resident Care Expenditures (5a - 5j)		\$	5,288			5,288

* 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.

**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	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

* List all contracted services over \$10,000. Use additional sheets if necessary.
 ** Refer to Page 4 for definition of related.
 *** Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Year Ended			Page	of
Premier Care of Woodbury, LLC	1883	9/30/2018			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
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	\$					
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 9,276				9,276	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 45,506				45,506	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 507					
d. Movable Equipment	\$ 1,445				1,952	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 1,952				1,952	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 302				302	
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 302				302	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 69,779				69,779	
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 16,238				16,238	
b. Real estate taxes paid by lessor	\$ 1,470				1,470	
c. Personal property taxes	\$ 1,158				1,158	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 90,899				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

Description	CCNH	RHNS	Residential Care Home
Fire control and security			\$ 2,550
Refuse removal			\$ 3,573
Snow removal			\$ 2,538
Lawn/landscaping			\$ 615
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 9,276

Premier Care of Woodbury, LLC
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Building Improvements		\$		\$
Deletions:				
Total deletions for Building Improvements		\$		\$

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line D2c
 **Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3
 **Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Premier Care of Woodbury, LLC			License No. 1883		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	3	2014	15 yrs	4,530	1,057	S/L		302	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									302
D. Total Amortization									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

Asset	d 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: Leasehold Improvements												
6		Sprinkler System	3/12/14	4,530.00	0.00	0.00	1,057.00	302.00	1,359.00	3,171.00	S/L	15.0
7		Sprinkler System	6/23/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
Leasehold Improvements				4,530.00	0.00c	0.00	1,057.00	302.00	1,359.00	3,171.00		
Department: Moveable Equipment												
1		Moveable Equipment	5/20/07	50,000.00	0.00	0.00	50,000.00	0.00	50,000.00	0.00	200DB	5.0
3		Freezer - Ace Mart Restaurant Supp	7/15/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
5		Freezer - Ace Mart Restaurant Supp	11/25/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
8		2 Queen Ann Armchairs	4/14/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
9		Queen Anne Recliner	5/05/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
10		Tribeca 8 Piece Bedroom Set	5/05/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
11		Tribeca 8-Piece Bedroom Set	7/11/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
12		2 Recliners (Chocolate)	7/11/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
13		Tribeca Bedroom Set & Recliner	5/12/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
14		Louie 8 Piece Twin Set	4/14/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
15		Queen Anne Accent Recliner	4/14/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
16		Carpeting (D Room/L Room)	9/08/14	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
Moveable Equipment				50,000.00	0.00c	0.00	50,000.00	0.00	50,000.00	0.00		
Department: Non-Moveable Equipment												
19		Generator	11/30/16	2,536.96	0.00	0.00	422.83	507.39	930.22	1,606.74	S/L	5.00
Non-Moveable Equipment				2,536.96	0.00c	0.00	422.83	507.39	930.22	1,606.74		
Department: Vehicles												
18		2006 Dodge Durango	7/22/17	5,780.17	0.00	0.00	240.84	1,445.04	1,685.88	4,094.29	S/L	4.00
Vehicles				5,780.17	0.00c	0.00	240.84	1,445.04	1,685.88	4,094.29		
Grand 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	License No.	Report for Year Ended	Page	of	
Premier Care of Woodbury, LLC	1883	9/30/2018	25	37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1.	Date Land Purchased	03/08/07			
2.	Date Structure Completed				
3.	If NOT Original Owner, Date of Purchase	03/08/07			
4.	Date of Initial Licensure				
5.	Total Licensed Bed Capacity	15			
6.	Square Footage	6,018			
7.	Acquisition Cost				
	a. Land				
	b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a.	Type of Financing (e.g., fixed, variable)	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 (number of years)	20	20		
e.	Amount of Principal Borrowed	508,250	358,000		
f.	Principal balance outstanding as of 10/13/17				
Complete if Mortgage was Refinanced During Current Cost Year					
g.	Type of Financing (e.g., fixed, variable)	Fixed			
h.	Date of Refinancing	10/13/17			
i.	New Interest Rate	5.080%			
j.	Term of Mortgage (number of years)	20			
k.	Amount of Principal Borrowed	590,000			
l.	Principal Outstanding on Note Paid-Off	575,431			
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

Note: Be sure required copies of leases are attached to Page 25 and real estate taxes paid by lessor are included on Page 22, Item 10b.

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

Name of Facility		License No.	Report for Year Ended			Page	of
Premier Care of Woodbury, LLC		1883	9/30/2018			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page of	
Premier Care of Woodbury, LLC		1883		9/30/2018		27 37	
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$ 364			364
A. Item		Rate	Amount				
2006 Dodge Durango		8.83%	5,847				
Lender							
Greenwood Credit Union							
Address of Lender							
2669 Post Road Warwick, RI 02886							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 364			364
12. D. Other Interest Expense (Specify)				\$ 3,426			3,426
Fin Chg/Late Fees \$455, Credit Cds& Tax Col \$2,971							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 3,790			3,790
14. Insurance							
a. Insurance on Property (buildings only)				\$ 3,818			3,818
b. Insurance on Automobiles				\$ 4,399			4,399
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 3,001			3,001
Liability							
14d. Total Insurance Expenditures (14a + b + c)				\$ 11,218			11,218
15. Total All Expenditures (A-13 thru C-14)				\$ 502,459			502,459

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC				1883	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,468			1,468
13.	15	1f	Life insurance premiums on the life of Owners, Partners, Operators	\$ 3,264			3,264
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	16	Automobile Expense (e.g. personal use)	\$ 2,024			2,024
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 18			18
Page 18 - Dietary Expenditures							
24.	29b		Meals to employees, guests and others who are not residents	\$ 3,345			3,345
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 10,119			10,119

* All except "Help Wanted".

** Physicians who provide services to Title 19 residents are required to bill the Department of Social Services directly for each individual resident.

(Carry Subtotal forward to next page)

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Premier Care of Woodbury, LLC			1883	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 10,119			10,119
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,031			2,031
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$ 954			954
37.	29c		Unallowable Property and Real Estate Taxes	\$ 453			453
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 876			876
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.	27	14d	Property Insurance	\$ 98			98
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 6,570			6,570
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49.	Total Amount of Decrease (Items 1 - 48)			\$ 21,101			21,101

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

Premier Care of Woodbury, LLC
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Cable TV, \$1,200 max			\$ 2,031
Total Other Ancillary Costs					\$ 2,031

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation					

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	10c	Personal property tax on auto-personal use (see Page 28a)			\$ 96
		Other Rent Adjustments (see Page 29c)			\$ 780
Total Other Property Adjustments					\$ 876

Page 29 - Adjustments to Statement of Expenditures

Item #49 - Other

		<u>Total</u>	<u>Business</u>	<u>Personal</u>
<u>Personal Use of Auto - 2006 Dodge Durango</u>				
	169,664			
	190,560			
	<u>20,896</u>	<u>20,896</u>	<u>7,103</u>	<u>13,793</u>
		<u>20,896</u>	<u>7,103</u>	<u>13,793</u>
Percentage			33.99%	66.01%

<u>Description</u>	<u>GL Number</u>	<u>Total</u>	<u>Business</u>	<u>Personal</u>	<u>Cost report</u>	
					<u>Page</u>	<u>Line</u>
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
		<u>9,420</u>	<u>3,202</u>	<u>6,218</u> *		

* 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

Meal Adjustment-Other Rental

	<u>Days</u>	<u>Meals/day</u>	<u>Meals</u>
RCH Resident Days	5,346	3	16,038
Other Rental Days	<u>214</u>	3	<u>642</u>
	<u>5,560</u>		<u>16,680</u>

<u>Page</u>	<u>Line</u>	<u>GL #/Description</u>	<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	<u>37,746</u>		
		TOTAL MEAL COST	<u>86,903</u>		
		Total meal cost	<u>86,903</u>		
		# of prepared meals	<u>16,680</u>	=	<u>5.21</u>
		Average Meal Cost	<u>5.21</u>		
		# of Other Rental Meals	<u>642</u>		
		COST OF OTHER RENTAL MEALS	<u>3,345</u>		

Page 22-Maintenance and Property

<u>Page</u>	<u>Line</u>	<u>GL# / Description</u>	<u>Total 100%</u>	<u>Reduction 2.5590%</u>	<u>Allowable 97.44%</u>
	22 10.a,b	6850 Property Taxes	17708	453	17255

Other-Repairs and Maintenance

22 6.b	6401 Oil/heat	8,232	211	8,021	
22 6.c	6400 Electricity	12,968	332	12,636	
22 6.f	6305 Lawn/landscaping	615	16	599	
22 6.f	6304 Snow removal	2,537	65	2,472	
22 6.f	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

27 14a	6185 Property insurance	3818	98	3720
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Disallowance Percentage:

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Premier Care of Woodbury, LLC	1883	9/30/2018			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 478,416				478,416	
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 **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 478,416				478,416	
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$ 11,553				11,553	
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 9,563				9,563	
V. Total Other Revenue (1 thru 8)	\$ 21,116				21,116	
VI. Total All Revenue (III + V)	\$ 499,532				499,532	

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue - Medicare		\$	\$	\$

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		\$	\$	\$

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Total Interest Income			\$	\$	\$

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
301V8	Personal use of auto			\$ 6,218
301V8	Meals to non-residents			\$ 1,345
Total Other Revenue		\$	\$	\$ 9,563

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash <i>(on hand and in banks)</i>			\$	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	
a. _____				
b. _____				
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets <i>(itemize)</i>			\$	

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	
B. Fixed Assets				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net				
3. Buildings			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net				
4. Leasehold Improvements			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net				
5. Non-Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net				
6. Movable Equipment			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net				
7. Motor Vehicles			\$	
*Historical Cost _____				
Accum. Depreciation _____				
Net				
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets <i>(itemize)</i>			\$	

See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost			
	Accum. Depreciation	Net	\$	
3. Buildings				
	*Historical Cost			
	Accum. Depreciation	Net	\$	
4. Non-Movable Equipment				
	*Historical Cost			
	Accum. Depreciation	Net	\$	
5. Movable Equipment				
	*Historical Cost			
	Accum. Depreciation	Net	\$	
6. Motor Vehicles				
	*Historical Cost			
	Accum. Depreciation	Net	\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost			
	Accum. Depreciation	Net	\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (itemize)			\$	
6. Loans to Owners or Related Parties (itemize)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (itemize)			\$	
Due from Julianna-Alexander, LLC		5,591	5,591	
See Schedule				
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				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	21,810
2. Notes Payable (<i>itemize</i>)				\$	

See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	

See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	21,810

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

(Carry Total forward to next page)

Form **1065**

Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2017, or tax year beginning 10/01/17, ending 09/30/18.

OMB No. 1545-0123

2017

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

A Principal business activity RESDNLT CARE	Type or Print	Name of partnership PREMIER CARE OF WOODBURY LLC C/O NILESH AMIN	D Employer identification number 20-5358055
B Principal product or service ROOM & BOARD		Number, street, and room or suite no. If a P.O. box, see the instructions. 60 SOUNDVIEW AVENUE - APT 2	E Date business started 05/01/2007
C Business code number 623000		City or town, state or province, county, and ZIP or foreign postal code NORWALK CT 06854	F Total assets (see the instructions) \$ 5,592

- G** Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)
- H** Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ **2**
- J** Check if Schedules C and M-3 are attached

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a	493,315	1c	493,315
	b Returns and allowances	1b		2	
	c Balance. Subtract line 1b from line 1a			3	493,315
	2 Cost of goods sold (attach Form 1125-A)			4	
	3 Gross profit. Subtract line 2 from line 1c			5	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			6	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			7	6,218
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			8	499,533
7 Other income (loss) (attach statement)		SEE STATEMENT 1	9	213,827	
8 Total income (loss). Combine lines 3 through 7			10		
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			11	15,030
	10 Guaranteed payments to partners			12	
	11 Repairs and maintenance			13	69,779
	12 Bad debts			14	23,695
	13 Rent			15	3,790
	14 Taxes and licenses				
	15 Interest				
	16a Depreciation (if required, attach Form 4562)	16a		16c	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		17	
	17 Depletion (Do not deduct oil and gas depletion.)			18	
	18 Retirement plans, etc.			19	18,315
	19 Employee benefit programs			20	138,556
	20 Other deductions (attach statement)		SEE STATEMENT 2	21	482,992
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			22	16,541
22 Ordinary business income (loss). Subtract line 21 from line 8					

Sign Here

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

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Signature of partner or limited liability company member

Date

Paid Preparer Use Only	Print/Type preparer's name MICHAEL J. MICHAUD	Preparer's signature	Date 02/12/19	Check <input type="checkbox"/> if self-employed	PTIN P00429449
	Firm's name BRODEUR & COMPANY, CPAS, P.C.	Firm's EIN 06-0885645			
	Firm's address P.O. BOX 164 OLD SAYBROOK, CT 06475	Phone no. 860-388-4627			

For Paperwork Reduction Act Notice, see separate Instructions.

Form 1065 (2017)

Schedule B Other Information

1	What type of entity is filing this return? Check the applicable box:	Yes	No
a	<input type="checkbox"/> Domestic general partnership	<input type="checkbox"/>	<input type="checkbox"/>
c	<input checked="" type="checkbox"/> Domestic limited liability company	<input type="checkbox"/>	<input type="checkbox"/>
e	<input type="checkbox"/> Foreign partnership	<input type="checkbox"/>	<input type="checkbox"/>
b	<input type="checkbox"/> Domestic limited partnership	<input type="checkbox"/>	<input type="checkbox"/>
d	<input type="checkbox"/> Domestic limited liability partnership	<input type="checkbox"/>	<input type="checkbox"/>
f	<input type="checkbox"/> Other ▶	<input type="checkbox"/>	<input type="checkbox"/>

2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? **X**

3 At the end of the tax year:

a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see Instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership **X**

b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership **X**

4 At the end of the tax year, did the partnership:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below **X**

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below **X**

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

5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details **X**

6 Does the partnership satisfy all four of the following conditions?

a The partnership's total receipts for the tax year were less than \$250,000.

b The partnership's total assets at the end of the tax year were less than \$1 million.

c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.

d The partnership is not filing and is not required to file Schedule M-3 **X**
 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.

7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)? **X**

8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? **X**

9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? **X**

10 At any time during calendar year 2017, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶ **X**

Schedule B Other Information (continued)		Yes	No
11	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With 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? See instructions for details regarding a section 754 election?		X
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		X
17	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
18a	Did you make any payments in 2017 that would require you to file Form(s) 1099? See instructions		X
b	If "Yes," did you or will you file required Form(s) 1099?		
19	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶ 0		
20	Enter the number of partners that are foreign governments under section 892. ▶ 0		
21	During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
22	Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the instructions for Form 8938)?		X

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	▶ NILESH AMIN	Identifying number of TMP	▶ 148-60-0504
If the TMP is an entity, name of TMP representative	▶	Phone number of TMP	▶ 203-809-0552
Address of designated TMP	▶ 60 SOUNDVIEW AVE - APT 2 NORWALK CT 06854		

Schedule K Partners' Distributive Share Items		Total amount	
		1	16,541
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	2	
	2 Net rental real estate income (loss) (attach Form 8825)		
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d Other deductions (see instructions) Type ▶	13d	
Self-Employment	14a Net earnings (loss) from self-employment	14a	16,541
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	499,533
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶	16a	
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ f Other ▶	16d	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16e	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ k Other ▶	16f	
	l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16g	
m Reduction in taxes available for credit (attach statement)	16h		
n Other foreign tax information (attach statement)	16i		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	2,254
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)		SEE STATEMENT 4	

Analysis of Net Income (Loss)

1 Net Income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l					1	16,541
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a General partners						
b Limited partners		8,270	8,271			

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement) SEE STMT 5				5,592
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	0	0	0	0
b	Less accumulated depreciation	0	0	0	0
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)		0		5,592
14	Total assets				
Liabilities and Capital					
15	Accounts payable		20,836		21,811
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement) SEE STMT 6		110,003		101,308
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts		-130,839		-117,527
22	Total liabilities and capital		0		5,592

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

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

1	Net Income (loss) per books	13,312	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a	Depreciation \$	
a	Depreciation \$				
b	Travel and entertainment \$		8	Add lines 6 and 7	
	SEE STATEMENT 7		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	16,541
	3,229	3,229			
5	Add lines 1 through 4	16,541			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	-130,839	6	Distributions: a Cash	
2	Capital contributed: a Cash		b	Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) per books	13,312	8	Add lines 6 and 7	
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	-117,527
5	Add lines 1 through 4	-117,527			

**SCHEDULE B-1
(Form 1065)**

**Information on Partners Owning 50% or
More of the Partnership**

OMB No. 1545-0123

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

▶ Attach to Form 1065.

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

Name of partnership

Employer identification number (EIN)

20-5358055

PREMIER CARE OF WOODBURY LLC

Part I **Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

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

Part II **Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(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	592-75-4615	UNITED STATES	50.000000
NILESH AMIN	148-60-0504	UNITED STATES	50.000000

For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 9-2017)

PARTNER# 1

Schedule K-1 (Form 1065)

2017

Department of the Treasury Internal Revenue Service

For calendar year 2017, or tax year

beginning 10/01/2017 ending 09/30/2018

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

651113

OMB No. 1545-0123

Final K-1 Amended K-1

Part I Information About the Partnership

A Partnership's employer identification number 20-5358055
B Partnership's name, address, city, state, and ZIP code PREMIER CARE OF WOODBURY LLC C/O NILESH AMIN 60 SOUNDVIEW AVENUE - APT 2 NORWALK CT 06854
C IRS Center where partnership filed return E-FILE
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 592-75-4615
F Partner's name, address, city, state, and ZIP code DEVANSHI AMIN 60 SOUNDVIEW AVE - APT 2 NORWALK CT 06854

G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner

I What type of entity is this partner? INDIVIDUAL

J If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):
Table with columns: Beginning, Ending, Profit, Loss, Capital. Values: 50.000000%, 50.000000%, 50.000000%, 50.000000%, 50.000000%

K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$
Recourse \$ 61,560

L Partner's capital account analysis:
Beginning capital account \$ -65,421
Capital contributed during the year \$
Current year increase (decrease) \$ 6,656
Withdrawals & distributions \$
Ending capital account \$ -58,765

M Tax basis GAAP Section 704(b) book Other (explain)

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

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

Table with 4 columns: Line number, Description, Amount, and Other information. Rows include Ordinary business income (loss) 8,271, Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss) 1,127, Section 179 deduction, Other deductions, Self-employment earnings (loss) 8,271, Total 249,767.

*See attached statement for additional information.

For IRS Use Only

PARTNER# 2

651113
OMB No. 1545-0123

Schedule K-1
(Form 1065)

2017

Final K-1 Amended K-1

Department of the Treasury
Internal Revenue Service

For calendar year 2017, or tax year

beginning **10/01/2017** ending **09/30/2018**

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

Part I Information About the Partnership

A Partnership's employer identification number
20-5358055

B Partnership's name, address, city, state, and ZIP code
**PREMIER CARE OF WOODBURY LLC
C/O NILESH AMIN
60 SOUNDVIEW AVENUE - APT 2
NORWALK CT 06854**

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
148-60-0504

F Partner's name, address, city, state, and ZIP code
**NILESH AMIN
60 SOUNDVIEW AVE - APT 2
NORWALK CT 06854**

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? **INDIVIDUAL**

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	50.000000 %	50.000000 %
Loss	50.000000 %	50.000000 %
Capital	50.000000 %	50.000000 %

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ **61,559**

L Partner's capital account analysis:

Beginning capital account \$ **-65,418**

Capital contributed during the year \$ _____

Current year increase (decrease) \$ **6,656**

Withdrawals & distributions \$ (_____)

Ending capital account \$ **-58,762**

Tax basis GAAP Section 704(b) book
 Other (explain)

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

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

1	Ordinary business income (loss) 8,270	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	18	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)	C*	1,127
		19	Distributions
12	Section 179 deduction		
13	Other deductions	20	Other information
		Z*	STMT
14	Self-employment earnings (loss) 8,270		
A	8,270		
C	249,766		

*See attached statement for additional information.

For IRS Use Only

Federal Statements

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

<u>Description</u>	<u>Amount</u>
PERSONAL USE OF AUTO	\$ 6,218
TOTAL	\$ 6,218

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

<u>Description</u>	<u>Amount</u>
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
ADVERTISING	232
MEDICINE CABINET SUPPLIES	136
RECREATION EXPENSE	1,680
RESIDENT CARE SUPPLIES	241
AUTO EXP	3,066
AUTO INSURANCE	4,399
CHECK SCANNER RENTAL FEE	550
MISC EXPENSES	18
TOTAL	\$ 138,556

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

<u>Description</u>	<u>Amount</u>
BOOK DEPRECIATION	\$ 2,254
TOTAL	\$ 2,254

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

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

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

20-5358055

Federal Statements

**Devanshi Amin
592-75-4615**

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

<u>Code</u>	<u>Description</u>	<u>Amount</u>
C	BOOK DEPRECIATION	\$ 1,127

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

<u>Description</u>	
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

<u>Code</u>	<u>Description</u>	<u>Amount</u>
C	BOOK DEPRECIATION	\$ 1,127

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

<u>Description</u>	
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 Premier Care of Woodbury, LLC		License No. 1883	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				21,810	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)				\$	
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 101,308	
Name and Address of Lender	Amount	Loan Date			
Sona Real Estate, LLC	101,308	various			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 101,308	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 123,118	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(130,838)
6. Gain or Loss for Period			\$	13,311
				10/1/2017 thru 9/30/2018
7. Total Net Worth			\$	(117,527)
C. Total Reserves and Net Worth			\$	(117,527)
D. Total Liabilities, Reserves, and Net Worth			\$	5,591

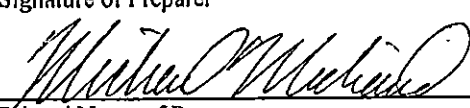
H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC		1883	9/30/2018	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(130,838)
B.	Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	499,532
C.	Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	486,221
D.	Net Income or Deficit			\$	13,311
E.	Balance			\$	(117,527)
F.	Additions				
	1. Additional Capital Contributed <i>(itemize)</i>				
	2. Other <i>(itemize)</i>				
F-3.	Total Additions			\$	
G.	Deductions				
	1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
	Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
	2. Other Withdrawings <i>(Specify)</i>			\$	
	Purpose	Amount			
	3. Total Deductions			\$	
H.	Balance at End of Period		09/30/18	\$	(117,527)

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	<u>486,221</u>

I. Preparer's/Reviewer's Certification

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