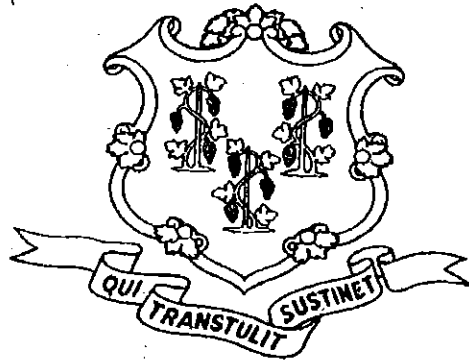


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Crestwood Manor, LLC	
Address (No. & Street, City, State, Zip Code) 90 Broad Street, Norwich, CT 06360	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH	RHNS	Residential Care Home 1723	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

General Information

Name of Facility (as licensed) Crestwood Manor, LLC	License No. 1723	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator) <i>Debra A Duch</i>		Date <i>2/6/2019</i>	Signed (Owner) <i>Debra A Duch</i>		Date <i>2/6/2019</i>
Printed Name (Administrator) Debra A. Duch			Printed Name (Owner) Debra A. Duch		
Subscribed and Sworn to before me: <i>Monica MacNeil</i>	State of <i>CT</i>	Date <i>2-6-19</i>	Signed (Notary Public) <i>Monica MacNeil</i>		Comm. Expires
Address of Notary Public <i>33 Broadway Norwich CT 06360</i>					MONICA MACNEIL NOTARY PUBLIC MY COMMISSION EXPIRES SEPTEMBER 30, 2019

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Crestwood Manor, LLC		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 90 Broad Street, Norwich, CT 06360				
Report Prepared By Brodeur & Co., CPAs, P.C.		Phone Number 860-388-4627	Date 1/23/2019	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 66,703			66,703
2. Laundry wages paid	\$ 20,739			20,739
3. Housekeeping wages paid	\$ 54,976			54,976
4. Nursing wages paid	\$			
5. All other wages paid	\$ 144,002			144,002
6. Total Wages Paid	\$ 286,420			286,420
7. Total salaries paid	\$ 56,060			56,060
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 342,480			342,480

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-889-8800		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Crestwood Manor, LLC		Address (No. & Street, City, State, Zip) 90 Broad Street, Norwich, CT 06360		
License Numbers:	CCNH	RHNS	Residential Care Home 1723	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 Debra A. Duch		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 Crestwood Manor, LLC	License No. 1723	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No

If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Debra A. Duch	90 Broad street, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Loan from related party	pg 34, line B3	37,345	37,345
Crestwood Real Estate, Inc.	90 Broad street, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Rental of real estate	pg 22, line 9	24,000	24,000
Crestwood Real Estate, Inc.	90 Broad street, Norwich, CT 06360	<input type="radio"/>	<input checked="" type="radio"/>	Loan to related party	pg 32, line D7	38,124	38,124
		<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.

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

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Crestwood Manor, LLC	License No. 1723	Report for Year Ended 9/30/2018	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 CCHN and RHNS as follows:

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

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

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

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

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

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

N/A

**General Information and Questionnaire
 Accounting Basis**

Name of Facility Crestwood Manor, LLC	License No. 1723	Report for Year Ended 9/30/2018	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm 1 Brodeur & Co., CPA, 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 Preparation of y/e trial balance, tax returns, annual cost report, audit assistance and Quickbooks			\$	18,385
2 support			\$	
3			\$	
4			\$	
			Charge for Services Provided	
			\$	18,385
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Page 15, line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney 1 N/A 2 3 4 5			Telephone Number	
Address (<i>No. & Street, City, State, Zip Code</i>) 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				

Schedule of Resident Statistics

Name of Facility Crestwood Manor, LLC	License No. 1723		Report for Year Ended 9/30/2018						Page 8	of 37		
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30							
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	22			22	22			22	22			22
B. On last day of THIS report period	22			22	22			22	22			22
2. Number of Residents												
A. As of midnight of PREVIOUS report period	21			21	21			21	21			21
B. As of midnight of THIS report period	21			21	21			21	21			21
3. Total Number of Days Care Provided During Period												
A. Medicare												
B. Medicaid (Conn.)	7,161			7,161	5,349			5,349	1,812			1,812
C. Medicaid (other states)												
D. Private Pay	630			630	538			538	92			92
E. State SSI for RCH												
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	7,791			7,791	5,887			5,887	1,904			1,904
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days												
5. Total Resident Days (3G + 4A + 4B)	7,791			7,791	5,887			5,887	1,904			1,904

Schedule of Resident Statistics (Cont'd)

Name of Facility Crestwood Manor, LLC			License No. 1723			Report for Year Ended 9/30/2018			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents							1	20					
Per Diem Rate													
a. One bed rm.							115.00	82.78					
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	Residential Care Home		
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments													

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Crestwood Manor, LLC	1723	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					56,060	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					32,175	1,684
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					66,703	4,214
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					54,976	3,806
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					23,683	1,778
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					20,738	1,466
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					88,145	6,224
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers						
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures					342,480	21,252

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

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

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

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

Name of Facility Crestwood Manor, LLC		License No. 1723		Report for Year Ended 9/30/2018		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							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Crestwood Manor, LLC		License No. 1723		Report for Year Ended 9/30/2018		Page 12	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Debra Duch			56,060	Administrator	2,080		none		
Section IV - Assistant Administrators									

*No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all other employment worked during the cost year.
 *** If more than one Administrator is reported, include dates of employment for each.

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Crestwood Manor, LLC	1723	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Crestwood Manor, LLC	1723	9/30/2018	15	37
Item	Total	CCNH	RHNS	Residential Care Home
I. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 10,383			10,383
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 4,009			4,009
4. Social Security (F.I.C.A.)	\$ 26,057			26,057
5. Health Insurance	\$ 25,762			25,762
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 7,807			7,807
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 2,561			2,561
d. Accounting and Auditing	\$ 18,385			18,385
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 2,330			2,330
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 1,607			1,607
2. Cellular Phones	\$ 1,482			1,482
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 305			305
3. Resident Day User Fee	\$			
Subtotal	\$ 100,688			100,688

* 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**

Crestwood Manor, LLC
9/30/2018

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Norwich Public Utilities			\$ 305
Total	\$ -	\$ -	\$ 305

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

Name of Facility	License No.	Report for Year Ended	Page	of
Crestwood Manor, LLC	1723	9/30/2018	16	37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	100,688			100,688
i. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 440			440
4. Employee Travel	\$ 257			257
5. Education Expenses Related to Seminars and Conventions	\$ 145			145
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 4,316			4,316
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 1,045			1,045
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 2,225			2,225
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 330			330
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 550			550
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 746			746
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$			
12. Administrative Management Services**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 23,104			23,104
C-14 Total Administrative & General Expenditures	\$ 133,846			133,846

* 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	RIINS	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RIINS	Residential Care Home
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RIINS	Residential Care Home
CARCH			\$ 550
Total Dues	\$ -	\$ -	\$ 550

Schedule of Contributions

Description	CCNH	RIINS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RIINS	Residential Care Home
Bank service charges			\$ 385
Penalties			\$ 286
Uncas Health District-food service permit			\$ 350
Secretary of State filing			\$ 20
Computer and internet expense			\$ 2,260
Payroll processing fee			\$ 17,016
Background checks			\$ 375
Vending machine-cost of merchandise			\$ 2,412
Total Other Administrative and General	\$ -	\$ -	\$ 23,104

Schedule C-1 - Management Services*

Name of Facility Crestwood Manor, LLC	License No. 1723	Report for Year Ended 9/30/2018	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility Crestwood Manor, LLC		License No. 1723	Report for Year Ended 9/30/2018		Page 18	of 37
Item		Total	CCNH	RHNS	Residential Care Home	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 48,634				48,634
2.	Non-Food Supplies	\$ 5,375				5,375
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$				
c. Other (Specify) _____		\$				
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 54,009				54,009
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals; Total no. of meals served per day:*		66				66
H. Is cost of employee meals included in 2E?		<input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.		
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.		
L. Is any revenue collected from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.		
O. Is any revenue collected from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility Crestwood Manor, LLC		License No. 1723	Report for Year Ended 9/30/2018	Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	980		980
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. \$	570		570
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	1,550		1,550
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Crestwood Manor, LLC	1723	9/30/2018	20	37	
Item	Sq. Ft. Serviced by Personnel	Total	CCNH	RHNS	Residential Care Home
4. Housekeeping					
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	4,135			4,135
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Other (<i>Specify</i>)	\$				
4D. Total Housekeeping Expenditures (4a + b + c)	\$	4,135			4,135
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	722			722
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	\$	3,405			3,405
j. Direct Management Services*	\$				
k. Indirect Management Services*	\$				
l. Other (<i>Specify</i>)**** See Attached Schedule	\$	1,078			1,078
5M. Total Resident Care Expenditures (5a - 5j)	\$	5,205			5,205

* 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			\$ 1,078
Total Other Resident Care	\$ -	\$ -	\$ 1,078

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

Name of Facility Crestwood Manor, LLC		License No. 1723	Report for Year Ended 9/30/2018	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS	Residential Care Home	Pg
		<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"/>						

* 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
Crestwood Manor, LLC	1723	9/30/2018			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 17,298				17,298	
b. Heat	\$ 9,862				9,862	
c. Light & Power	\$ 17,800				17,800	
d. Water	\$ 8,020				8,020	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$ 7,013				7,013	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 59,993				59,993	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 523				523	
b. Building & Building Improvements	\$ 2,704				2,704	
c. Non-Movable Equipment	\$ 2,204				2,204	
d. Movable Equipment	\$ 6,785				6,785	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 12,216				12,216	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 3,213				3,213	
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 3,213				3,213	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 24,000				24,000	
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 14,264				14,264	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,664				2,664	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 56,357				56,357	

* 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
Waste removal			\$ 3,087
Equipment rental			\$ 3,926
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 7,013

Crestwood Manor, LLC
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Movable Equipment		\$ -		\$ - *
Deletions:				
6/1/2000	Office chair	\$ 30	10	
7/1/2005	Tractor	\$ 1,272	5	
10/1/2005	Love seat	150	5	
Total deletions for Movable Equipment		\$ 1,452		\$ **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/4/2017	Siding	\$ 14,400	20	\$ 720
Total additions for Leasehold Improvement		\$ 14,400		\$ 720 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Crestwood Manor, LLC	License No. 1723	Report for Year Ended 9/30/2018		Page 24	of 37						
		Item	Date of Acquisition Month Year			Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year
A. Organization Expense											
1.											
2.											
3.											
A-4. Subtotal											
B. Mortgage Expense											
1.											
2.											
3.											
B-4. Subtotal											
C. Leasehold Improvements and Other											
1. Acquired prior to this report period		var	var	var			39,355	7,729	S/L	var	2,493
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)		10	17	20			14,400		S/L	var	720
C-4. Subtotal											
D. Total Amortization											3,213
											3,213

* 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.

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

Asset	d	t	Property Description	Date In Service	DSS Cost	DSS 179 Exp	c	DSS Bonus Amt	DSS Depreciation	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
DEPARTMENT: LAND IMPROV															
73			CONCRETE PATIO	7/22/13	6,912.75	0.00		0.00	1,440.17	345.64	1,785.81	5,126.94	S/L		20.00
74			CONCRETE PAD & ADD'L SIDE	7/22/13	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00		0.0
77			TREE REMOVAL	10/02/12	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00		0.0
81			NEW SEWER LINE	4/23/14	2,659.00	0.00		0.00	605.67	177.27	782.94	1,876.06	S/L		15.00
LAND IMPROV					9,571.75	0.00c		0.00	2,045.84	522.91	2,568.75	7,003.00			

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

Asset	d	t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
DEPARTMENT: Building & Improv - EQUIP													
1			BUILDING	1/01/76	69,467.00	0.00	0.00	69,467.00	0.00	69,467.00	0.00	S/L	30.00
2			BUILDING	1/01/76	2,512.64	0.00	0.00	2,512.64	0.00	2,512.64	0.00	S/L	19.00
3			BUILDING IMPROVEMENTS	1/01/98	4,443.40	0.00	0.00	2,432.51	113.93	2,546.44	1,896.96	S/L	39.00
5			ROOF & PLUMBING	1/01/00	12,829.65	0.00	0.00	11,386.27	641.48	12,027.75	801.90	S/L	20.00
6			ROOF	1/01/01	3,054.00	0.00	0.00	2,557.72	152.70	2,710.42	343.58	S/L	20.00
7			ELECTRICAL IMPROV	1/01/03	9,958.93	0.00	0.00	7,344.69	497.95	7,842.64	2,116.29	S/L	20.00
9			FLOORS	1/01/05	23,019.42	0.00	0.00	14,674.86	1,150.97	15,825.83	7,193.59	S/L	20.00
66			Electrical Repairs	6/22/10	2,941.50	0.00	0.00	1,066.33	147.08	1,213.41	1,728.09	S/L	20.00
Building & Improv - EQUIP					128,226.54	0.00c	0.00	111,442.02	2,704.11	114,146.13	14,080.41		

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

Asset	d	t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
DEPARTMENT: Non-Moveable Equip - EQUI														
11			NEW SEWER LINE	1/01/91	5,140.20	0.00	0.00	0.00	5,140.20	0.00	5,140.20	0.00	S/L	20.00
12			FLOOR COVERING	7/01/97	1,217.00	0.00	0.00	0.00	1,217.00	0.00	1,217.00	0.00	S/L	10.00
14			FIRE DOOR	6/01/01	265.00	0.00	0.00	0.00	265.00	0.00	265.00	0.00	S/L	10.00
15			SPRINKLER	9/01/01	2,691.00	0.00	0.00	0.00	2,691.00	0.00	2,691.00	0.00	S/L	10.00
17			CABINETS OFFICE	10/01/01	171.66	0.00	0.00	0.00	171.66	0.00	171.66	0.00	S/L	10.00
18			ROOF	1/01/02	884.42	0.00	0.00	0.00	884.42	0.00	884.42	0.00	S/L	10.00
19			CARPET	12/01/04	324.36	0.00	0.00	0.00	324.36	0.00	324.36	0.00	S/L	10.00
20			PLUMBING	4/01/02	943.70	0.00	0.00	0.00	943.70	0.00	943.70	0.00	S/L	10.00
21			COLORS CARPET	6/01/02	270.30	0.00	0.00	0.00	270.30	0.00	270.30	0.00	S/L	10.00
22			COLORS CARPET	7/01/02	656.41	0.00	0.00	0.00	656.41	0.00	656.41	0.00	S/L	10.00
23			FAUCET	9/01/05	146.57	0.00	0.00	0.00	146.57	0.00	146.57	0.00	S/L	10.00
24			VANITY	4/01/05	104.94	0.00	0.00	0.00	104.94	0.00	104.94	0.00	S/L	10.00
25			SCREEN DOOR	8/01/05	136.74	0.00	0.00	0.00	136.74	0.00	136.74	0.00	S/L	10.00
27			FLOORING	4/01/06	1,436.76	0.00	0.00	0.00	1,436.76	0.00	1,436.76	0.00	S/L	10.00
28			CARPET	2/11/08	512.27	0.00	0.00	0.00	490.93	21.34	512.27	0.00	S/L	10.00
29			CARPET	3/10/08	718.73	0.00	0.00	0.00	688.75	29.98	718.73	0.00	S/L	10.00
30			FIRE DOOR	7/01/09	887.01	0.00	0.00	0.00	743.60	88.70	832.30	54.71	S/L	10.00
62			stream boiler	10/20/09	7,373.00	0.00	0.00	0.00	5,836.96	737.30	6,574.26	798.74	S/L	10.00
Non-Moveable Equip - EQUI					23,880.07	0.00c		0.00	22,149.30	877.32	23,026.62	853.45		

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

CRESTLLC Crestwood Manor, LLC
27-3577589
FYE: 9/30/2018

Asset	t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Depreciation	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period	
DEPARTMENT: Non-Moveable Equipment															
89		Intercom System	3/31/17	13,270.97	0.00		0.00	663.55	663.55	1,327.10	1,990.65	11,280.32	S/L	10.00	
				Non-Moveable Equipment	13,270.97	0.00c	0.00	663.55	663.55	1,327.10	1,990.65	11,280.32			

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

CRESTLLC Crestwood Manor, LLC
27-3577589
FYE: 9/30/2018

Asset	d t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
86		2016 Nissan Rouge	7/22/16	25,867.68	0.00	0.00	7,544.74	6,466.92	14,011.66	11,856.02	S/L	4.00
VEHICLES												
				25,867.68	0.00c	0.00	7,544.74	6,466.92	14,011.66	11,856.02		
Grand Total				279,932.50	0.00c	0.00	161,745.25	15,429.11	177,174.36	102,758.14		
Less: Dispositions and Transfers				1,451.90	0.00	0.00	1,451.90	0.00	1,451.90	0.00		
Net Grand Total				278,480.60	0.00c	0.00	160,293.35	15,429.11	175,722.46	102,758.14		

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

Asset	d	t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
DEPARTMENT: MOVABLE EQUIPMENT														
32			TABLE - DINING ROOM	10/01/00	50.00	0.00	0.00	0.00	50.00	0.00	50.00	0.00	S/L	10.00
33	d		OFFICE CHAIR	6/01/00	30.00	0.00	0.00	0.00	30.00	0.00	30.00	0.00	S/L	10.00
35			PATIO SET	4/01/03	84.79	0.00	0.00	0.00	84.79	0.00	84.79	0.00	S/L	5.00
36			FREEZER	8/01/03	296.80	0.00	0.00	0.00	296.80	0.00	296.80	0.00	S/L	5.00
37			??? & FAN	9/01/03	255.00	0.00	0.00	0.00	255.00	0.00	255.00	0.00	S/L	5.00
40			IRON BOARD	3/01/04	119.73	0.00	0.00	0.00	119.73	0.00	119.73	0.00	S/L	5.00
43	d		TRACTOR	7/01/05	1,271.90	0.00	0.00	0.00	1,271.90	0.00	1,271.90	0.00	S/L	5.00
49			Equipment	4/01/05	529.99	0.00	0.00	0.00	529.99	0.00	529.99	0.00	S/L	5.00
50			ASH TRAY	6/01/05	237.00	0.00	0.00	0.00	237.00	0.00	237.00	0.00	S/L	5.00
52			HUMIDIFIER	9/01/05	156.88	0.00	0.00	0.00	156.88	0.00	156.88	0.00	S/L	5.00
53	d		LOVE SEAT	10/01/05	150.00	0.00	0.00	0.00	150.00	0.00	150.00	0.00	S/L	5.00
54			AIR CONDITIONER	9/01/06	222.59	0.00	0.00	0.00	222.59	0.00	222.59	0.00	S/L	5.00
55			MATTRESSES	5/01/07	614.04	0.00	0.00	0.00	614.04	0.00	614.04	0.00	S/L	5.00
56			BUREAU	5/01/07	135.00	0.00	0.00	0.00	135.00	0.00	135.00	0.00	S/L	5.00
57			2 CHAIRS	6/01/07	58.28	0.00	0.00	0.00	58.28	0.00	58.28	0.00	S/L	5.00
58			2 AIR CONDITIONERS	9/01/07	412.33	0.00	0.00	0.00	412.33	0.00	412.33	0.00	S/L	5.00
59			WASHER & DRYER	8/01/08	2,264.16	0.00	0.00	0.00	2,264.16	0.00	2,264.16	0.00	S/L	5.00
60			MATTRESSES	6/01/09	792.00	0.00	0.00	0.00	792.00	0.00	792.00	0.00	S/L	5.00
61			Frigidaire 20.5 cu ft freezer	12/01/09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	S/L	0.0
63			X60 6-BURNER RANGE	11/17/09	3,180.00	0.00	0.00	0.00	2,491.00	318.00	2,809.00	371.00	S/L	10.00
64			3 WARDROBE CLOSETS	10/08/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	S/L	0.0
67			HOT WATER HEATER	6/14/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	S/L	0.0
70			80 GAL ELEC HOT WATER HEA	9/28/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	S/L	0.0
72			MATTRESSES	4/19/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	S/L	0.0
76			TUMBO STORAGE CABINET	10/18/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	S/L	0.0
78			FRONT LOAD WASHER	8/01/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	S/L	0.0
85			Refrigerator	2/16/16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	S/L	0.0
MOVABLE EQUIPMENT					10,860.49	0.00c	0.00	0.00	10,171.49	318.00	10,489.49	371.00		
*Less: Dispositions and Transfers					1,451.90	0.00	0.00	0.00	1,451.90	0.00	1,451.90	0.00		
Net MOVABLE EQUIPMENT					9,408.59	0.00c	0.00	0.00	8,719.59	318.00	9,037.59	371.00		

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

Asset	d	t	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
DEPARTMENT: BUILDING IMPROVEMENTS														
69			NEW ROOF COVERING	8/21/12	10,500.00	0.00		0.00	5,337.50	1,050.00	6,387.50	4,112.50	S/L	10.00
71			KITCHEN COUNTERS	7/13/12	0.00	0.00		0.00	0.00	0.00	0.00	0.00	S/L	0.00
75			MEN'S BATHROOM REMODEL	8/19/13	4,155.00	0.00		0.00	848.31	207.75	1,056.06	3,098.94	S/L	20.00
82			DOOR	9/14/15	0.00	0.00		0.00	0.00	0.00	0.00	0.00	S/L	0.00
84			Replacement Windows	1/01/16	8,200.00	0.00		0.00	717.50	410.00	1,127.50	7,072.50	S/L	20.00
88			SIDING	10/06/16	16,300.00	0.00		0.00	825.00	825.00	1,650.00	14,850.00	S/L	20.00
90			SIDING	10/04/17	14,400.00	0.00c		0.00	0.00	720.00	720.00	13,680.00	S/L	20.00
BUILDING IMPROVEMENTS					53,755.00	0.00c		0.00	7,728.31	3,212.75	10,941.06	42,813.94		

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

Asset	d	t	Property Description	Date In Service	DSS Cost	DSS 179 Sec Exp	DSS Bonus Amt	DSS Depreciation	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Book Value	DSS Net	DSS Method	DSS Period
DEPARTMENT: Land - EQUITY ONLY 10/1/1															
4			LAND	1/01/76	14,500.00	0.00	0.00	0.00	0.00	0.00	0.00	14,500.00	14,500.00	Land	0.00
			Land - EQUITY ONLY 10/1/1		14,500.00	0.00c	0.00	0.00	0.00	0.00	0.00	14,500.00	14,500.00		

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

Name of Facility Crestwood Manor, LLC	License No. 1723	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input 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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	10/01/94			
4. Date of Initial Licensure	10/01/94			
5. Total Licensed Bed Capacity	22			
6. Square Footage	5,998			
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	variable			
b. Date Mortgage Obtained	08/25/11			
c. Interest Rate for the Cost Year	5.50%			
d. Term of Mortgage (number of years)	20			
e. Amount of Principal Borrowed	100,000			
f. Principal balance outstanding as of	76,934			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

COMMERCIAL LEASE

THIS INDENTURE made this 1st day of October, 2010, by and between Crestwood Manor, LLC a Connecticut limited liability company with a place of business at 90 Broad Street, Norwich CT acting herein by Debra A. Duch, its Managing Member, duly authorized (hereinafter referred to in the singular and masculine gender as the "LESSOR") and Crestwood Real Estate, Inc. a Connecticut corporation with a place of business at 90 Broad Street, Norwich, CT acting herein by Debra A. Duch, President (hereinafter referred to in the singular and masculine gender as "LESSEE").

WITNESSETH

1. THAT, the Lessor has leased and does hereby lease to said Lessee certain premises for commercial use located in the Town of Norwich, Connecticut, described on Schedule B attached hereto and made a part hereof.
2. The Lessee agrees that the lease premises will be used for the conduct of a resident care home only and/or such other business as the Lessor may in his discretion allow, which such other use shall be maintained only with the express approval of the Lessor, which approval shall not be unreasonably withheld provided, however, that the Lessee acknowledges and agrees that the Lessor has, or may have, other contractual obligations and/or may be subject to zoning and other governmental regulations, which restrict or prohibit his ability to give such approval.
3. (a) The term of this Lease shall be for a period of TEN (10) years, commencing on October 1, 2010, and ending September 30, 2020 with the base rent payable in monthly installments of TWO THOUSAND DOLLARS (\$2,000) PER MONTH, in advance and without notice, commencing October 1, 2010 and continuing on the same date of each subsequent month thereafter throughout the term of this lease.
4. The parties further agree that the Lessor shall pay the following expenses:
 - a. All real estate taxes due on the leased premises which shall be or shall have been levied against the leased premises and all premiums for fire and liability insurance attributable to the leased premises.
5. The parties further agree that the Lessee shall pay annually, within thirty (30) days from billing, in addition to the base rent and as additional rent throughout the term of this Lease and any renewal periods thereof, the following charges and expenses:
 - a. 100% of any increase in taxes on the real property and building of which the leased premises is a part over those taxes paid on said real property and building, fire, casualty, and/or liability insurance for the real property and building of which the leased premises are a part over those insurance premiums payable for said real property and building during the year in which

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

6. The parties further agree that the Lessee shall pay in addition to the rental hereinabove set forth, the following charges and expenses:
 - a. All charges for heat, sewer, water, gas, electricity, telephone, and/or other utilities used, consumed on, or levied against the leased premises;
 - b. All charges for refuse removal from the leased premises;
7. It is further agreed between the parties hereto as follows:
 - a. The Lessor shall maintain the exterior of the leased premises including snow removal;
 - b. That the Lessee, at his own expense, shall keep the interior of the leased premises heated in a manner sufficient to avoid damage to the premises;
 - c. That the Lessee shall have the right to erect a suitable exterior sign with the approval of the Lessor which sign shall, with the approval of the Lessor, shall be in keeping with the other signs located thereon;
 - d. The Lessee agrees that he will make no structural alterations or improvements of or to the leased premises without the written consent of the Lessor and any improvements so made shall be the property of the Lessor. Any personal property and trade fixtures installed by the Lessee in the leased premises shall be removed by the Lessee at the expiration of this lease or any renewal periods thereof provided however, that the leased premises shall then be restored at the Lessee's expense to their original condition existing as of the date of Lessee's initial occupancy, ordinary wear and tear excepted;
 - e. That the Lessee shall be responsible for maintenance, replacement, and repair in good order, of the electrical, plumbing, heating and cooling systems and fixtures.
8. Lessee shall permit Lessor to use and maintain and replace pipes and conduits in and through the demised premises and to erect new pipes and conduits therein and to make other repairs to the leased premises provided, however, that such work shall, whenever possible, be performed at such time as will cause the least disruption to the Lessee's business
9. The Lessee agrees to pay to the lessor, as additional rent, a late charge of five percent (5%) of any rental payment due hereunder which payment is not received by the Lessor within ten (10) days of the due date of such payment.

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

premises is a part. The Lessee agrees to execute, at no expense to the Lessor, any instrument which may be deemed necessary or desirable by the Lessor to further effect the subordination of this lease to any such mortgages or deeds of trust.

17. In the event that this lease or any other instrument affecting the leased premises is recorded on the land records of the town where the leased premises is located by the Lessee or his agents, then upon termination of this lease, the Lessee, at his own expense, agrees to execute and record such other instruments as may be necessary to release or confirm the release of, the leased premises from the affect of such recorded instruments.
18. It is further agreed that all notices and demands legal or otherwise, incidental to this Lease or the occupation of the leased premises shall be in writing. If the Lessor or his agents desire to give or serve upon the Lessee any notice or demand, it should be sufficient to send a copy thereof by first class or like mail, postage paid, addressed to the Lessee at the leased premises. Except as otherwise specified herein, notices from the Lessee to the Lessor shall be sent first class or like mail, postage paid, to the Lessor at the place designated for the payment of rent or to such place designated for the payment of rent or to such place as the Lessor may from time to time designate in writing. Personal, in-hand service of any notices between the parties hereto shall also be acceptable.
19. It is further agreed that if at any time during the term of this Lease, the Lessee shall make any assignment for the benefit of creditors or be decreed insolvent or bankrupt according to law, or if a receiver shall be appointed for the Lessee, then the Lessor may, at his option, terminate this Lease, exercise of such option to be evidenced by notice to that effect served upon the assignee, receiver, trustee or other person in charge of the liquidation of the property of the Lessee or under the Lessee's estate, but such termination shall not release or discharge any payment of rent payable hereunder and then accrued, or any liability then accrued by reason of any agreement or covenant herein contained on the part of the Lessee or the Lessee's legal representative.
20. And the parties further agree that in the event that the Lessee shall remain in the leased premises after the expiration of the term of this Lease or any of the renewal periods hereof without having executed a new written lease with the Lessor, such holding over shall not constitute a renewal or extension of this lease. The Lessor may, at his option, elect to treat the Lessee as one who has not removed at the end of his term, and thereupon be entitled to all remedies against the Lessee provided by law in that situation or the Lessor may elect at his option to construe such holding over a tenancy from month to month, subject to all the terms and conditions of this Lease, except as to the duration thereof, and in that event, the Lessee shall pay monthly rent in advance at the rate provided herein as effective at the last month of the lease term or renewal period thereof.

21. And it is further agreed between the parties hereto that whenever this lease shall terminate either by lapse of time or by virtue of any of the express stipulations therein, the Lessee hereby waives all right to any Notice to Quit possession as prescribed by the Statute relating to Summary Process.
22. And it is further agreed between the parties hereto, that the Lessee is to comply with and to conform with all the laws of the State of Connecticut and its agencies and the bylaws, rules and regulations, and ordinances of the Town within which the premises hereby leased are situated relating to zoning, health, nuisance, fire, highway, and sidewalks, so far as the leased premises are or may be concerned and to save the Lessor harmless from all fines, penalties, and costs of violation of or non-compliance by the Lessee with the same.
23. The parties further agree that the Lessor shall not be responsible for any loss of or damage to property or injury to persons occurring in or about the leased premises, by any reason of any existing or future condition, defect, matter, or thing in said leased premises or the property of which the premises are a part, or for the acts, omissions, or negligence of other persons or servants, agents, and/or employees of the Lessee in and about the said property.
24. The Lessee agrees to save and hold harmless the Lessor from any suite or claim for injury to person or damage to property arising out of the use and/or occupancy of said leased premises by the Lessee and, for the further protection of the Lessor, the Lessee agrees to carry public liability insurance covering said obligation in insurance companies licensed to do business in the State of Connecticut (naming the Lessor as an additional insured).
The Lessee agrees that he will furnish copies of all certificates of insurance coverage required under any provision of this Lease to the Lessor, upon demand.
25. And it is further agreed to between the parties hereto that in the case the building or buildings erected on the premises shall be partially damaged by fire or otherwise, the same shall be repaired as speedily as possible at the expense of the said Lessor; that in the case that the damage shall be so extensive as to render the building or leased premises untenable, the rent shall cease until such time as the building shall be put in complete repair; but in the case of the total destruction of the premises by fire or otherwise, and at the sole option of the Lessor, the rent shall be paid up to the time of such destruction and then from thenceforth this Lease shall cease and come to an end.
26. If the whole or any part of the leased premises shall be acquired or condemned by eminent domain for any public or quasi-public use or purpose, then the term of this lease shall cease and terminate from the date of title vesting in such proceedings and the Lessee shall have no claim against the Lessor for the value of any unexpired term of said lease.
27. The Lessee agrees that said premises shall be at all times open to the inspection by the Lessor and/or his agents and to applicants for purchase or lease or for the purpose of

making repairs and/or improvements to the structures of which the leased premises is a part.

28. The Lessee agrees that he has examined the premises and is fully satisfied with the condition thereof and is not relying upon any representations, information, warranty, or promises made by the Lessor, his agents, or any broker which are not specifically set forth in this Agreement as to the character, quality, use or any other matter relating thereto.
 29. In the event that any mechanic's liens are filed against the premises as a result of alterations, additions, or improvements made by the Lessee, the Lessor, at his option, after fourteen (14) days notice to the Lessee, may terminate this Lease and/or may pay said liens without inquiring as to the validity thereof and Lessee shall forthwith reimburse the Lessor the total expenses incurred by Lessor in the defense and/or discharge of said liens, as additional rent hereunder.
 30. If Lessee shall request Lessor's consent or approval pursuant to any of the provisions of this Lease or otherwise, and Lessor shall fail or refuse to give or shall delay in giving such consent or approval, Lessee shall in no event make, or be entitled to make, and claim or damages, nor shall Lessee assert, or be entitled to assert, any such claim or assertion by Lessee that Lessor unreasonably withheld or delayed its consent or approval, and Lessee hereby waives any and all rights he may have from whatever source derived, to make or assert such claim. Lessee's sole remedy for any such failure, refusal or delay shall be an action for a declaratory judgment, specific performance, or injunction, and such remedies shall be available only in those instances where Lessor has expressly agreed in writing not to be unreasonably withhold or delay its consent or approval or where, as a matter of law, Lessor may not unreasonably withhold or delay the same.
 31. If any provision of this Lease, or its application to any situation shall be available only in those instances where Lessor has expressly agreed in writing not to unreasonably withhold or delay its consent or approval or where, as a matter of law, Lessor may not unreasonably withhold or delay the same.
 32. If any provision of this Lease, or its application to any situation shall be invalid or unenforceable to any extent, the remainder of this lease, or the application thereof to situations other than that as to which it is invalid or unenforceable, shall not be affected thereby, and every provision of this lease shall be valid and enforceable to the fullest extent permitted by law.
 33. The Lessee agrees that the foregoing rights and remedies of the Lessor are not exclusive but are additional to all rights and remedies of the Lessor would otherwise have by law.
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34. The parties hereto further agree that all Lessees named herein and/or executing this lease shall be jointly and severally liable for all obligations of the "Lessee" set forth in this lease.

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

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

WITNESS:

LESSOR:

Debra A. Duch, President
Crestwood Real Estate, Inc.

WITNESS:

LESSEE:

Debra A. Duch, Managing Member
Crestwood Manor, LLC

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

Name of Facility		License No.	Report for Year Ended			Page	of
Crestwood Manor, LLC		1723	9/30/2018			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Crestwood Manor, LLC		1723		9/30/2018		27	37
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
2016 Nissan Rogue		N/A					
Lender							
Nissan Motor Acceptance Corp							
Address of Lender							
PO Box 9001132Louisville, KY 40920-1132							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	5,087		5,087
Other interest and finance charges							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	5,087		5,087
14. Insurance							
a. Insurance on Property (buildings only)				\$	5,267		5,267
b. Insurance on Automobiles				\$	2,619		2,619
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$	8,819		8,819
Prf liab 2,845, GenL 4,874, Emp Prac 1,000, Erisa \$10							
14d. Total Insurance Expenditures (14a + b + c)				\$	16,705		16,705
15. Total All Expenditures (A-13 thru C-14)				\$	679,367		679,367

D. Adjustments to Statement of Expenditures

Name of Facility Crestwood Manor, LLC				License No. 1723	Report for Year Ended 9/30/2018	Page 28	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 2,561			2,561
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 762			762
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	1 6	Automobile Expense (e.g. personal use)	\$ 1,962			1,962
18.	16	1 m2	Unallowable Advertising *	\$ 2,225			2,225
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 3,083			3,083
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 10,593			10,593

(Carry Subtotal forward to next page)

* All except "Help Wanted".

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Bank service charges			\$ 385
16	m13	Vending machine-cost of merchandise			\$ 2,412
16	m13	Penalties			\$ 286
Total Other A&G Adjustments			\$ -	\$ -	\$ 3,083

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

Name of Facility				License No.	Report for Year Ended	Page	of
Crestwood Manor, LLC				1723	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 10,593			10,593
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.	22	7 d	Depreciation on Unallowable Motor Vehicles	\$ 2,939			2,939
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 1,719			1,719
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 5,087			5,087
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 20,338			20,338

*** 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.

Crestwood Manor, LLC
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Ancillary Costs			\$ -	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	14b	Insurance-auto (personal use of auto-page 29a)			\$ 1,190
27	10c	Personal property tax (personal use of auto-page 29a)			\$ 529
Total Other Property Adjustments			\$ -	\$ -	\$ 1,719

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	12D	Other interest and finance charges			\$ 5,087
Total Other Adjustments			\$ -	\$ -	\$ 5,087

Schedule of Unallowable Building Interest

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

Page 29 - Adjustments to Statement of Expenditures

Item #39 - Other

			<u>Total</u>	<u>Business</u>	<u>Personal</u>	
<u>Personal Use of Auto - 2016 Nissan Rogue</u>						
	Odometer 9/30/18	43,051				
	Odometer 9/30/17	23,803	19,248	10,500	8,748	
			<u>19,248</u>	<u>10,500</u>	<u>8,748</u>	
	Percentage			54.55%	45.45%	100.00%

Cost report

Page	Line	Description	GL Number	Total	Business	Personal
16	1 6	Auto Expense	60200	4,316	2,354	1,962
27	14 b	Insurance - Auto	63319	2,619	1,429	1,190
22	10 c	Personal Prop Tax - Auto	68005	1,163	634	529
22	7 d	Depreciation - Auto portion	61600	6,467	<u>3,528</u>	<u>2,939</u>
						<u>6,620</u> *

9/30/2018 19500 Member loan, owner 6,620.00
 81500 Personal use of vehicle 6,620.00
 to record personal use of vehicle

* 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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Crestwood Manor, LLC	1723	9/30/2018			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 595,507			595,507		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 64,886			64,886		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 660,393			660,393		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 10,283			10,283		
V. Total Other Revenue (1 thru 8)	\$ 10,283			10,283		
VI. Total All Revenue (III +V)	\$ 670,676			670,676		

* Facility should off-set the appropriate expense on Page 28 or Page 29 of the Cost Report.
 ** Facility should report all contractual allowances and/or payer discounts.

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
301V8	Vending machine			\$ 2,121
301V8	Personal use of auto			\$ 6,620
301V8	Staff med certification reimbursement			\$ 1,166
301V8	Misc Income			\$ 376
Total Other Revenue		\$ -	\$ -	\$ 10,283

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Crestwood Manor, LLC	1723	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	100
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	32,256
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	1,874
5. Prepaid Expenses			\$	4,794
a. Prepaid Gap Insurance	399			
b. Prepaid Heat Expense	657			
c. Prepaid Insurance	3,738			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	
_____ _____ _____ See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	39,024
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	9,571	\$	7,002
	Accum. Depreciation	2,569		Net
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation			Net
4. Leasehold Improvements	*Historical Cost	53,755	\$	42,813
	Accum. Depreciation	10,942		Net
5. Non-Movable Equipment	*Historical Cost	13,271	\$	11,280
	Accum. Depreciation	1,991		Net
6. Movable Equipment	*Historical Cost	9,408	\$	371
	Accum. Depreciation	9,037		Net
7. Motor Vehicles	*Historical Cost	25,868	\$	11,856
	Accum. Depreciation	14,012		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
_____ _____ See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	73,322

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Crestwood Manor, LLC	1723	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	112,346
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	14,500
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	128,227		
	Accum. Depreciation	114,145	Net	\$ 14,082
4. Non-Movable Equipment				
	*Historical Cost	23,880		
	Accum. Depreciation	23,026	Net	\$ 854
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	29,436
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date	\$	
			\$	
7. Other Assets (<i>itemize</i>)			\$	38,124
Loan Receivable-Crestwood Real Estate, Inc.		38,124	\$	
See Schedule			\$	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	38,124
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	179,906

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Crestwood Manor, LLC		1723	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	65,774
2. Notes Payable (<i>itemize</i>)				\$	
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	6,389
Name of Lender		Purpose	Amount	Date Due	
Nissan Acceptance		Vehicle Purchase	6,389	various	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	5,576
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	6,013
6. Accrued Payroll Taxes Payable				\$	745
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>)				\$	18,002
Capital One Credit Card Payable		2,952			
Checking Overdraft		5,065			
Accrued Accounting Fees		9,985			
See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	102,499

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

(Carry Total forward to next page)

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to www.irs.gov/Form1120S for instructions and the latest information.

2017

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

A S election effective date 09/24/10	TYPE OR PRINT	Name CRESTWOOD MANOR, LLC	D Employer identification number 27-3577589
B Business activity code number (see instructions) 623000		Number, street, and room or suite no. If a P.O. box, see instructions 90 BROAD STREET	E Date incorporated 09/24/2010
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code NORWICH CT 06360	F Total assets (see instructions) \$ 150,471

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed
H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation
I Enter the number of shareholders who were shareholders during any part of the tax year **1**

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

Income	1a Gross receipts or sales	1a	660,393	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		660,393
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		660,393
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		
5 Other income (loss) (see instructions—attach statement)		SEE STMT 1		10,282
6 Total income (loss). Add lines 3 through 5	6			670,675
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)	7		60,768
	8 Salaries and wages (less employment credits)	8		286,420
	9 Repairs and maintenance	9		17,298
	10 Bad debts	10		2,560
	11 Rents	11		24,000
	12 Taxes and licenses	12		33,036
	13 Interest	13		5,087
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		5,360
	15 Depletion (Do not deduct oil and gas depletion.)	15		
	16 Advertising	16		3,270
	17 Pension, profit-sharing, etc., plans	17		7,807
	18 Employee benefit programs	18		17,908
	19 Other deductions (attach statement)	19	SEE STMT 2	185,282
	20 Total deductions. Add lines 7 through 19	20		648,796
	21 Ordinary business income (loss). Subtract line 20 from line 6	21		21,879
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)	22c		
	23a 2017 estimated tax payments and 2016 overpayment credited to 2017	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c	23d		
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached	24		
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25		
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26		
27 Enter amount from line 26 Credited to 2018 estimated tax	27			

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

Sign Here	Signature of officer DEBRA A. DUCH	Date	Title MEMBER	
	Print/Type preparer's name MICHAEL J. MICHAUD	Preparer's signature	Date 01/22/19	Check <input type="checkbox"/> if self-employed PTIN P00429449
Paid Preparer Use Only	Firm's name BRODEUR & COMPANY, CPAS, P.C.	Firm's EIN 06-0885645		
	Firm's address P.O. BOX 164 OLD SAYBROOK, CT 06475	Phone no. 860-388-4627		

Schedule B Other Information (see instructions)

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

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

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

(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

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.	Yes	No
	(i) Total shares of restricted stock		<input checked="" type="checkbox"/>
	(ii) Total shares of non-restricted stock		<input checked="" type="checkbox"/>
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.	Yes	No
	(i) Total shares of stock outstanding at the end of the tax year		<input checked="" type="checkbox"/>
	(ii) Total shares of stock outstanding if all instruments were executed		<input checked="" type="checkbox"/>
6	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		<input checked="" type="checkbox"/>
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		<input type="checkbox"/>
8	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions)	\$	
9	Enter the accumulated earnings and profits of the corporation at the end of the tax year.	\$	
10	Does the corporation satisfy both of the following conditions?		
	a The corporation's total receipts (see instructions) for the tax year were less than \$250,000		<input checked="" type="checkbox"/>
	b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		<input checked="" type="checkbox"/>
11	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction	\$	<input checked="" type="checkbox"/>
12	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		<input checked="" type="checkbox"/>
13a	Did the corporation make any payments in 2017 that would require it to file Form(s) 1099?		<input checked="" type="checkbox"/>
b	If "Yes," did the corporation file or will it file required Forms 1099?		<input checked="" type="checkbox"/>

Schedule K Shareholders' Pro Rata Share Items		Total amount	
		1	21,879
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	2	
	2 Net rental real estate income (loss) (attach Form 8825)		
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type ▶	10	
	11 Section 179 deduction (attach Form 4562)	11	
Credits	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
	d Other deductions (see instructions) Type ▶	12d	
Foreign Transactions	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Alternative Minimum Tax (AMT) Items	14a Name of country or U.S. possession ▶	14b	
	b Gross income from all sources	14c	
	c Gross income sourced at shareholder level		
	Foreign gross income sourced at corporate level	14d	
	d Passive category	14e	
	e General category	14f	
	f Other (attach statement)		
	Deductions allocated and apportioned at shareholder level	14g	
	g Interest expense	14h	
	h Other		
	Deductions allocated and apportioned at corporate level to foreign source income	14i	
	i Passive category	14j	
	j General category	14k	
	k Other (attach statement)		
Other information	14l		
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14m		
m Reduction in taxes available for credit (attach statement)			
n Other foreign tax information (attach statement)			
Items Affecting Shareholder Basis	15a Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties – gross income	15d	
	e Oil, gas, and geothermal properties – deductions	15e	
	f Other AMT items (attach statement)	15f	
	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	286
	d Distributions (attach statement if required) (see instructions)	16d	
	e Repayment of loans from shareholders	16e	10,387

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14i	18	21,879

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		2,371		100
2a	Trade notes and accounts receivable	43,463		32,256	
b	Less allowance for bad debts		43,463		32,256
3	Inventories		1,796		1,874
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement) STMT 3		35,487		42,918
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	98,926		111,874	
b	Less accumulated depreciation	28,155	70,771	38,551	73,323
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach statement)				
15	Total assets		153,888		150,471
Liabilities and Shareholders' Equity					
16	Accounts payable		60,611		65,773
17	Mortgages, notes, bonds payable in less than 1 year		6,389		6,389
18	Other current liabilities (attach statement) STMT 4		31,295		30,338
19	Loans from shareholders		47,732		37,345
20	Mortgages, notes, bonds payable in 1 year or more		24,492		18,103
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings		-16,631		-7,477
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		153,888		150,471

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

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

<p>1 Net income (loss) per books 9,154</p> <p>2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)</p> <p>3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):</p> <p style="padding-left: 20px;">a Depreciation \$ 6,488</p> <p style="padding-left: 20px;">b Travel and entertainment \$</p> <p style="padding-left: 40px;">STMT 5 9,104</p> <p>4 Add lines 1 through 3 24,746</p>	<p>5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):</p> <p style="padding-left: 20px;">a Tax-exempt interest \$</p> <p>6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):</p> <p style="padding-left: 20px;">a Depreciation \$</p> <p style="padding-left: 40px;">STMT 6 2,867</p> <p>7 Add lines 5 and 6 2,867</p> <p>8 Income (loss) (Schedule K, line 18). Line 4 less line 7 21,879</p>
---	--

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

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	46,890		
2 Ordinary income from page 1, line 21	21,879		
3 Other additions			
4 Loss from page 1, line 21			
5 Other reductions STMT 7	(286)		
6 Combine lines 1 through 5	68,483		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	68,483		

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

2017

For calendar year 2017, or tax year

beginning **10/01/17**

ending **09/30/18**

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

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss) 21,879	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
6b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16 C*	Items affecting shareholder basis 286
12	Other deductions	E	10,387
		17 V*	Other information STMT

Part I Information About the Corporation

A Corporation's employer identification number
27-3577589

B Corporation's name, address, city, state, and ZIP code
CRESTWOOD MANOR, LLC

90 BROAD STREET
NORWICH CT 06360

C IRS Center where corporation filed return
E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number
040-50-6004

E Shareholder's name, address, city, state, and ZIP code
DEBRA A. DUCH
489 BROOKLYN ROAD

CANTERBURY CT 06331

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

For IRS Use Only

* See attached statement for additional information.

Compensation of Officers

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

▶ Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.

Name

CRESTWOOD MANOR, LLC

Employer identification number

27-3577589

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

(a) Name of officer	(b) Social security number (see instructions)	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 DEBRA A. DUCH	040-50-6004	100.000 %	100.000 %	%	60,768
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
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		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers					2 60,768
3 Compensation of officers claimed on Form 1125-A or elsewhere on return					3
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return					4 60,768

For Paperwork Reduction Act Notice, see separate 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 for instructions and the latest information.

Name(s) shown on return

CRESTWOOD MANOR, LLC

Identifying number

27-3577589

Business or activity to which this form relates

REGULAR DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	510,000
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	2,030,000
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 2016 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 2018. 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 2017	17	1,956
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
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	
i Nonresidential real property	10/04/17	14,400	39 yrs.	MM	S/L	354
				MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	3,050
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,360
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate Instructions.

Form 4562 (2017)

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

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

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

24a Do you have evidence to support the business/investment use claimed? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No
Table with columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use:
2016 NISSAN ROUGE
07/22/16 100.00% 33,250 23,965 5.0 200DBMC 3,050
27 Property used 50% or less in a qualified business use:
S/L-
S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 3,050
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B--Information on Use of Vehicles

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

Table with columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) 19,248
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 19,248
34 Was the vehicle available for personal use during off-duty hours? [X] Yes [] No
35 Was the vehicle used primarily by a more than 5% owner or related person? [X] Yes [] No
36 Is another vehicle available for personal use? [X] Yes [] No

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

Table with columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):
43 Amortization of costs that began before your 2017 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.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Attachment
 Sequence No. **27**

Name(s) shown on return CRESTWOOD MANOR, LLC	Identifying number 27-3577589
--	---

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 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)
	SEE STATEMENT 8						

3 Gain, if any, from Form 4684, line 39	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6 Gain, if any, from line 32, from other than casualty or theft	6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large 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
8 Nonrecaptured net section 1231 losses from prior years. See instructions	8
9 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
	0

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):

--	--	--	--	--	--

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

For Paperwork Reduction Act Notice, see separate instructions. Form **4797** (2017)

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Statements

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

<u>Description</u>	<u>Amount</u>
VENDING MACHINES	\$ 2,121
PUA REIMBURSEMENT	6,620
MISC INCOME	1,541
TOTAL	\$ <u>10,282</u>

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

<u>Description</u>	<u>Amount</u>
ACCOUNTING AND AUDITING FEES	\$ 15,580
AUTOMOBILE EXPENSE	4,316
BACKGROUND CHECKS	375
BANK SERVICE CHARGES	385
CELL PHONE	1,482
COMPUTER & INTERNET	2,260
CONTINUING EDUCATION	145
DIETARY - RAW FOOD	48,634
DIETARY SUPPLIES	5,375
DUES	550
EMPLOYEE MILEAGE REIMBURSEMNT	257
EQUIPMENT RENTAL	3,926
GIFTS TO EMPLOYEES	71
GIFTS TO RESIDENTS	369
HOUSEKEEPING SUPPLIES	4,135
INSURANCE - ERISA BOND	100
INSURANCE-AUTO	2,619
INSURANCE-EMPLOYMNT PRACTICES	1,000
INSURANCE-GENERAL LIABILITY	4,874
INSURANCE-PROFESSIONAL LIAB	2,845
INSURANCE-PROPERTY	5,266
INSURANCE-WORKER'S COMP	10,383
LAUNDRY SUPPLIES	980
LICENSES AND PERMITS	370
LINENS	570
MEDICINE CABINET SUPPLIES	722
OFFICE EXPENSE	2,330
PAYROLL PROCESSING FEES	17,016
POSTAGE	330
RECREATION - OTHER	1,395
RECREATION & SUPPLIES	1,050
RECREATION - CABLE TV	1,078
RECREATION - EXERCISE PROGRAM	960
SUBSCRIPTIONS	746
TELEPHONE	1,607
ELECTRICITY	17,800
GAS/HEAT	9,862
WATER AND SEWER	8,020
VENDING MACHINE SUPPLIES	2,412
WASTE REMOVAL	3,087
TOTAL	\$ <u>185,282</u>

Federal Statements

Statement 3 - Form 1120S, Page 4, Schedule L, Line 6 - Other Current Assets

Description	Beginning of Year	End of Year
DUE FROM CRESTWOOD RE	\$ 29,924	\$ 38,124
PREPAID EXPENSES		657
PREPAID GAP INSURANCE-NISSAN	399	399
PREPAID INSURANCE	5,164	3,738
TOTAL	\$ 35,487	\$ 42,918

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

Description	Beginning of Year	End of Year
ACCRUED ACCOUNTING FEES	\$ 16,110	\$ 9,985
ACCRUED FICA EXPENSE	649	745
ACCRUED PAYROLL EMPLOYEES	5,613	5,577
ACCRUED PAYROLL OWNER	2,867	6,013
CASH OVERDRAFT		5,066
CREDIT CARD PAYABLE	5,706	2,952
WAGE GARNISHMENT PAYABLE	350	
TOTAL	\$ 31,295	\$ 30,338

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

Description	Amount
ACCRUED OFFICER SALARY - EOY	\$ 6,013
ACCRUED ACCOUNTING FEES	2,805
FINES AND PENALTIES	286
TOTAL	\$ 9,104

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

Description	Amount
ACCRUED OFFICER SALARY - BOY	\$ 2,867
TOTAL	\$ 2,867

Statement 7 - Form 1120S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
FINES AND PENALTIES	\$ 286
TOTAL	\$ 286

Federal Statements

Statement 8 - Form 4797, Part I, Line 2 - Property Held More Than 1 Year

Desc	Date Acquired	Date Sold	Sales Price	Depr Allowed	Basis	Gain or Loss
OFFICE CHAIR	6/01/00	7/01/18	\$	30	30	\$
TRACTOR	7/01/05	7/01/18		1,272	1,272	
LOVE SEAT	10/01/05	7/01/18		150	150	
TOTAL						\$ 0

Form 1120S	Retained Earnings Reconciliation Worksheet		2017
Name		For calendar year 2017 or tax year beginning 10/01/17 , ending 09/30/18	Employer Identification Number
CRESTWOOD MANOR, LLC			27-3577589

Schedule L - Retained Earnings

Retained Earnings - Unappropriated	<u>-75,960</u>
Accumulated Adjustments Account	<u>68,483</u>
Other Adjustments Account	<u>0</u>
Undistributed Previously Taxed Income	<u>0</u>
 Schedule L, Line 24 - Retained Earnings	<u><u>-7,477</u></u>

Schedule M-2 - Retained Earnings

	Accumulated Adjustments Account	Other Adjustments Account	Undistributed Previously Taxed Income	Retained Earnings Unappropriated/ Timing Differences	Total Retained Earnings
Beginning of Year Balance	<u>46,890</u>	<u>0</u>	<u>0</u>	<u>-63,521</u>	<u>-16,631</u>
Ordinary Income (Loss)	<u>21,879</u>				<u>21,879</u>
Other Additions				<u>2,867</u>	<u>2,867</u>
Other Reductions	<u>286</u>			<u>15,306</u>	<u>15,592</u>
Distributions					
End of Year Balance	<u><u>68,483</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>-75,960</u></u>	<u><u>-7,477</u></u>

Federal Statements

Form 1120S, Retained Earnings Reconciliation Worksheet, AAA - Other Reductions

<u>Description</u>	<u>Amount</u>
FINES AND PENALTIES	\$ <u>286</u>
TOTAL	\$ <u><u>286</u></u>

Form 1120S, Retained Earnings Reconciliation Worksheet, REU - Other Additions

<u>Description</u>	<u>Amount</u>
ACCRUED OFFICER SALARY - BOY	\$ <u>2,867</u>
TOTAL	\$ <u><u>2,867</u></u>

Form 1120S, Retained Earnings Reconciliation Worksheet, REU - Other Reductions

<u>Description</u>	<u>Amount</u>
ACCRUED OFFICER SALARY - EOY	\$ <u>6,013</u>
ACCRUED ACCOUNTING FEES	<u>2,805</u>
DEPRECIATION BOOK/TAX DIF	<u>6,488</u>
TOTAL	\$ <u><u>15,306</u></u>

Federal Statements

Reconciliation of Schedule M-2 to Schedule L Ending Retained Earnings

<u>Description</u>	<u>Amount</u>
SCHEDULE M-2 ENDING BALANCE - AAA	\$ 68,483
BEGINING OF YEAR DIFFERENCES	-63,521
2017 ACCRUED OFFICER SALARY - BOY	2,867
2017 ACCRUED OFFICER SALARY - EOY	-6,013
2017 ACCRUED ACCOUNTING FEES	-2,805
2017 DEPRECIATION BOOK/TAX DIFFERENCE	-6,488
2017 RECONCILED SCHEDULE M-2 ENDING BALANCE	<u>-7,477</u>
2017 SCHEDULE L ENDING RETAINED EARNINGS	<u>-7,477</u>

G. Balance Sheet (cont'd)

Name of Facility Crestwood Manor, LLC		License No. 1723	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				102,499	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	18,103
Name of Lender	Purpose	Amount	Date Due		
Nissan Acceptance	Vehicle Purchase	18,103	various		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	37,345
Name and Address of Lender	Amount	Loan Date			
Debra Duch	37,345	various			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	
_____ _____ See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$	55,448
C. Total All Liabilities (Lines A-13 + B-5)				\$	157,947

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

Name of Facility	License No.	Report for Year Ended	Page	of
Crestwood Manor, LLC	1723	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	14,500
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	14,082
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	854
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	29,436
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(16,631)
6. Gain or Loss for Period			\$	9,154
7. Total Net Worth			\$	(7,477)
C. Total Reserves and Net Worth			\$	21,959
D. Total Liabilities, Reserves, and Net Worth			\$	179,906


H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Crestwood Manor, LLC	1723	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(16,631)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	670,676
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	661,522
D. Net Income or Deficit			\$	9,154
E. Balance			\$	(7,477)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(7,477)
				09/30/18

Page 36 Expense Reconciliation

Total expenses pg. 27	679,367
Property taxes paid by owner	(14,264)
Depreciation for equity purposes only-building	(2,704)
Depreciation for equity purposes only-nonremovable equipment	(877)
Total expenses per Trial Balance, pg. 36, line C	<u><u>661,522</u></u>

I. Preparer's/Reviewer's Certification

Name of Facility Crestwood Manor, LLC		License No. 1723	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>					
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title CPA		Date Signed 1/29/19	
Printed Name of Preparer Michael Michaud					
Address Address PO Box 164, Old Saybrook, CT 06475				Phone Number 860-388-4627	
Annual Report Contact Michael Michaud, CPA				Phone Number 860-388-4627	
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