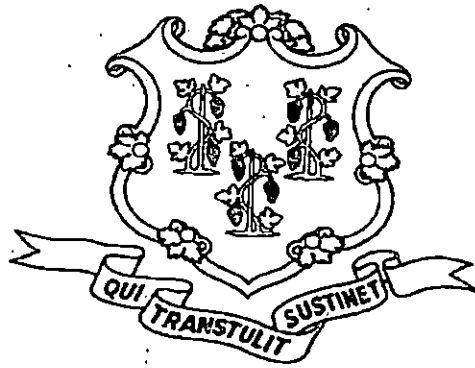


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2019

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 10/1/2018	Report for Year Ending 9/30/2019

License Numbers:	CCNH	RHNS	Residential Care Home 1883	Medicare Provider
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed) Premier Care of Woodbury, LLC	License No. 1883	Report for Year Ended 9/30/2019	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, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Edward Belanger			Printed Name (Owner) Nilesh H. Amin	2/18/2020
Subscribed and Sworn to before me: Leidy M. Agudelo	State of CT	Date 2/18/2020	Signed (Notary Public) Leidy M. Agudelo	Comm. Expires 11/30/2023
Address of Notary Public 789 Howard Ave. New Haven, CT				

(Notary Seal)



Witness to the signature of Nilesh H. Amin only.

**General Information**

Name of Facility (as licensed) Premier Care of Woodbury, LLC	License No. 1883	Report for Year Ended 9/30/2019	Page 1	of 37
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**Administrator's/Owner's Certification**

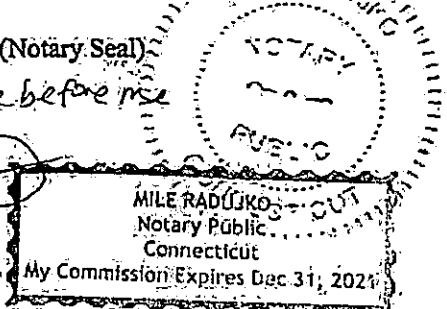
MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER STATE OR FEDERAL LAW.

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, 2018 and ending September 30, 2019, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>Edward D. Belanger</i>		Date 2/19/20	Signed (Owner)		Date
Printed Name (Administrator) Edward Belanger			Printed Name (Owner) Nilesh H. Amin		
Subscribed and Sworn to before me: <i>Mile Radujko</i>	State of CT	Date 2/19/20	Signed (Notary Public)		Comm. Expires 1 1
Address of Notary Public 121 main st, southington CT, 06489					

(Notary Seal)  
 Edward came before me  


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 10/1/2018	To 9/30/2019
Address of Facility 280 Middle Road Turnpike, Woodbury, CT 06798				
Report Prepared By Brodeur & Company CPAs, P.C.		Phone Number 860-388-4627	Date 1/6/2020	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 38,165			38,165
2. Laundry wages paid	\$ 12,435			12,435
3. Housekeeping wages paid	\$ 13,936			13,936
4. Nursing wages paid	\$			
5. All other wages paid	\$ 101,444			101,444
6. <b>Total Wages Paid</b>	<b>\$ 165,980</b>			<b>165,980</b>
7. Total salaries paid	\$ 54,810			54,810
8. <b>Total Wages and Salaries Paid (As per page 10 of Report)</b>	<b>\$ 220,790</b>			<b>220,790</b>

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 203-263-2009	Report for Year Ended 9/30/2019	Page 2	of 37
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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 9/30/2019	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes         No        If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
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	76,123	76,123
Related party employees		<input type="radio"/>	<input checked="" type="radio"/>		Refer to Page 11a	Pg. 10, various	82,068	82,068
Edward Belanger, RN	280 Middle Road Tpk, Woodbury, CT 06798	<input type="radio"/>	<input checked="" type="radio"/>		Administrator wages	Pg. 10, Line A2	54,810	54,810
Related party disbursements	280 Middle Road Tpk, Woodbury, CT 06798	<input type="radio"/>	<input checked="" type="radio"/>		Various/see attached list	various	48,443	48,443
		<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.

Premier Care Of Woodbury  
Transaction List by Vendor  
October 2018 through September 2019

Related Party Disbursements 9/30/19

Type	Date	Num	Memo	Account	Split	Debit	Credit
<b>Barbara Belanger</b>							
Bill Pmt -Check	10/12/2018	3012		1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		81.87
Bill Pmt -Check	11/07/2018	3017		1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		12.32
Bill Pmt -Check	12/06/2018	3047		1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		48.94
Bill Pmt -Check	02/01/2019	3086		1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		33.47
							176.60
<b>Edward Belanger RN</b>							
Check	10/03/2018	2998		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		1,000.00
Check	10/09/2018	3010		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		2,800.00
Check	10/26/2018	debit	withdrew	1015 · TD BANK PAYROLL	2090 · ADMINISTRATOR LOAN		300.00
Check	11/03/2018	DEBIT	ED TOOK \$100 ATM	1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		100.00
Bill Pmt -Check	11/07/2018	3018		1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		182.04
Check	11/08/2018	3016		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		3,500.00
Bill Pmt -Check	12/04/2018	3036	ed paid	1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		59.18
Bill Pmt -Check	12/05/2018	3037		1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		1,050.75
Check	12/11/2018	3059		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		2,000.00
Check	12/14/2018	3060		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		1,000.00
Check	12/26/2018	3062		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		500.00
Check	01/08/2019	3093		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		2,500.00
Bill Pmt -Check	01/17/2019	1082		1020 · Chelsea Groton Bank	2000 · ACCOUNTS PAYABLE		235.14
Bill Pmt -Check	02/01/2019	3087		1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		171.36
Check	02/02/2019	3085		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		200.00
Check	02/06/2019	3103		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		2,000.00
Check	02/10/2019	3088		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		300.00
Check	02/10/2019	1090		1020 · Chelsea Groton Bank	2090 · ADMINISTRATOR LOAN		200.00
Check	02/14/2019	3105		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		500.00
Check	02/16/2019	DEBIT	ATM	1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		200.00
Check	03/01/2019	3108		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		500.00
Check	03/10/2019	3124		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		2,300.00
Bill Pmt -Check	03/27/2019	3125		1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		122.85
Check	04/03/2019	3126		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		1,000.00
Check	04/09/2019	3146		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		2,200.00
Bill Pmt -Check	04/12/2019	3148	Ed deposited 400 to company payroll acct 4-2-19	1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		400.00
Bill Pmt -Check	04/24/2019	3150	loan to business	1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		122.00
Check	05/03/2019	3156		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		400.00
Check	05/08/2019	3163		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		3,300.00
Bill Pmt -Check	05/24/2019	3171		1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		335.52
Check	05/26/2019	debit	atm 60 plus 2 fee	1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		62.00
Bill Pmt -Check	06/01/2019	3172	Ed paid / replaced computer electrical cord	1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		63.79
Bill Pmt -Check	06/04/2019	3185		1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		118.74
Check	06/07/2019	3194		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		2,700.00
Bill Pmt -Check	06/21/2019	3195	Ed Loan to business	1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		120.00
Bill Pmt -Check	07/02/2019	3198	Ed Loan to business	1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		160.00
Check	07/03/2019	3199		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		500.00
Check	07/09/2019	3216		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		2,000.00
Check	08/05/2019	debit	atm	1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		63.50
Check	08/09/2019	3243		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		2,000.00
Check	08/29/2019	3248		1010 · TD BANK OPERATING ACCOUNT	2090 · ADMINISTRATOR LOAN		100.00
Bill Pmt -Check	08/31/2019	3248	Ed put 1000 into payroll 6-28-19	1010 · TD BANK OPERATING ACCOUNT	2000 · ACCOUNTS PAYABLE		500.00

**Premier Care Of Woodbury  
Transaction List by Vendor  
October 2018 through September 2019**

Type	Date	Num	Memo	Account	Split	Debit	Credit
Check	09/10/2019	3267		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN		2,500.00
Bill Pmt -Check	09/12/2019	3276	loan to co	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		500.00
Bill Pmt -Check	09/22/2019	3514	Ed put 1000 into payroll 6-28-19	1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		200.00
Check	09/26/2019	3515		1010 - TD BANK OPERATING ACCOUNT	2090 - ADMINISTRATOR LOAN		600.00
							<u>41,666.87</u>
<b>Lisa Lamonico</b>							
Bill Pmt -Check	10/17/2018	3013		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		300.00
Bill Pmt -Check	11/07/2018	3019		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		300.00
Bill Pmt -Check	11/12/2018	3029		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		300.00
Bill Pmt -Check	12/03/2018	3031		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		300.00
Bill Pmt -Check	12/06/2018	3043		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		600.00
Bill Pmt -Check	01/09/2019	3084		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		600.00
Bill Pmt -Check	02/22/2019	3106		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		600.00
Bill Pmt -Check	04/04/2019	3128		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		600.00
Bill Pmt -Check	05/03/2019	3157		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		600.00
Bill Pmt -Check	05/30/2019	3174		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		600.00
Bill Pmt -Check	06/30/2019	3196		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		600.00
Bill Pmt -Check	08/02/2019	3218		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		600.00
Bill Pmt -Check	08/31/2019	3249		1010 - TD BANK OPERATING ACCOUNT	2000 - ACCOUNTS PAYABLE		600.00
							<u>6,600.00</u>
							176.60
							41,666.87
							<u>6,600.00</u>
							<u>48,443.47</u>

## General Information and Questionnaire

### Basis for Allocation of Costs

Name of Facility Premier Care of Woodbury, LLC	License No. 1883	Report for Year Ended 9/30/2019	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

N/A

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Premier Care of Woodbury, LLC			1883	9/30/2019			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 checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?			<input checked="" type="radio"/> Yes	<input type="radio"/> No	<b>Total ***</b>			

\* 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 9/30/2019	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.				
<b>Independent Accounting Firm</b>				
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		\$	13,120	
2		\$		
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 13,120	
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				
<b>Legal Services Information</b>				
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 9/30/2019				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	14			14	14			14	14				14
B. As of midnight of THIS report period	13			13	14			14	13				13
3. Total Number of Days Care Provided During Period													
A. Medicare													
B. Medicaid (Conn.)													
C. Medicaid (other states)													
D. Private Pay	321			321	229			229	92				92
E. State SSI for RCH	4,867			4,867	3,679			3,679	1,188				1,188
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	5,188			5,188	3,908			3,908	1,280				1,280
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. <b>Total Resident Days (3G + 4A + 4B)</b>	5,188			5,188	3,908			3,908	1,280				1,280



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

Name of Facility Premier Care of Woodbury, LLC			License No. 1883			Report for Year Ended 9/30/2019			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
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		CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents							1	13					
Per Diem Rate													
a. One bed rm.							100.00	88.40					
b. Two bed rms.							100.00	88.40					
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	9/30/2019	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					54,810	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					13,519	877
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					38,165	2,369
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					13,936	1,006
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					5,960	361
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					12,435	997
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					78,454	5,773
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					3,511	242
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>					220,790	13,705

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

**Schedule of Other Salaries and Wages (Page 10)**

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

---

**Schedule of Other Fees (Page 13)**

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

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

Name of Facility Premier Care of Woodbury, LLC				License No. 1883	Report for Year Ended 9/30/2019			Page 11	of 37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
<b>Section I - Operators/Owners</b>										
<b>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).</b>										
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	4,070.40	none	Office Other Admin	254	A4			
	9,497.60		Aide/Attendant	594	A.12.d			
	<u>13,568.00</u>			<u>848</u>				
Steven Belanger	30,684.59	none	Dietary	1768	A.5c			
	5,414.93		Maintenance	312	A.7b			
	<u>36,099.52</u>			<u>2080</u>				
Lisa Lamonic	6,298.88		Housekeeping	416	A.6b			
	3,149.44		Recreation	208	A.12h			
	9,448.31		Office Other Admin	623	A4			
	<u>12,597.75</u>		Aide/Attendant	831	A.12d			
	<u>31,494.38</u>			<u>2078</u>				
Alex Belanger	545.13		Maintenance	49	A7.b			
	<u>545.13</u>			<u>49</u>				
Julianna Belanger	361.38		Recreation	34	A.12h			
	<u>361.38</u>			<u>34</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	9/30/2019			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							
<b>Section III - Administrators***</b>										
Edward Belanger			54,810		Administrator	2,080	Line A2	N/A		
<b>Section IV - Assistant Administrators</b>										

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

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

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

**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Premier Care of Woodbury, LLC	1883	9/30/2019	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>						

\* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

### Report of Expenditures

#### Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis\*

Name of Facility Premier Care of Woodbury, LLC		License No. 1883		Report for Year Ended 9/30/2019		Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship			
		Yes	No				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

\* Use additional sheets if necessary.  
 \*\* Refer to Page 4 for definition of related.



**C. Expenditures Other Than Salaries - Administrative and General**

Name of Facility	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2019	15	37
Item	Total	CCNH	RHNS	Residential Care Home
<b>1. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation	\$ 7,212			7,212
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 3,718			3,718
4. Social Security (F.I.C.A.)	\$ 16,890			16,890
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>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)*</b>	\$			
<b>c. Bad Debts*</b>	\$			
<b>d. Accounting and Auditing</b>	\$ 13,120			13,120
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$			
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)*</b>	\$ 3,264			3,264
<b>g. Office Supplies</b>	\$ 2,363			2,363
<b>h. Telephone and Cellular Phones</b>				
1. Telephone & Pagers	\$ 2,348			2,348
2. Cellular Phones	\$ 2,227			2,227
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)*</b>	\$			
<b>j. Corporation Business Taxes (<i>franchise tax</i>)</b>	\$			
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*	\$			
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
<b>Subtotal</b>	\$ 66,193			66,193

\* 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**

**Schedule of Other Employee Benefits**

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

**Schedule of Other Taxes**

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

**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	9/30/2019	16	37
Item	Total	CCNH	RHNS	Residential Care Home
<b>Subtotals-Brought Forward:</b>	66,193			66,193
<b>l. Travel and Entertainment</b>				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$				
3. Gifts to Staff and Residents \$				
4. Employee Travel \$	26			26
5. Education Expenses Related to Seminars and Conventions \$				
6. Automobile Expense (not purchase or depreciation) \$	3,395			3,395
7. Other (Specify) See Attached Schedule				
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted (all such expenses) \$				
2. Advertising Telephone Directory (all such expenses)*** \$				
3. Advertising Other (Specify)*** See Attached Schedule				
4. Fund-Raising*** \$				
5. Medical Records \$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***				
7. Postage \$	318			318
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	59			59
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$				
9. Subscriptions \$				
10. Contributions*** See Attached Schedule				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual) \$				
12. Administrative Management Services** \$				
13. Other (Specify) See Attached Schedule	5,442			5,442
<b>C-14 Total Administrative &amp; General Expenditures</b>	<b>75,433</b>			<b>75,433</b>

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	Residential Care Home
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Capital One membership fee			\$ 59
<b>Total Dues</b>	\$ -	\$ -	\$ 59

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pomperaug Dept. of Health, food service permit			\$ 565
Secretary of State Filings			\$ 100
State of CT License Renewal			\$ 632
Check scanner rental fee			\$ 660
Payroll service			\$ 2,945
Internet Service			\$ 540
<b>Total Other Administrative and General</b>	\$ -	\$ -	\$ 5,442

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

Name of Facility Premier Care of Woodbury, LLC	License No. 1883	Report for Year Ended 9/30/2019	Page 17	of 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 Premier Care of Woodbury, LLC		License No. 1883	Report for Year Ended 9/30/2019		Page 18	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>2. Dietary</b>						
<b>a. In-House Preparation &amp; Service</b>						
1. Raw Food	\$ 44,887					44,887
2. Non-Food Supplies	\$ 3,095					3,095
3. Other (Specify)	\$					
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>	\$					
<b>c. Other (Specify)</b>	\$					
<b>2D. Total Dietary Expenditures (2a + b + c + d)</b>	\$ 47,982					47,982
<b>2E. Dietary Questionnaire</b>	Total	CCNH	RHNS	Residential Care Home		
F. Resident Meals: Total no. of meals served per day:*	45				45	
G. Is cost of employee meals included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No				
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.		
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost. \$5,662		
K. Is any revenue collected from these people?	<input checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify amt. \$5,662		
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)	30IV8					
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.		
N. Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.		
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility Premier Care of Woodbury, LLC		License No. 1883	Report for Year Ended 9/30/2019	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. \$ 359			359
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. \$ 334			334
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)		\$ 693			693
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

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

Name of Facility		License No.	Report for Year Ended	Page	of	
Premier Care of Woodbury, LLC		1883	9/30/2019	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. \$	4,100			4,100
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.	<b>Total Housekeeping Expenditures (4a + b + c)</b>		\$ 4,100			4,100
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from		\$			
b.	Medicine Cabinet Drugs		\$ 46			46
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		\$ 1,529			1,529
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (Specify)**** See Attached Schedule		\$ 2,802			2,802
5M.	<b>Total Resident Care Expenditures (5a.- 5j)</b>		\$ 4,377			4,377

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

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

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

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



Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Cable TV			\$ 2,802
<b>Total Other Resident Care</b>	\$ -	\$ -	\$ 2,802

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**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 9/30/2019	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"/>							

\* 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	9/30/2019			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 6,797				6,797	
b. Heat	\$ 10,138				10,138	
c. Light & Power	\$ 15,112				15,112	
d. Water	\$					
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 12,281				12,281	
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 44,328				44,328	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 508				508	
d. Movable Equipment	\$ 1,204				1,204	
*7e. <b>Total Depreciation Costs (7a + b + c + d)</b>	\$ 1,712				1,712	
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. <b>Total Amortization Costs (8a + b + c + d)</b>	\$ 302				302	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 76,123				76,123	
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 16,356				16,356	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 1,053				1,053	
11. <b>Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 95,546				95,546	

\* 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			\$ 1,704
Refuse removal			\$ 3,573
Snow removal			\$ 1,343
Lawn/landscaping			\$ 2,073
Septic service			\$ 698
Loss on Disposition of Vehicle			\$ 2,890
<b>Total Other Repairs and Maintenance</b>	\$ -	\$ -	\$ 12,281

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Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
<b>Total additions for Land Improvements</b>		\$ -		\$ - *
Deletions:				
<b>Total deletions for Land Improvements</b>		\$ -		\$ - **

\*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:				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
Deletions:				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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:				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
Deletions:				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
7/1/2017	2006 Dodge Durango	\$ 5,780	4	
<b>Total deletions for Movable Equipment</b>		\$ 5,780		**

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*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 9/30/2019			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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
<b>A-4. Subtotal</b>									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
<b>B-4. Subtotal</b>									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period	3	2014	15 YRS	4,530	1,359	S/L		302	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>C-4. Subtotal</b>									302
<b>D. Total Amortization</b>									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 10/01/18 - 9/30/19

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
<b>DEPARTMENT:</b>													
6		Sprinkler System	3/12/14	4,530.00	0.00		0.00	1,359.00	302.00	1,661.00	2,869.00	S/L	15.0
8		2 Queen Ann Armchairs	4/14/14	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
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
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
13		Tribeca Bedroom Set & Recliner	5/12/14	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
7		Sprinkler System	6/23/14	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
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
18		Generator	11/30/16	2,536.96	0.00		0.00	930.22	507.39	1,437.61	1,099.35	S/L	5.00
19	d	2006 Dodge Durango	7/22/17	5,780.17	0.00		0.00	1,685.88	1,204.20	2,890.08	2,890.09	S/L	4.00
<b>No DEPARTMENT</b>				12,847.13	0.00c		0.00	3,975.10	2,013.59	5,988.69	6,858.44		
<b>Less: Dispositions and Transfers</b>				5,780.17	0.00		0.00	1,685.88	0.00	2,890.08	2,890.09		
<b>Net No DEPARTMENT</b>				7,066.96	0.00c		0.00	2,289.22	2,013.59	3,098.61	3,968.35		
<b>DEPARTMENT: Moveable Equipment</b>													
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
<b>Moveable Equipment</b>				50,000.00	0.00c		0.00	50,000.00	0.00	50,000.00	0.00		
<b>Grand Total</b>				62,847.13	0.00c		0.00	53,975.10	2,013.59	55,988.69	6,858.44		
<b>Less: Dispositions and Transfers</b>				5,780.17	0.00		0.00	1,685.88	0.00	2,890.08	2,890.09		
<b>Net Grand Total</b>				57,066.96	0.00c		0.00	52,289.22	2,013.59	53,098.61	3,968.35		

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

Name of Facility Premier Care of Woodbury, LLC		License No. 1883	Report for Year Ended 9/30/2019		Page 25	of 37
<b>11. Property Questionnaire.</b>						
<b>Part A</b>						
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						
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage	
1. Financing						
a. Type of Financing (e.g., fixed, variable)		Fixed				
b. Date Mortgage Obtained		10/13/17				
c. Interest Rate for the Cost Year		5.080%				
d. Term of Mortgage (number of years)		20				
e. Amount of Principal Borrowed		590,000				
f. Principal balance outstanding as of		556,911				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>						
g. Type of Financing (e.g., fixed, variable)						
h. Date of Refinancing						
i. New Interest Rate						
j. Term of Mortgage (number of years)						
k. Amount of Principal Borrowed						
l. Principal Outstanding on Note Paid-Off						
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>						
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	9/30/2019		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		9/30/2019		27   37	
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$ 260			260
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)				\$ 260			260
12. D. Other Interest Expense (Specify)				\$ 3,351			3,351
Fin Chg/Late Fees \$923, Credit Cds&Other \$2,428							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 3,611			3,611
14. Insurance							
a. Insurance on Property (buildings only)				\$ 4,156			4,156
b. Insurance on Automobiles				\$ 6,490			6,490
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 4,255			4,255
Liability							
14d. Total Insurance Expenditures (14a + b + c)				\$ 14,901			14,901
15. Total All Expenditures (A-13 thru C-14)				\$ 511,761			511,761

**D. Adjustments to Statement of Expenditures**

Name of Facility				License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC				1883	9/30/2019	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,507			1,507
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)	\$ 2,149			2,149
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	\$ 950			950
<b>Page 18 - Dietary Expenditures</b>							
24.	18	29b	Meals to employees, guests and others who are not residents	\$ 5,662			5,662
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 13,532			13,532

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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



**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	9/30/2019	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 13,532			13,532
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 1,602			1,602
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7d	Depreciation on Unallowable Motor Vehicles	\$ 762			762
37.	22	29c	Unallowable Property and Real Estate Taxes	\$ 419			419
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 945			945
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.	27	14d	Property Insurance	\$ 106			106
<b>Other - Miscellaneous</b>							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 7,624			7,624
<b>Not For Profit Providers Only</b>							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.	\$			
<b>49. Total Amount of Decrease (Items 1 - 48)</b>				\$ 24,990			24,990

\*\*\* 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.

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Cable TV \$1,200 max			\$ 1,602
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ 1,602

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ -

**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)			\$ 76
		Other Rent Adjustments (see Page 29c)			\$ 869
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ 945

**Schedule of Other - Indirect Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home



<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	12D	Fin Chg/late fees, credit credit & other			\$ 3,351
27	12c1	Auto loan interest-personall use (see Page 29a)			\$ 165
27	14b	Auto insurance-personal use (see Page 29a)			\$ 4,108
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ 7,624

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Unallowable Building Interest</b>			\$ -	\$ -	\$ -

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>				
Odometer 10/1/18	190,560			
Odometer 08/3/19	<u>206,473</u>			
	15,913	15,913	5,467	10,446
		593	593	
		<u>16,506</u>	<u>6,060</u>	<u>10,446</u>
Percentage			36.71%	63.29%

Add'l miles 8/10/19 to 9/30/19

<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	3,395	1,246	2,149	16	16
Insurance - Auto	6188	6,490	2,382	4,108	27	14 b
Auto Loan Interest	6197	260	95	165	27	12 1
Personal Prop Tax - Auto	6836	120	44	76	22	10c
Depreciation - Auto portion	6150	1,204	442	762	22	7 d
		11,469	4,210	<u>7,259</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**

	Days	Meals/day	Meals
RCH Resident Days	5,188	3	15,564
Other Rental Days	365	3	1,095
	<u>5,553</u>		<u>16,659</u>

<u>Page</u>	<u>Line</u>	<u>GL #/Description</u>	<u>Cost</u>		<u>Average</u>
18	2.a.1	6060 Dietary Raw Food	44,887		
18	2.a.2	6061 Dietary Supplies	3,095		
10	A:5.c	6027 Dietary Wages	<u>38,165</u>		
		TOTAL MEAL COST	<u>86,147</u>		
		Total meal cost	<u>86,147</u>		Average
		# of prepared meals	16,659	=	<u>Meal Cost</u>
					<u>5.17</u>
		Average Meal Cost	5.17		
		# of Other Rental Meals	<u>1,095</u>		
		COST OF OTHER RENTAL MEALS	<u>5,662</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	16,356	419	15,937

**Other-Repairs and Maintenance**

22	6.b	6401 Oil/heat	10,138	259	9,879
22	6.c	6400 Electricity	15,112	387	14,725
22	6.f	6305 Lawn/landscaping	2,073	53	2,020
22	6.f	6304 Snow removal	1,343	34	1,309
22	6.f	6303 Refuse removal	3,573	91	3,482
22	6.f	5007 Fire control	1,704	44	1,660
TOTAL OTHER			33,943	869	33,074

**Page 27-Insurance**

27	14a	6185 Property insurance	4,156	106	4,050
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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><u>6,018</u></u>	

**F. Statement of Revenue**

Name of Facility Premier Care of Woodbury, LLC		License No. 1883	Report for Year Ended 9/30/2019		Page 30	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents (CT only)	\$ 427,506					427,506
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	\$ 33,000					33,000
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 460,506					460,506
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$ 5,662					5,662
2. Rental of rooms to non-residents	\$ 21,913					21,913
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)	\$ 7,449					7,449
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 35,024					35,024
<b>VI. Total All Revenue (III +V)</b>	\$ 495,530					495,530

\* 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
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
<b>Total Other Resident Revenue</b>		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RIINS	Residential Care Home
30IV8	Personal use of auto			\$ 7,259
30IV8	Misc Income			\$ 190
<b>Total Other Revenue</b>		\$ -	\$ -	\$ 7,449

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2019	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
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				
<b>A-9. Total Current Assets</b> (Lines A1 thru 8)			\$	
<b>B. Fixed Assets</b>				
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>B-10. Total Fixed Assets</b> (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)



Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
<b>Total Prepaid Expenses</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Assets (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Fixed Assets (Itemize)</b>			<b>\$ -</b>

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
<b>Total Other Assets</b>			<b>\$ -</b>

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
<b>Total Notes Payable</b>			<b>\$ -</b>


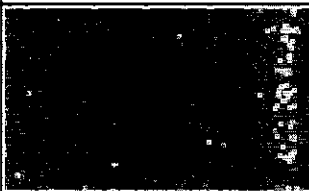


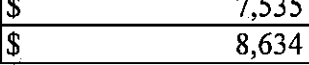
Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

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

Page Ref	Line Ref	Description	
<b>Total Other Current Liabilities (Itemize)</b>			<b>\$ -</b>

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

Name of Facility	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2019	32	37
Account			Amount	
Total Brought Forward:			\$	
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost 2,537	
			Accum. Depreciation 1,438	Net
			\$	1,099
5. Movable Equipment			*Historical Cost 50,000	
			Accum. Depreciation 50,000	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	1,099
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
				
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	
Name and Address		Amount	Loan Date	
				
7. Other Assets ( <i>itemize</i> )			\$ 7,535	
Due from Julianna Alexander, LLC		4,666		
Leasehold Improvements		2,869		
See Schedule				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	7,535
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	8,634

\* 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 Premier Care of Woodbury, LLC		License No. 1883	Report for Year Ended 9/30/2019	Page 33	of 37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	22,760
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					
<b>A-13: Total Current Liabilities (Lines A1 thru 12)</b>				\$	22,760

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

(Carry Total forward to next page)

**U.S. Return of Partnership Income**

For calendar year 2018, or tax year beginning **10/01/18**, ending **09/30/19**.

**2018**

Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for instructions and the latest information.

<b>A</b> Principal business activity <b>RESDNTL CARE</b>	Type or Print	Name of partnership <b>PREMIER CARE OF WOODBURY LLC C/O NILESH AMIN</b>	<b>D</b> Employer identification number <b>20-5358055</b>
<b>B</b> Principal product or service <b>ROOM &amp; BOARD</b>		Number, street, and room or suite no. If a P.O. box, see the instructions. <b>60 SOUNDVIEW AVENUE - APT 2</b>	<b>E</b> Date business started <b>05/01/2007</b>
<b>C</b> Business code number <b>623000</b>		City or town, state or province, country, and ZIP or foreign postal code <b>NORWALK CT 06854</b>	<b>F</b> Total assets (see the instructions) \$ <b>4,666</b>

**G** Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change (5)  Amended return

**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 instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>	<b>486,081</b>	
	<b>b</b> Returns and allowances	<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a			<b>1c</b> <b>486,081</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)			<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c			<b>3</b> <b>486,081</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			<b>4</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))			<b>5</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			<b>6</b>
<b>7</b> Other income (loss) (attach statement)		<b>SEE STATEMENT 1</b>	<b>7</b> <b>7,449</b>	
<b>8</b> Total income (loss). Combine lines 3 through 7			<b>8</b> <b>493,530</b>	
<b>Deductions (see instructions for limitations)</b>	<b>9</b> Salaries and wages (other than to partners) (less employment credits)			<b>9</b> <b>220,790</b>
	<b>10</b> Guaranteed payments to partners			<b>10</b>
	<b>11</b> Repairs and maintenance			<b>11</b> <b>6,797</b>
	<b>12</b> Bad debts			<b>12</b>
	<b>13</b> Rent			<b>13</b> <b>76,123</b>
	<b>14</b> Taxes and licenses			<b>14</b> <b>21,661</b>
	<b>15</b> Interest (see instructions)			<b>15</b> <b>3,611</b>
	<b>16a</b> Depreciation (if required, attach Form 4562)	<b>16a</b>	<b>1,492</b>	
	<b>b</b> Less depreciation reported on Form 1125-A and elsewhere on return	<b>16b</b>		<b>16c</b> <b>1,492</b>
	<b>17</b> Depletion (Do not deduct oil and gas depletion.)			<b>17</b>
	<b>18</b> Retirement plans, etc.			<b>18</b>
<b>19</b> Employee benefit programs			<b>19</b> <b>18,315</b>	
<b>20</b> Other deductions (attach statement)		<b>SEE STATEMENT 2</b>	<b>20</b> <b>150,293</b>	
<b>21</b> Total deductions. Add the amounts shown in the far right column for lines 9 through 20			<b>21</b> <b>499,082</b>	
<b>22</b> Ordinary business income (loss). Subtract line 21 from line 8			<b>22</b> <b>-5,552</b>	
<b>Tax and Payment</b>	<b>23</b> Interest due under the look-back method—completed long-term contracts (attach Form 8697)			<b>23</b>
	<b>24</b> Interest due under the look-back method—income forecast method (attach Form 8866)			<b>24</b>
	<b>25</b> BBA AAR imputed underpayment (see instructions)			<b>25</b>
	<b>26</b> Other taxes (see instructions)			<b>26</b>
	<b>27</b> Total balance due. Add lines 23 through 27			<b>27</b>
	<b>28</b> Payment (see instructions)			<b>28</b>
	<b>29</b> Amount owed. If line 28 is smaller than line 27, enter amount owed			<b>29</b>
	<b>30</b> Overpayment. If line 28 is larger than line 27, enter overpayment			<b>30</b>

**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.

Signature of partner or limited liability company member: \_\_\_\_\_ Date: \_\_\_\_\_

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

<b>Paid</b>	Print/Type preparer's name <b>MICHAEL J. MICHAUD</b>	Preparer's signature	Date <b>02/08/20</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00429449</b>
<b>Preparer Use Only</b>	Firm's name ▶ <b>BRODEUR &amp; COMPANY, CPAS, P.C.</b>	Firm's EIN ▶ <b>06-0885645</b>	Firm's address ▶ <b>P.O. BOX 164 OLD SAYBROOK, CT 06475</b>		
			Phone no.	<b>860-388-4627</b>	

**Schedule B Other Information**

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

<b>2</b> At the end of the tax year:		<b>Yes</b>	<b>No</b>
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			<b>X</b>
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		<b>X</b>	

<b>3</b> At the end of the tax year, did the partnership:		<b>Yes</b>	<b>No</b>
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 (iv) below			<b>X</b>

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

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

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

<b>4</b> Does the partnership satisfy all four of the following conditions?		<b>Yes</b>	<b>No</b>
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 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.			<b>X</b>

<b>5</b> Is this partnership a publicly traded partnership as defined in section 469(k)(2)?	<b>Yes</b>	<b>No</b>
		<b>X</b>

<b>6</b> During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?	<b>Yes</b>	<b>No</b>
		<b>X</b>

<b>7</b> Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?	<b>Yes</b>	<b>No</b>
		<b>X</b>

<b>8</b> At any time during calendar year 2018, 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 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. ▶	<b>Yes</b>	<b>No</b>
		<b>X</b>

<b>9</b> 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	<b>Yes</b>	<b>No</b>
		<b>X</b>

<b>10a</b> 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.	<b>Yes</b>	<b>No</b>
		<b>X</b>

<b>b</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	<b>Yes</b>	<b>No</b>
		<b>X</b>

**Schedule B** Other Information (continued)

	Yes	No
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		<b>X</b>
11 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) <span style="float:right">▶ <input type="checkbox"/></span>		
12 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?		<b>X</b>
13 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions <span style="float:right">▶</span>		
14 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. <span style="float:right">▶</span>		<b>X</b>
15 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
16a Did you make any payments in 2018 that would require you to file Form(s) 1099? See instructions		<b>X</b>
b If "Yes," did you or will you file required Form(s) 1099?		
17 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶ <b>0</b>		
18 Enter the number of partners that are foreign governments under section 892. ▶ <b>0</b>		
19 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)?		<b>X</b>
20 Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		<b>X</b>
21 Is the partnership a section 721(c) partnership, as defined in Treasury Regulations section 1.721(c)-1T(b)(14)?		
22 During the tax year, did the partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions. If "Yes," enter the total amount of the disallowed deductions. ▶ \$		<b>X</b>
23 Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		
24 Does the partnership satisfy one of the following conditions and the partnership does not own a pass-through entity with current year, or prior year, carryover excess business interest expense? See instructions a The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year do not exceed \$25 million, and the partnership is not a tax shelter, or b The partnership only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7). If "No," complete and attach Form 8990.		
25 Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3. ▶ _____ If "No," complete Designation of Partnership Representative below.		<b>X</b>

**Designation of Partnership Representative** (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR	▶ <b>NILESH AMIN</b>	U.S. taxpayer identification number of PR	▶ <b>148-60-0504</b>
U.S. address of PR	▶ <b>60 SOUNDVIEW AVE - APT 2 NORWALK CT 06854</b>	U.S. phone number of PR	▶ <b>203-809-0552</b>
If the PR is an entity, name of the designated individual for the PR	▶	U.S. taxpayer identification number of the designated individual	▶
U.S. address of designated individual	▶	U.S. phone number of designated individual	▶

26 Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 13. ▶ \$		<b>X</b>
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Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 -5,552
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Guaranteed payments	4
	5 Interest income	5
	6 Dividends and dividend equivalents:	6a
	a Ordinary dividends	
	b Qualified dividends	6b
	c Dividend equivalents	6c
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 -2,141	
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 -5,552
	b Gross farming or fishing income	14b
	c Gross nonfarm income	14c 493,530
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 ▶	
	b Gross income from all sources	16b
	c Gross income sourced at partner level	16c
	Foreign gross income sourced at partnership level	
	d Section 951A category ▶ e Foreign branch category ▶	16e
	f Passive category ▶ g General category ▶ h Other ▶	16h
	Deductions allocated and apportioned at partner level	
	i Interest expense ▶ j Other ▶	16j
	Deductions allocated and apportioned at partnership level to foreign source income	
	k Section 951A category ▶ l Foreign branch category ▶	16l
m Passive category ▶ n General category ▶ o Other ▶	16o	
p Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16p	
q Reduction in taxes available for credit (attach statement)	16q	
r Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a 129
	b Adjusted gain or loss	17b -730
	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
	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 3	

**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 16p					1	-7,693
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		-3,847	-3,846			

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)		
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) <b>SEE STMT 4</b>		5,592		4,666		
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		
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)						
14	<b>Total assets</b>		<b>5,592</b>		<b>4,666</b>		
<b>Liabilities and Capital</b>							
15	Accounts payable		21,811		22,760		
16	Mortgages, notes, bonds payable in less than 1 year						
17	Other current liabilities (attach statement) <b>SEE STMT 5</b>		101,308		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		-117,527		-119,402		
22	<b>Total liabilities and capital</b>		<b>5,592</b>		<b>4,666</b>		

**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	-1,875	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): <b>SEE STMT 6</b>	749	a	Tax-exempt interest \$	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13d, and 16p, 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 16p (itemize):		a	Depreciation \$ <b>SEE STATEMENT 8</b>	8,039
a	Depreciation \$	522			
b	Travel and entertainment \$		8	Add lines 6 and 7	8,039
	<b>SEE STATEMENT 7</b>		9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-7,693
		950			
5	Add lines 1 through 4	346			

**Schedule M-2 Analysis of Partners' Capital Accounts**

1	Balance at beginning of year	-117,527	6	Distributions: a Cash	
2	Capital contributed: a Cash		b	Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) per books	-1,875	8	Add lines 6 and 7	
4	Other increases (itemize):		9	Balance at end of year. Subtract line 8 from line 5	-119,402
5	Add lines 1 through 4	-119,402			



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

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

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

▶ Attach to Form 1065.

▶ Go to [www.irs.gov/Form1065](http://www.irs.gov/Form1065) for the latest information.

OMB No. 1545-0123

Name of partnership

**PREMIER CARE OF WOODBURY LLC**

Employer identification number (EIN)

**20-5358055**

**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
<b>DEVANSHI AMIN</b>	<b>592-75-4615</b>	<b>UNITED STATES</b>	<b>50.000000</b>
<b>NILESH AMIN</b>	<b>148-60-0504</b>	<b>UNITED STATES</b>	<b>50.000000</b>

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

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

PARTNER# 1

651113

OMB No. 1545-0123

Schedule K-1 (Form 1065)

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018, or tax year

beginning 10/01/2018 ending 09/30/2019

Partner's Share of Income, Deductions, Credits, etc.

Final K-1

Amended K-1

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

Table with 4 columns: Line number, Description, Code, and Amount. Rows include Ordinary business income (loss) -2,776, Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Dividend equivalents, Royalties, Net short-term capital gain (loss) 65, Net long-term capital gain (loss) -365, Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss) -1,070, Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss) -2,776, and Total 246,765.

\*See attached statement for additional information.

For IRS Use Only

Part I Information About the Partnership

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

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 (unchecked) or Limited partner or other LLC member (checked). H Domestic partner (checked) or Foreign partner (unchecked).

I1 What type of entity is this partner? INDIVIDUAL

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

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

K Partner's share of liabilities: Table with columns Beginning and Ending, and rows Nonrecourse, Qualified nonrecourse financing, and Recourse.

L Partner's capital account analysis: Table with rows Beginning capital account, Capital contributed during the year, Current year increase (decrease), Withdrawals & distributions, and Ending capital account.

M Did the partner contribute property with a built-in gain or loss? Tax basis (checked), GAAP (unchecked), Section 704(b) book (unchecked), Other (explain) (unchecked).

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

Schedule K-1  
(Form 1065)

2018

Department of the Treasury  
Internal Revenue Service

For calendar year 2018, or tax year

beginning **10/01/2018** ending **09/30/2019**

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

Final K-1  Amended K-1 OMB No. 1545-0123

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

1	Ordinary business income (loss) <b>-2,776</b>	15	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)	17	Alternative minimum tax (AMT) items <b>A 64</b>
9a	Net long-term capital gain (loss)	B	<b>-365</b>
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain	18	Tax-exempt income and nondeductible expenses
10	Net section 1231 gain (loss) <b>-1,071</b>		
11	Other income (loss)		
		19	Distributions
12	Section 179 deduction		
13	Other deductions	Z*	<b>-2,776</b>
		AA*	<b>108,787</b>
		AB*	<b>9,739</b>
14	Self-employment earnings (loss) <b>A -2,776</b>	AH*	<b>STMT</b>
C	<b>246,765</b>		

\*See attached statement for additional information.

For IRS Use Only

**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:

	Beginning	Ending
Nonrecourse	\$	\$
Qualified nonrecourse financing	\$	\$
Recourse	\$ <b>61,559</b>	\$ <b>62,034</b>

L Partner's capital account analysis:

Beginning capital account	\$ <b>-58,762</b>
Capital contributed during the year	\$
Current year increase (decrease)	\$ <b>-939</b>
Withdrawals & distributions	\$ ( )
Ending capital account	\$ <b>-59,701</b>

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)

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

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

**PREMIER CARE OF WOODBURY LLC**

Identifying number

**20-5358055**

Business or activity to which this form relates

**FORM 1065, PAGE 1**

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

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

1	Maximum amount (see instructions)	1	<b>1,000,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,500,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

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

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	<b>338</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month end year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

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

21	Listed property. Enter amount from line 28	21	<b>1,154</b>
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>1,492</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 26 Property used more than 50% in a qualified business use: 2006 DODGE DURANGO 07/22/17 100.00% 5,780 5,780 5.0 200DBMQ 1,154 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,154 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B--Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions

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

Part VI Amortization

42 Amortization of costs that begins during your 2018 tax year (see instructions): 43 Amortization of costs that began before your 2018 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

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

Department of the Treasury  
 Internal Revenue Service

▶ Attach to your tax return.

Attachment  
 Sequence No. **27**

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

**PREMIER CARE OF WOODBURY LLC**

**20-5358055**

**1** Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions

1

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	2006 DODGE DURANGO	07/22/17	08/03/19		3,639	5,780	-2,141

<b>3</b>	Gain, if any, from Form 4684, line 39	3
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft	6
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7
		-2,141
<b>8</b>	Nonrecaptured net section 1231 losses from prior years. See instructions	8
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9

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

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

<b>11</b>	Loss, if any, from line 7	11
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable	12
<b>13</b>	Gain, if any, from line 31	13
<b>14</b>	Net gain or (loss) from Form 4684, lines 31 and 38a	14
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36	15
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
<b>17</b>	Combine lines 10 through 16	17
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.	
<b>a</b>	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a
<b>b</b>	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14	18b

For Paperwork Reduction Act Notice, see separate instructions.

## Federal Statements

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

<u>Description</u>	<u>Amount</u>
PERSONAL USE OF AUTO	\$ 7,259
MISC INCOME	190
TOTAL	<u>\$ 7,449</u>

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

<u>Description</u>	<u>Amount</u>
ACCOUNTING FEES	\$ 12,170
CABLE TV	2,802
CELL PHONE	2,227
DIETARY SUPPLIES	3,095
ELECTRICITY	15,111
FIRE CONTROL & SECURITY	1,704
FOOD	44,887
HEATING OIL	10,138
HOUSEKEEPING SUPPLIES	4,100
INSURANCE - GENERAL LIABILITY	4,255
INSURANCE - PROPERTY	4,156
LANDSCAPING	2,073
LAUNDRY	359
LICENSES	1,357
LINENS	334
OFFICE SUPPLIES	2,363
PAYROLL PROCESSING	2,945
POSTAGE	318
REFUSE REMOVAL	3,573
SNOW REMOVAL	1,343
TELEPHONE	2,348
WORKMEN'S COMPENSATION	7,212
MEDICINE CABINET SUPPLIES	46
RECREATION EXPENSE	1,529
AUTO EXP	3,395
AUTO INSURANCE	6,490
CHECK SCANNER RENTAL FEE	660
EMPLOYEE MILEAGE	26
SEPTIC PUMPING	698
INTERNET SERVICE	540
MISCELLANEOUS EXPENSE	8,039
TOTAL	<u>\$ 150,293</u>

**Statement 3 - 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	
CODE AA - SECTION 199A W-2 WAGES	
CODE AB - SECTION 199A UNADJUSTED BASIS	

**Statement 4 - Form 1065, Schedule L, Line 6 - Other Current Assets**

Description	Beginning of Year	End of Year
DUE FROM JULIANNA ALEXANDER	\$ 5,592	\$ 4,666
TOTAL	\$ 5,592	\$ 4,666

**Statement 5 - 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
TOTAL	\$ 101,308	\$ 101,308

**Statement 6 - Form 1065, Schedule M-1, Line 2 - Income Included on Sch K, Not on Books**

Description	Amount
FORM 4797 BOOK-TAX DIFFERENCE	\$ 749
TOTAL	\$ 749

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

Description	Amount
ACCOUNTING FEES	\$ 950
TOTAL	\$ 950

**Statement 8 - Form 1065, Schedule M-1, Line 7 - Deductions Included on Sch K, Not on Books**

Description	Amount
MISCELLANEOUS EXPENSES	\$ 8,039
TOTAL	\$ 8,039



Form 1065, Page 1, Line 14 - Taxes

<u>Description</u>	<u>Amount</u>
FICA	\$ 16,890
FUTA	458
PERSONAL PROPERTY TAX	1,053
SUTA	3,260
TOTAL	<u>\$ 21,661</u>

Form 1065, Schedule L, Line 15 - Accounts Payable

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCRUED ACCT FEES	\$ 21,810	\$ 22,760
ROUNDING ADJUSTMENT	1	
TOTAL	<u>\$ 21,811</u>	<u>\$ 22,760</u>

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

Name of Facility Premier Care of Woodbury, LLC		License No. 1883	Report for Year Ended 9/30/2019	Page 34	of 37
Account				Amount	
Total Brought Forward:				22,760	
<b>Liabilities (cont'd)</b>					
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)				\$ 124,068	

**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	9/30/2019	35	37
Account			Amount	
<b>A. Reserves</b>				
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> )			\$	2,869
4. Reserve for leasehold real properties on which fair rental value is based			\$	1,099
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	3,968
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(117,527)
6. Gain or Loss for Period			\$	(1,875)
7. Total Net Worth			\$	(119,402)
<b>C. Total Reserves and Net Worth</b>			\$	(115,434)
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	8,634

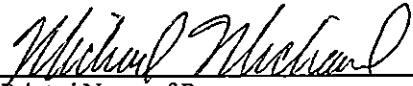
### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Premier Care of Woodbury, LLC	1883	9/30/2019	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2018			\$	(117,527)
B. Total Revenue ( <i>From Statement of Revenue Page 30</i> )			\$	493,530
C. Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )			\$	495,405
D. Net Income or Deficit			\$	(1,875)
E. Balance			\$	(119,402)
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. <b>Balance at End of Period</b>			\$	(119,402)
				09/30/19

**Page 36-Expense Reconciliation**

Total expenses Page 27	511,761
Property taxes paid by owner	(16,356)
Total expenses per Trail Balance, pg. 36, line C	<u>495,405</u>

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

Name of Facility Premier Care of Woodbury, LLC	License No. 1883	Report for Year Ended 9/30/2019	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CPA	Date Signed 2/19/20		
Printed Name of Preparer Michael Michaud, CPA				
Address Address PO Box 164, Old Saybrook, CT 06475		Phone Number 860-388-4627		
Contacted Person Regarding Additional Information Needed Regarding This Report Michael Michaud, CPA		Phone Number 860-388-4627		
Contact Email Address mmichaud@brodeurpa.com				