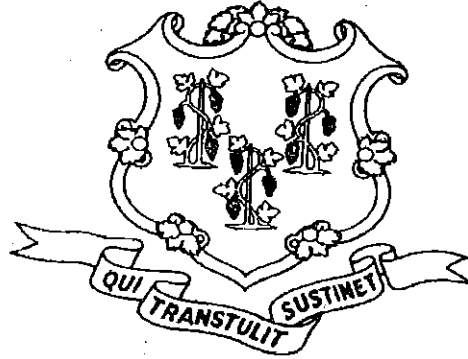


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Garden Brook Residential Care Home	
Address (No. & Street, City, State, Zip Code) 47 Straits Turnpike, Watertown, CT 06795	
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 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH	RHNS	Residential Care Home 1886	Medicare Provider
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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**For Department Use Only**

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

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**General Information**

Name of Facility (as licensed) Garden Brook Residential Care Home	License No. 1886	Report for Year Ended 9/30/2017	Page 1	of 37
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**Administrator's/Owner's Certification**

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Garden Brook Residential Care Home [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Timothy J. Flaherty			Printed Name (Owner) Carmine Castiglione		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Garden Brook Residential Care Home		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 47 Straits Turnpike, Watertown, CT 06795				
Report Prepared By Brodeur & Co., CPA, P.C.		Phone Number 860-388-4627	Date 1/11/2018	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 30,853			30,853
2. Laundry wages paid	\$ 21,193			21,193
3. Housekeeping wages paid	\$ 40,389			40,389
4. Nursing wages paid	\$			
5. All other wages paid	\$ 207,706			207,706
6. <b>Total Wages Paid</b>	<b>\$ 300,141</b>			<b>300,141</b>
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid (As per page 10 of Report)</b>	<b>\$ 300,141</b>			<b>300,141</b>

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

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

Phone No. of Facility 860-274-8905		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Garden Brook Residential Care Home		Address (No. & Street, City, State, Zip) 47 Straits Turnpike, Watertown, CT 06795		
License Numbers:	CCNH	RHNS	Residential Care Home 1886	Medicare Provider No.
Type of Facility (Check appropriate box(es))				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No           If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Timothy J. Flaherty		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		









## General Information and Questionnaire Related Parties\*

Name of Facility Garden Brook Residential Care Home	License No. 1886	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No

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

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

If "Yes," provide the following information:

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No %**				
Garden Brook Real Estate, LLC	265 Shuttle Meadow Road, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	Real estate rental	Pg. 22/Line 9	108,000	108,000
Garden Brook Real Estate, LLC	265 Shuttle Meadow Road, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	Loan from related party	Pg. 34/Line B3	14,982	14,982
Carmine O. Castiglione	265 Shuttle Meadow Road, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>	Snowplowing & sanding services	Pg. 22/Line 6f	4,125	4,125
Related Party Employees	See Page 11a	<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				
		<input type="radio"/>	<input type="radio"/>				

\* Use additional sheets if necessary.

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

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Garden Brook Residential Care Home	License No. 1886	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist ( <i>See listing page 13</i> )			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No    If "No," explain fully why such allocation was not made.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)  <input type="radio"/> Yes <input checked="" type="radio"/> No    If "No," explain fully why such allocation was not made.				
N/A				

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

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

Name of Facility		License No.		Report for Year Ended			Page	of
Garden Brook Residential Care Home		1886		9/30/2017			6	37
Name and Address of Lessor	Related * to		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
						<b>Total ***</b>		

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

\* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.

\*\* Attach copies of newly acquired leases.

\*\*\* Amount should agree to Page 22, Line 6e.

**General Information and Questionnaire  
 Accounting Basis**

Name of Facility Garden Brook Residential Care Ho	License No. 1886	Report for Year Ended 9/30/2017	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No            If "No," explain.				
<b>Independent Accounting Firm</b>				
Name of Accounting Firm 1 Brodeur & Company, CPAs, P.C. 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	Assistance with bookkeeping, Quickbooks support, preparation of year end trial balance			\$ 22,055
2	Preparation of annual cost report, tax returns, and DD audit support			\$
3				\$
4				\$
				<b>Charge for Services Provided</b>
				\$ 22,055
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            Pg 15; line 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney 1 2 3 4 5			Telephone Number	
Address (No. & Street, City, State, Zip Code) 1 2 3 4 5				
Services Provided by This Firm ( <i>describe fully</i> )				
1				\$
2				\$
3				\$
4				\$
5				\$
				<b>Charge for Services Provided</b>
				\$
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No. <input type="radio"/> Yes <input type="radio"/> No				

**Schedule of Resident Statistics**

Name of Facility	License No.	Report for Year Ended				Page	of
		9/30/2017					
Garden Brook Residential Care Home	1886	Period 10/1 Thru 6/30		Period 7/1 Thru 9/30		8	37
		Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home		
1. Certified Bed Capacity							
A. On last day of PREVIOUS report period		22					
B. On last day of THIS report period		22					
2. Number of Residents							
A. As of midnight of PREVIOUS report period		22					
B. As of midnight of THIS report period		22					
3. Total Number of Days Care Provided During Period							
A. Medicare							
B. Medicaid (Conn.)							
C. Medicaid (other states)							
D. Private Pay							
E. State SSI for RCH		7,944			5,921		2,023
F. Other (Specify)							
G. Total Care Days During Period (3A thru F)		7,944			7,944		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds							
A. Medicaid Bed Reserve Days							
B. Other Bed Reserve Days							
5. <b>Total Resident Days (3G + 4A + 4B)</b>		7,944			5,921		2,023

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

Name of Facility Garden Brook Residential Care Home			License No. 1886			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span> If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay		Other State Assisted						
	CCNH		CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents									22				
Per Diem Rate													
a. One bed rm.							90.00	90.89					
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments							TOTAL	CCNH	RHNS	Residential Care Home			
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments													

**Report of Expenditures - Salaries & Wages**

Name of Facility	License No.	Report for Year Ended	Page	of		
Garden Brook Residential Care Home	1886	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					52,759	2,081
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					38,435	1,995
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					30,853	2,350
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					40,389	3,320
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					29,145	1,512
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					21,193	1,858
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					69,390	5,769
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					17,977	1,138
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>					300,141	20,023

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

Schedule of Other Salaries and Wages (Page 10)

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

Schedule of Other Fees (Page 13)

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



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

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

Name of Facility		License No.		Report for Year Ended		Page	of			
Garden Brook Residential Care Home		1886		9/30/2017		11	37			
Name	Salary Paid		Residential Care Home	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS								
<b>Section I - Operators/Owners</b>										
Carmine Castiglione			37,514		various	1,876				
<b>Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).</b>										
Related party employees-see pg. 11a			63,939		various	3,903	various			

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

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

Section 11 - Other Related Parties of Operators/Owners

Name	RCH Salary	Fringe Benefits	Full Description of Services Performed	Total Hrs. Worked	Line Pg 10	Name & Address of All Other Employment	Total Hrs Worked	Comp. Received
Carmine O. Castiglione	1,369.61		Housekeeping	69	A.6b	Self Employed	800	50,000.00
	17,804.98		Maintenance	891	A.7b	Victorian Gardens, Plainville, CT	281	5,620.00
	8,217.68		Recreation	410	A.12h			
	<u>27,392.27</u>			<u>1,370</u>				
Christopher Orgnon	3,819.60		Aide/Attendant	255	A.12d	Fleming Steakhouse, West Hartford, CT	70	5,000.00
	2,122.00		Mainenance	142	A.7b	Victorian Gardens, Plainville, CT	117	1,755.00
	2,546.40		Recreation	170	A.12h	Self-employed	450	7,000.00
	<u>8,488.00</u>			<u>567</u>		CT NEMO (temporary, 3 mos))		20,000.00
Carmine Castiglione	3,751.40		Dietary	188	A.5c	Victorian Gardens RCH	138	2,760.00
	7,502.80		Maintenance	375	A.7b	Plainville, CT		
	1,875.70		Recreation	94	A.12h			
	22,508.40		Other Admin	1,126	A4			
	1,875.70		Aide/Attendant	93	A.12d			
<u>37,514.00</u>			<u>1,876</u>					
Tim Flaherty	<u>52,759.49</u>		Administrator	2,081	A2	Fleming Steakhouse, West Hartford, CT	1000	25,000.00
Mary Lou Castiglione	<u>12,798.00</u>		Other Admin	640	A4	Victorian Gardens RCH LLC	466	8,408.00
						Plainville, CT		
Shane Hubbard	12,208.90		Dietary	1,062	A.5c			
	3,052.23		Aide/Attendant	265	A.12d			
	<u>15,261.13</u>			<u>1,327</u>				
Total All Related Party	154,212.89			7,861				

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

Name of Facility (as licensed) Garden Brook Residential Care Home			License No. 1886	Report for Year Ended 9/30/2017		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							
<b>Section III - Administrators***</b>									
Timothy Flaherty			52,759		2,081	A2			
<b>Section IV - Assistant Administrators</b>									

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

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

Name of Facility	License No.	Report for Year Ended	Page	of		
Garden Brook Residential Care Home	1886	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>						

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

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

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

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

Name of Facility Garden Brook Residential Care Home		License No. 1886		Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers			Explanation of Relationship	
		Yes	No			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
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		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			
		<input type="radio"/>	<input type="radio"/>			

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home	1886	9/30/2017	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 12,862			12,862
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 4,341			4,341
4. Social Security (F.I.C.A.)	\$ 22,802			22,802
5. Health Insurance	\$ 53,060			53,060
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 6,509			6,509
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*	\$ 3,704			3,704
d. Accounting and Auditing	\$ 22,055			22,055
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	\$ 2,338			2,338
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 3,901			3,901
2. Cellular Phones	\$			
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	\$ 250			250
3. Resident Day User Fee	\$			
<b>Subtotal</b>	\$ 131,822			131,822

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

(Carry Subtotals forward to next page)

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

Garden Brook Residential Care Home  
9/30/2017

Attachment Page 15

**Schedule of Other Employee Benefits**

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

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**Schedule of Other Taxes**

Description	CCNH	RHNS	Residential Care Home
Business entity tax			\$ 250
<b>Total</b>	\$ -	\$ -	\$ 250

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

Name of Facility	License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home	1886	9/30/2017	16	37
Item	Total	CCNH	RHNS	Residential Care Home
<b>Subtotals Brought Forward:</b>	131,822			131,822
<b>I. Travel and Entertainment</b>				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 758			758
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$ 290			290
6. Automobile Expense (not purchase or depreciation)	\$ 1,350			1,350
7. Other (Specify) See Attached Schedule	\$			
<b>m. Other Administrative and General Expenses</b>				
1. Advertising Help Wanted (all such expenses)	\$ 389			389
2. Advertising Telephone Directory (all such expenses)***	\$			
3. Advertising Other (Specify)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 104			104
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 550			550
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 228			228
10. Contributions*** See Attached Schedule	\$			
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$			
12. Administrative Management Services**	\$			
13. Other (Specify) See Attached Schedule	\$ 6,879			6,879
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 142,370			142,370

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

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

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



Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

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

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Pension admin fees			\$ 1,334
CT Secretary of State			\$ 40
Payroll processing fee			\$ 3,643
CT Bureau of Boilers			\$ 80
Torrington Health District			\$ 350
Miscellaneous			\$ 1,372
Bank Service Charges			\$ 60
<b>Total Other Administrative and General</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 6,879</b>

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

Name of Facility Garden Brook Residential Care Home	License No. 1886	Report for Year Ended 9/30/2017	Page of 17   37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home		1886	9/30/2017	18	37
Item	Total	CCNH	RHNS	Residential Care Home	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 51,324				51,324
2. Non-Food Supplies	\$ 3,400				3,400
3. Other ( <i>Specify</i> ) _____	\$ _____				
b. Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	\$ _____				
c. Management Services**	\$ _____				
d. Other ( <i>Specify</i> ) _____	\$ _____				
2E. <b>Total Dietary Expenditures (2a + b + c + d)</b>	\$ 54,724				54,724
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 checked="" type="radio"/> Yes	<input type="radio"/> No		If yes, specify cost. \$1,168	
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.

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home	1886	9/30/2017	19	37
Item	Total	CCNH	RHNS	Residential Care Home
<b>3. Laundry</b>				
<b>a. In-House Processing*</b>	Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	547		547
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. \$	42		42
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) Temporary Laundry Help	\$	176		176
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	\$	<b>765</b>		<b>765</b>
<b>3F. Laundry Questionnaire</b>				
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

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

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Garden Brook Residential Care Home		1886	9/30/2017		20	37
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	4,585			4,585
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*		\$			
d.	Other ( <i>Specify</i> )		\$			
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)		\$ 4,585			4,585
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from		\$			
b.	Medicine Cabinet Drugs		\$ 998			998
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		\$ 3,703			3,703
j.	Other ( <i>Specify</i> )**** See Attached Schedule		\$ 3,756			3,756
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)		\$ 8,457			8,457

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

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

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

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



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

Name of Facility		License No.		Report for Year Ended		Page of				
Garden Brook Residential Care Home		1886		9/30/2017		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.***			Pg	Line
		Yes	No			CCNH	RHNS	Residential Care Home		
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
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		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Garden Brook Residential Care Home	1886	9/30/2017			22	37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 24,727				24,727	
b. Heat	\$ 5,153				5,153	
c. Light & Power	\$ 14,778				14,778	
d. Water	\$ 1,474				1,474	
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$					
f. Other ( <i>itemize</i> )	\$ 13,264				13,264	
See Attached Schedule						
6g. <b>Total Maint. &amp; Operating Expense</b> (6a - 6f)	\$ 59,396				59,396	
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$ 860				860	
b. Building & Building Improvements	\$ 43,000				43,000	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 9,912				9,912	
*7e. <b>Total Depreciation Costs</b> (7a + b + c + d)	\$ 53,772				53,772	
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$ 8,210				8,210	
b. Mortgage Expense	\$ 1,432				1,432	
c. Leasehold Improvements	\$ 5,952				5,952	
d. Other ( <i>Specify</i> )	\$					
*8e. <b>Total Amortization Costs</b> (8a + b + c + d)	\$ 15,594				15,594	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 108,000				108,000	
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 22,811				22,811	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,270				2,270	
11. <b>Total Property Expenses</b> (7e + 8e + 9 + 10)	\$ 202,447				202,447	

\* Amounts entered in these items must agree with detail on Schedule for Depreciation and Amortization Page 23 and Page 24.



**Schedule of Other Repairs and Maintenance**

Description	CCNH	RHNS	Residential Care Home
Natural gas			\$ 2,914
Security			\$ 1,129
Fire control			\$ 2,186
Landscaping			\$ 174
Pest control			\$ 842
Snow plowing and sanding			\$ 4,125
Waste disposal			\$ 1,894
<b>Total Other Repairs and Maintenance</b>	\$ -	\$ -	\$ 13,264

### Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Garden Brook Residential Care Home		1886		9/30/2017				23	37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
<b>A. Land Improvements</b>									
1. Acquired prior to this report period		15,700		15,700	5,960	S/L	20	860	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>A-4. Subtotal</b>									860
<b>B. Building and Building Improvements</b>									
1. Acquired prior to this report period		860,000		860,000	387,000	S/L	20	43,000	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>B-4. Subtotal</b>									43,000
<b>C. Non-Movable Equipment</b>									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
<b>C-4. Subtotal</b>									
<b>D. Movable Equipment</b>									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. 2014 Kia Sedona (sold 9/2017)		30,083		30,083	26,323	S/L	4	3,760	
b. 2017 Kia Sorento		32,072		32,072		S/L	4	4,009	
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period									
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)									
<b>D-3. Subtotal</b>									9,912
<b>E. Total Depreciation</b>									53,772

Garden Brook Residential Care Home  
9/30/2017

Schedule of Land Improvements Acquired during this report period

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

\*Ties to Page 23, Line A3

\*\*Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

\*Ties to Page 23, Line B3

\*\*Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

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

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Garden Brook Residential Care Home	Date of Acquisition		License No. 1886	Report for Year Ended 9/30/2017			Page 24	of 37		
	Month	Year		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations			Basis for Computing Amortization**	Rate %
<b>A. Organization Expense</b>										
1. Goodwill	10	2007	180 mo	123,162	73,214	S/L			8,210	
2.										
3.										
<b>A-4. Subtotal</b>										8,210
<b>B. Mortgage Expense</b>										
1. Closing Costs	10	2014	180 mo	1,615	216	S/L			1,399	
2. Closing Costs	8	2015	60 mo	986		S/L			33	
3.										
<b>B-4. Subtotal</b>										1,432
<b>C. Leasehold Improvements and Other</b>										
1. Acquired prior to this report period	var	var	var	58,246	27,064	S/L			5,952	
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
<b>C-4. Subtotal</b>										5,952
<b>D. Total Amortization</b>										15,594

\* Straight-line method must be used.  
 \*\* Specify which of the following bases were used:  
 A. Minimum of 5 years or 60 months.  
 B. Life of mortgage; OR  
 C. Remaining Life of Lease; OR  
 D. Actual Life if owned by Related Party.

GARDENBROOK Garden Brook Residential Care Home  
DSS Asset Detail 10/01/16 - 9/30/17

20-8890055  
FYE: 9/30/2017

Asset Id	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
<b>DEPARTMENT: AMORTIZATION</b>											
1	GOODWILL	10/19/07	123,162.00	0.00	0.00	73,212.97	8,210.80	81,423.77	41,738.23	Amort	15.00
93	CLOSING COSTS MTG PAYOFF	10/10/14	1,615.00	0.00	0.00	215.34	1,399.66	1,615.00	0.00	Amort	15.00
96	FARMINGTON LOAN COSTS	8/15/17	986.00	0.00c	0.00	0.00	32.87	32.87	953.13	Amort	5.00
	<b>AMORTIZATION</b>		<b>125,763.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>73,428.31</b>	<b>9,643.33</b>	<b>83,071.64</b>	<b>42,691.36</b>		
<b>DEPARTMENT: AUTO</b>											
70	2014 KIA SEDONA	9/30/13	30,082.56	0.00	0.00	26,322.24	3,760.32	30,082.56	0.00	S/L	4.00
97	2017 KIA SORENTO	9/25/17	32,071.92	0.00c	0.00	0.00	4,008.99	4,008.99	28,062.93	S/L	4.00
	<b>AUTO</b>		<b>62,154.48</b>	<b>0.00c</b>	<b>0.00</b>	<b>26,322.24</b>	<b>7,769.31</b>	<b>34,091.55</b>	<b>28,062.93</b>		
	<b>*Less: Dispositions and Transfers</b>		<b>30,082.56</b>	<b>0.00</b>	<b>0.00</b>	<b>26,322.24</b>	<b>0.00</b>	<b>30,082.56</b>	<b>0.00</b>		
	<b>Net AUTO</b>		<b>32,071.92</b>	<b>0.00c</b>	<b>0.00</b>	<b>0.00</b>	<b>7,769.31</b>	<b>4,008.99</b>	<b>28,062.93</b>		
<b>DEPARTMENT: COMPUTERS</b>											
26	HP COMPUTER	2/18/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
	<b>COMPUTERS</b>		<b>0.00</b>	<b>0.00c</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
<b>DEPARTMENT: EQUIPMENT</b>											
11	DISHWASHER HOB LXIHS	5/29/08	4,743.50	0.00	0.00	3,952.92	474.35	4,427.27	316.23	S/L	10.00
12	FREEZER TRUE T12F	9/17/08	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
13	REFRIGERATOR TRUE T35	9/17/08	2,862.00	0.00	0.00	2,289.60	286.20	2,575.80	286.20	S/L	10.00
20	Security Camera	6/11/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
25	Phone System (Baldwin Comm)	9/30/09	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
46	APPLIANCES	9/09/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
47	GAS GRILL	9/10/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
50	JUICE DISPENSER	5/17/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
51	LAWN EQUIPMENT	9/19/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
65	2 DOOR ARCTIC COOLER	9/30/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
66	2 FREEZERS	9/30/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
67	DRYER (SEARS)	11/21/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
69	TOWER GENERATOR	9/16/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
83	FRONT LOAD WASHER	9/21/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
84	FRONT LOAD WASHER	9/21/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
86	BAKERS PRICE GAS RANGE	9/21/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
90	DRYER	9/30/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
91	Tiger Cart Received in trade for ass	9/29/15	11,204.22	0.00	0.00	1,680.63	1,120.42	2,801.05	8,403.17	S/L	10.00
	<b>EQUIPMENT</b>		<b>18,809.72</b>	<b>0.00c</b>	<b>0.00</b>	<b>7,923.15</b>	<b>1,880.97</b>	<b>9,804.12</b>	<b>9,005.60</b>		
<b>DEPARTMENT: FOR EQUITY ONLY</b>											
72	LAND IMPROVEMENTS	10/19/07	11,200.00	0.00	0.00	4,760.00	560.00	5,320.00	5,880.00	S/L	20.00
73	RCH Buildings	10/19/07	720,000.00	0.00	0.00	324,600.00	36,000.00	360,600.00	359,400.00	S/L	20.00
74	Building #4	10/19/07	140,000.00	0.00	0.00	62,400.00	7,000.00	69,400.00	70,600.00	S/L	20.00



**DSS Asset Detail 10/01/16 - 9/30/17**

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
<b>DEPARTMENT: LEASEHOLD IMPROVEMENTS (continued)</b>													
58		HARDWOOD FLOORING	9/21/13	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
62		ELECTRICAL WORK	9/26/13	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
75		AC Unit	2/25/14	18,100.00	0.00		0.00	3,016.67	1,206.67	4,223.34	13,876.66	S/L	15.0
77		PLUMBING	2/10/14	4,785.75	0.00		0.00	2,871.45	957.15	3,828.60	957.15	S/L	5.0
81		GUTTERS - Main Bldg	9/25/15	2,765.00	0.00		0.00	829.50	553.00	1,382.50	1,382.50	S/L	5.00
87		GUTTERS (BLDG 3)	9/26/15	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
88		GFI OUTLETS & HEAT WIRES	9/29/15	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
89		FLOODLIGHTS	9/30/15	0.00	0.00		0.00	0.00	0.00	0.00	0.00		0.0
92		2 TRANE DUCTLESS WALL UNI	9/29/15	4,300.00	0.00		0.00	1,290.00	860.00	2,150.00	2,150.00	S/L	5.00
94		Chik's Painting	5/14/14	10,500.00	0.00		0.00	5,250.00	2,100.00	7,350.00	3,150.00	S/L	5.00
95		NEW DECK MATERIALS	9/28/16	4,126.42	0.00		0.00	137.55	275.09	412.64	3,713.78	S/L	15.00
		<b>LEASEHOLD IMPROVEMENTS</b>		<b>58,246.17</b>	<b>0.00c</b>		<b>0.00</b>	<b>27,064.17</b>	<b>5,951.91</b>	<b>33,016.08</b>	<b>25,230.99</b>		
		<b>Grand Total</b>		<b>1,171,715.87</b>	<b>0.00c</b>		<b>0.00</b>	<b>529,905.98</b>	<b>69,367.87</b>	<b>599,273.85</b>	<b>572,442.02</b>		
		<b>Less: Dispositions and Transfers</b>		<b>30,082.56</b>	<b>0.00</b>		<b>0.00</b>	<b>26,322.24</b>	<b>0.00</b>	<b>30,082.56</b>	<b>0.00</b>		
		<b>Net Grand Total</b>		<b>1,141,633.31</b>	<b>0.00c</b>		<b>0.00</b>	<b>503,583.74</b>	<b>69,367.87</b>	<b>569,191.29</b>	<b>572,442.02</b>		



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

Name of Facility Garden Brook Residential Care Home	License No. 1886	Report for Year Ended 9/30/2017	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description	Total			
1. Date Land Purchased	10/19/07			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity	22			
6. Square Footage	9,579			
7. Acquisition Cost				
a. Land				
b. Building				
<b>Part B - Owner and Related Parties</b>	<b>1st Mortgage</b>	<b>2nd Mortgage</b>	<b>3rd Mortgage</b>	<b>4th Mortgage</b>
<b>1. Financing</b>				
a. Type of Financing (e.g., fixed, variable)	Fixed	Fixed	Fixed	
b. Date Mortgage Obtained	10/19/07	01/16/08	10/19/14	
c. Interest Rate for the Cost Year	8.12%	5.24%	5.36%	
d. Term of Mortgage (number of years)	20	20	5	
e. Amount of Principal Borrowed	524,210	380,000	125,000	
f. Principal balance outstanding as of 9/30/17				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)	Adjustable Term Not	Fixed		
h. Date of Refinancing	08/15/17	08/15/17		
i. New Interest Rate	4.75%	4.75%		
j. Term of Mortgage (number of years)	15	5		
k. Amount of Principal Borrowed	640,000	70,000		
l. Principal Outstanding on Note Paid-Off	625,932	60,474		
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

## COMMERCIAL LEASE

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

### WITNESSETH

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

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

6. The parties further agree that the Lessee shall pay in addition to the rental hereinabove set forth, the following charges and expenses:
  - a. All charges for heat, sewer, water, gas, electricity, telephone, and/or other utilities used, consumed on, or levied against the leased premises;
  - b. All charges for refuse removal from the leased premises;
7. It is further agreed between the parties hereto as follows:
  - a. The Lessor shall maintain the exterior of the leased premises including snow removal;
  - b. That the Lessee, at his own expense, shall keep the interior of the leased premises heated in a manner sufficient to avoid damage to the premises;
  - c. That the Lessee shall have the right to erect a suitable exterior sign with the approval of the Lessor which sign shall, with the approval of the Lessor, shall be in keeping with the other signs located thereon;
  - d. The Lessee agrees that he will make no structural alterations or improvements of or to the leased premises without the written consent of the Lessor and any improvements so made shall be the property of the Lessor. Any personal property and trade fixtures installed by the Lessee in the leased premises shall be removed by the Lessee at the expiration of this lease or any renewal periods thereof provided however, that the leased premises shall then be restored at the Lessee's expense to their original condition existing as of the date of Lessee's initial occupancy, ordinary wear and tear excepted;
  - e. That the Lessee shall be responsible for maintenance, replacement, and repair in good order, of the electrical, plumbing, heating and cooling systems and fixtures.
8. Lessee shall permit Lessor to use and maintain and replace pipes and conduits in and through the demised premises and to erect new pipes and conduits therein and to make other repairs to the leased premises provided, however, that such work shall, whenever possible, be performed at such time as will cause the least disruption to the Lessee's business

9. The Lessee agrees to pay to the lessor, as additional rent, a late charge of five percent (5%) of any rental payment due hereunder which payment is not received by the Lessor within ten (10) days of the due date of such payment.
10. The Lessee further agrees to pay interest to Lessor on all rents remaining due and owing more than thirty (30) days at the rate of one and one half ( 1 ½ %) percent per month (18%) per annum.
11. The Lessee agrees to pay all costs incurred by the Lessor in the enforcement of any provision of this Lease; in any summary process action against the Lessee in which the Lessor is the prevailing party; and/or in the collection of any sums due hereunder including a reasonable attorney's fee.
12. And the Lessee further covenants and agrees that no accumulation of boxes, barrels, bottles, packages, waste paper, or other articles shall be permitted in or upon the premises.
13. The Lessor covenants that the Lessee, on paying the said rentals and performing the covenants and conditions in this Lease contract, shall and may be peaceably and quietly have, hold and enjoy the leased premises of the term aforesaid without 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 or 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 forgoing rights and remedies of the Lessor are not exclusive but are additional to all rights and remedies of the Lessor would otherwise have by law.

34. The parties hereto further agree that all Lessors 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 souls this 1st day of October, 2010.

WITNESS:

\_\_\_\_\_

LESSOR:

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

WITNESS:

\_\_\_\_\_

LESSEE:

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



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

Name of Facility		License No.	Report for Year Ended			Page	of
Garden Brook Residential Care Home		1886	9/30/2017			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Garden Brook Residential Care Ho		1886		9/30/2017		27	37
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$ 81			81
A. Item		Rate	Amount				
2014 Kia Sedona		1.90%					
Lender							
Kia Motors Finance							
Address of Lender							
PO Box 650805 Dallas, TX 75265-0805							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
2017 Kia Sorento		4.99%	32,871				
Lender							
Kia Motors Finance							
Address of Lender							
PO Box 650805 Dallas, TX 75265-0805							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 81			81
12. D. Other Interest Expense (Specify)				\$ 4,583			4,583
Webster \$3,750, Farmington Bank \$146, Fin Chg \$687							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 4,664			4,664
14. Insurance							
a. Insurance on Property (buildings only)				\$ 4,856			4,856
b. Insurance on Automobiles				\$ 2,042			2,042
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 5,444			5,444
Gen Liab \$4,040. Emp Liab \$1,247, Flood \$157							
14d. Total Insurance Expenditures (14a + b + c)				\$ 12,342			12,342
15. Total All Expenditures (A-13 thru C-14)				\$ 789,891			789,891

### D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Garden Brook Residential Care Home			1886	9/30/2017	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.	15	c	Bad Debts	\$ 3,704			3,704
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.			Unallowable Advertising *	\$			
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,432			1,432
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$ 1,168			1,168
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
<b>Subtotal (Items 1 - 26)</b>				\$ 6,304			6,304

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

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

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	m13	Miscellaneous			\$ 1,372
16	m13	Bank Service Charges			\$ 60
<b>Total Other A&amp;G Adjustments</b>			\$ -	\$ -	\$ 1,432

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

<u>Page</u>	<u>Line</u>	<u>Description</u>	<u>GL Number</u>	<u>Amount</u>
-------------	-------------	--------------------	------------------	---------------

Item #24 - Meals to employees, guests, and others who are not residents

**Average Cost/Meal**

10	A.5.c	Dietary Wages	6030	30,853
18	2.a.1	Raw Food	5120	51,324
18	2.a.2	Non-Food Supplies	5110	<u>3,400</u>
		Total Costs		<u><u>85,577</u></u>

**Number of Meals Served**

Total resident days	7,944
Meals/day	<u>x3</u>
	<u>23,832</u>
Guest Meals	<u>330</u>
Total Meals	<u><u>24,162</u></u>

<u>Total</u>	<u>85,577</u>	=	<b>3.54</b>
Meals	<u>24,162</u>		<b>Cost per meal</b>

**Disallowance**

Guest Meals	330
Cost per Meal	<u>3.54</u>
<b>Cost of Guest Meals</b>	<u><u>1,168</u></u>

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Garden Brook Residential Care Home			1886	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 6,304			6,304
<b>Page 20 - Resident Care Supplies***</b>							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,448			2,448
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 1,201			1,201
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$ 4,268			4,268
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,583			4,583
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
<b>51. Total Amount of Decrease (Items 1 - 50)</b>				\$ 18,804			18,804

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

Garden Brook Residential Care Home  
9/30/2017

**Schedule of Other Ancillary Costs**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Cable TV over cap			\$ 2,448
<b>Total Other Ancillary Costs</b>			\$ -	\$ -	\$ 2,448

**Schedule of Excess Movable Equipment Depreciation**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	D1b	Kia Sedona \$5,083 excess cost x \$3,760 depreciation			\$ 635
22	Db	Lawnmower depreciation (see pg. 29a)			\$ 57
22	D1b	Kia Sorento \$4,072 excess cost x \$4,009 depreciation			\$ 509
<b>Total Excess Movable Equipment Depreciation</b>			\$ -	\$ -	\$ 1,201

**Schedule of Other Property Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	6.f	Snowplowing-cottage (pg. 29a)			\$ 210
22	6.f	Landscaping-cottage (pg. 29a)			\$ 9
22	10.a	Real estate tax-cottage (pg. 29a)			\$ 3,319
27	14.a	Property insurance-cottage (pg. 29a)			\$ 707
27	14.c3	Flood insurance-cottage (pg. 29a)			\$ 23
<b>Total Other Property Adjustments</b>			\$ -	\$ -	\$ 4,268

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	12D	Interest on Webster/Foley Loan Goodwill			\$ 3,750
27	12D	Finance charges			\$ 687
27	12D	Interest on Farmington Bank Loan			\$ 146
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ 4,583

Schedule of Unallowable Building Interest

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



Annual Report of Long-Term Care Facility  
 Garden Brook RCH, LLC; License #1886  
 Allocation of Expenses for Portion of Facility Not Used by RCH  
 9/30/2017

Page 29 - Adjustments to Statement of Expenditures - Maintenance and Property

Cottage Expense Allocation

Description	Date	Vendor	Amount	Allocation %	Cost Allocable	Dissallowed Cost	Page	Line	GL Number																																																		
<u>Item #39 - Other</u>																																																											
<u>Snowplow and Sanding</u>																																																											
Snowplowing & Sanding	Cost Year	Carmine O Castiglione	4,125.00	5.09%	4,125	210	22	6.f	5539																																																		
<u>Landscaping</u>																																																											
Gas/Oil	Cost Year		115.61																																																								
Small equip/tools/supplies	Cost Year		58.46																																																								
			<u>174.07</u>																																																								
<u>Item #35 - Excess Depreciation</u>																																																											
<u>Depreciation</u>																																																											
Lawn Mower Depreciation (Tiger Cart)	Cost Year		1,120.42	5.09%	1,120	57	22	7.d	5040																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Allocation is based on % of Revenue between Private Cottage Rental and Total Rental Income for the property (as requested by auditors during 2008 audit)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Allocation Percentage</td> <td>Gross Income from all Tennants</td> <td>Allocation %</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cottage Rental Income</td> <td>39,703</td> <td>5.09%</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>RCH Resident Income</td> <td><u>740,628</u></td> <td><u>94.91%</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Revenue</td> <td><u>780,331</u></td> <td><u>100.000%</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										Allocation is based on % of Revenue between Private Cottage Rental and Total Rental Income for the property (as requested by auditors during 2008 audit)										Allocation Percentage	Gross Income from all Tennants	Allocation %								Cottage Rental Income	39,703	5.09%								RCH Resident Income	<u>740,628</u>	<u>94.91%</u>								Total Revenue	<u>780,331</u>	<u>100.000%</u>							
Allocation is based on % of Revenue between Private Cottage Rental and Total Rental Income for the property (as requested by auditors during 2008 audit)																																																											
Allocation Percentage	Gross Income from all Tennants	Allocation %																																																									
Cottage Rental Income	39,703	5.09%																																																									
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Total Revenue	<u>780,331</u>	<u>100.000%</u>																																																									
<u>Item #39 - Other</u>																																																											
<u>Real Estate Tax</u>																																																											
Property tax paid by owner			22,811.00	14.55%	22,811	3,319	22	10.a	n/a																																																		
<u>Property Insurance</u>																																																											
Total Property Insurance			4,856.00	14.55%	4,856	707	27	14.a	5250																																																		
<u>Flood Insurance</u>																																																											
FEMA			156.75	14.55%	157	23	27	14.c3	5235																																																		
			<u>Total Dissallowances</u>			<u>4,324</u>																																																					

(allocated based on original property value of cottage/Total building original property value)

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

**F. Statement of Revenue**

Name of Facility	License No.	Report for Year Ended			Page	of
Garden Brook Residential Care Home	1886	9/30/2017			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>						
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 740,628				740,628	
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	\$					
b. Private-Pay Room and Board Contractual Allowance **	\$					
<b>II. Other Resident Revenue</b>						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other ( <i>Specify</i> ) - Medicare	\$					
b. Other ( <i>Specify</i> ) - Non-Medicare	\$					
<b>III. Total Resident Revenue (Section I. thru Section II.)</b>	\$ 740,628				740,628	
<b>IV. Other Revenue*</b>						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income ( <i>Specify</i> )	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other ( <i>Specify</i> )	\$ 8,324				8,324	
<b>V. Total Other Revenue (1 thru 8)</b>	\$ 8,324				8,324	
<b>VI. Total All Revenue (III + V)</b>	\$ 748,952				748,952	

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

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

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

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

**Interest Income**

**Account**

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

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RIINS	Residential Care Home
30IV8	Overhead allocation-cottage			\$ 4,324
30IV8	Gain on disposition of asset			\$ 4,000
<b>Total Other Revenue</b>		\$ -	\$ -	\$ 8,324

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home	1886	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	45,870
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	1,964
4. Inventories			\$	1,969
5. Prepaid Expenses			\$	9,731
a. Prepaid Gap insurance	799			
b. Prepaid auto insurance	1,539			
c. Prepaid insurance	7,393			
d.				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	
_____				
_____				
_____				
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	59,534
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	4,500	\$	3,000
	Accum. Depreciation	1,500		Net
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation			Net
4. Leasehold Improvements	*Historical Cost	58,246	\$	25,230
	Accum. Depreciation	33,016		Net
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			Net
6. Movable Equipment	*Historical Cost	49,852	\$	37,578
	Accum. Depreciation	12,274		Net
7. Motor Vehicles	*Historical Cost	32,072	\$	28,063
	Accum. Depreciation	4,009		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
_____				
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	93,871

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

*(Carry Total forward to next page)*

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

Name of Facility	License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home	1886	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	153,405
<b>C. Leasehold or like property recorded for Equity Purposes.</b>				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	11,200		
	Accum. Depreciation	5,320	Net	\$ 5,880
3. Buildings				
	*Historical Cost	860,000		
	Accum. Depreciation	430,000	Net	\$ 430,000
4. Non-Movable Equipment				
	*Historical Cost		Net	\$
	Accum. Depreciation			\$
5. Movable Equipment				
	*Historical Cost		Net	\$
	Accum. Depreciation			\$
6. Motor Vehicles				
	*Historical Cost		Net	\$
	Accum. Depreciation			\$
7. Minor Equipment-Not Depreciable			\$	
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			\$	435,880
<b>D. Investment and Other Assets</b>				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	123,162		
	Accum. Depreciation	81,424	Net	\$ 41,738
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care ( <i>itemize</i> )			\$	
6. Loans to Owners or Related Parties ( <i>itemize</i> )			\$	3,741
Name and Address		Amount	Loan Date	
Carmine Castiglione		3,741	var	
7. Other Assets ( <i>itemize</i> )			\$	953
Loan refinance costs (net of amort)		953		
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			\$	46,432
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			\$	635,717

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Garden Brook Residential Care Home		1886	9/30/2017		33	37
Account					Amount	
<b>Liabilities</b>						
A. Current Liabilities						
1. Trade Accounts Payable					\$	83,913
2. Notes Payable ( <i>itemize</i> )					\$	12,605
Current portion of Farmington Bank Loan						12,605
3. Loans Payable for Equipment ( <i>Current portion</i> ) ( <i>itemize</i> )					\$	6,245
Name of Lender		Purpose	Amount	Date Due		
Kia Motors Finance		2017 Kia	4,455	various		
Sheffield Financial		Tiger Mower&Cart	1,790	various		
4. Accrued Payroll ( <i>Exclusive of Owners and/or Stockholders only</i> )					\$	6,795
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )					\$	
6. Accrued Payroll Taxes Payable					\$	519
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> )					\$	19,631
Accrued pension		6,509	Accrued Acct Fees	1,655		
Accrued Frontier telephone		750				
Cash Overdraft		4,367				
401(k) Payable		6,350				
<b>A-13. Total Current Liabilities (Lines A1 thru 12)</b>					\$	<b>129,708</b>

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

(Carry Total forward to next page)

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

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

Information about Form 1120S and its separate instructions is at [www.irs.gov/form1120s](http://www.irs.gov/form1120s).

For calendar year 2016 or tax year beginning **10/01/16**, ending **09/30/17**

<b>A</b> S election effective date <b>01/01/08</b>	<b>TYPE</b>  <b>OR</b>  <b>PRINT</b>	<b>Name</b> <b>GARDEN BROOK RESIDENTIAL CARE HOME</b>	<b>D</b> Employer identification number <b>20-8890055</b>
<b>B</b> Business activity code number (see instructions) <b>623000</b>		<b>Number, street, and room or suite no. If a P.O. box, see instructions.</b> <b>470 STRAITS TURNPIKE</b>	<b>E</b> Date incorporated <b>10/19/2007</b>
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>		<b>City or town, state or province, country, and ZIP or foreign postal code</b> <b>WATERTOWN CT 06795</b>	<b>F</b> Total assets (see instructions)  <b>\$ 196,095</b>

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

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

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

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

<b>Income</b>	<b>1a</b> Gross receipts or sales	<b>1a</b>	<b>740,629</b>	
	<b>b</b> Returns and allowances	<b>1b</b>		
	<b>c</b> Balance. Subtract line 1b from line 1a	<b>1c</b>		<b>740,629</b>
	<b>2</b> Cost of goods sold (attach Form 1125-A)	<b>2</b>		
	<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		<b>740,629</b>
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797)	<b>4</b>		
<b>Deductions</b> (see instructions for limitations)	<b>5</b> Other income (loss) (see instructions—attach statement)		<b>SEE STMT 1</b>	<b>5</b>
	<b>6</b> Total income (loss). Add lines 3 through 5	<b>6</b>		<b>745,328</b>
	<b>7</b> Compensation of officers (see instructions—attach Form 1125-E)	<b>7</b>		<b>77,287</b>
	<b>8</b> Salaries and wages (less employment credits)	<b>8</b>		<b>262,627</b>
	<b>9</b> Repairs and maintenance	<b>9</b>		<b>24,727</b>
	<b>10</b> Bad debts	<b>10</b>		<b>3,704</b>
	<b>11</b> Rents	<b>11</b>		<b>108,000</b>
	<b>12</b> Taxes and licenses	<b>12</b>		<b>29,664</b>
	<b>13</b> Interest	<b>13</b>		<b>4,664</b>
	<b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	<b>14</b>		<b>18,394</b>
	<b>15</b> Depletion (Do not deduct oil and gas depletion.)	<b>15</b>		
	<b>16</b> Advertising	<b>16</b>		<b>389</b>
	<b>17</b> Pension, profit-sharing, etc., plans	<b>17</b>		<b>6,508</b>
	<b>18</b> Employee benefit programs	<b>18</b>		<b>16,179</b>
	<b>19</b> Other deductions (attach statement)	<b>19</b>	<b>SEE STMT 2</b>	<b>154,446</b>
<b>20</b> Total deductions. Add lines 7 through 19	<b>20</b>		<b>706,589</b>	
<b>21</b> Ordinary business income (loss). Subtract line 20 from line 6	<b>21</b>		<b>38,739</b>	
<b>Tax and Payments</b>	<b>22a</b> Excess net passive income or LIFO recapture tax (see instructions)	<b>22a</b>		
	<b>b</b> Tax from Schedule D (Form 1120S)	<b>22b</b>		
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes)	<b>22c</b>		
	<b>23a</b> 2016 estimated tax payments and 2015 overpayment credited to 2016	<b>23a</b>		
	<b>b</b> Tax deposited with Form 7004	<b>23b</b>		
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136)	<b>23c</b>		
	<b>d</b> Add lines 23a through 23c	<b>23d</b>		
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>24</b>		
	<b>25</b> Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	<b>25</b>		
	<b>26</b> Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	<b>26</b>		
<b>27</b> Enter amount from line 26 Credited to 2017 estimated tax <b>Refunded</b>	<b>27</b>			

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.

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

<b>Sign Here</b>	Signature of officer <b>CARMINE CASTIGLIONE</b>	Date	Title <b>MEMBER</b>	
	Print/Type preparer's name <b>MICHAEL J. MICHAUD</b>	Preparer's signature	Date <b>01/15/18</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00429449</b>
	Firm's name <b>BRODEUR &amp; COMPANY, CPAS, P.C.</b>	Firm's EIN <b>06-0885645</b>	Firm's address <b>P.O. BOX 164 OLD SAYBROOK, CT 06475</b>	
<b>Use Only</b>	Phone no. <b>860-388-4627</b>			

**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 ▶ <b>RESIDENTIAL CARE</b>		b Product or service ▶ <b>ROOM &amp; BOARD</b>				
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.		<input checked="" type="checkbox"/>
(i) Total shares of restricted stock ▶		
(ii) Total shares of non-restricted stock ▶		
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.		<input checked="" type="checkbox"/>
(i) Total shares of stock outstanding at the end of the tax year ▶		
(ii) Total shares of stock outstanding if all instruments were executed ▶		
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.		
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 2016 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
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 38,739
	2 Net rental real estate income (loss) (attach Form 8825)	2
	3a Other gross rental income (loss)	3a
	b Expenses from other rental activities (attach statement)	3b
	c Other net rental income (loss). Subtract line 3b from line 3a	3c
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions) Type ▶	10
	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions SEE STMT	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
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d Other rental real estate credits (see instructions) Type ▶	13d
	e Other rental credits (see instructions) Type ▶	13e
	f Biofuel producer credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ▶	13g
Foreign Transactions	14a Name of country or U.S. possession ▶	
	b Gross income from all sources	14b
	c Gross income sourced at shareholder level	14c
	Foreign gross income sourced at corporate level	
	d Passive category	14d
	e General category	14e
	f Other (attach statement)	14f
	Deductions allocated and apportioned at shareholder level	
	g Interest expense	14g
	h Other	14h
	Deductions allocated and apportioned at corporate level to foreign source income	
	i Passive category	14i
	j General category	14j
	k Other (attach statement)	14k
Other information		
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l	
m Reduction in taxes available for credit (attach statement)	14m	
n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a -2,712
	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
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c
	d Distributions (attach statement if required) (see instructions)	16d
	e Repayment of loans from shareholders	16e 13,134

<b>Schedule K</b> 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 14l	18	38,739

<b>Schedule L</b> Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		219		
2a	Trade notes and accounts receivable	46,360		45,870	
b	Less allowance for bad debts	(	46,360	(	45,870
3	Inventories		2,105		1,969
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement) <b>STMT 3</b>		7,432		11,695
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	142,681		144,670	
b	Less accumulated depreciation	( 64,718	77,963	( 50,800	93,870
11a	Depletable assets				
b	Less accumulated depletion	(		(	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	124,777		125,763	
b	Less accumulated amortization	( 73,428	51,349	( 83,072	42,691
14	Other assets (attach statement)				
15	<b>Total assets</b>		185,428		196,095
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable		99,857		83,912
17	Mortgages, notes, bonds payable in less than 1 year		33,776		18,850
18	Other current liabilities (attach statement) <b>STMT 4</b>		62,396		65,976
19	Loans from shareholders		24,375		11,241
20	Mortgages, notes, bonds payable in 1 year or more		62,628		87,914
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings		-97,604		-71,798
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	(		(	
27	<b>Total liabilities and shareholders' equity</b>		185,428		196,095

**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)

<b>1</b> Net income (loss) per books	<b>25,806</b>	<b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		<b>a</b> Tax-exempt interest \$	
<b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):		<b>STMT 6</b> 4,000	4,000
<b>a</b> Depreciation \$		<b>6</b> Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
<b>b</b> Travel and entertainment \$		<b>a</b> Depreciation \$	
<b>STMT 5</b> 22,775	22,775	<b>STMT 7</b> 3,612	5,842
<b>4</b> Add lines 1 through 3	48,581	<b>7</b> Add lines 5 and 6	9,842
		<b>8</b> Income (loss) (Schedule K, line 18). Line 4 less line 7	38,739

**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
<b>1</b> Balance at beginning of tax year	-68,792		
<b>2</b> Ordinary income from page 1, line 21	38,739		
<b>3</b> Other additions			
<b>4</b> Loss from page 1, line 21			
<b>5</b> Other reductions			
<b>6</b> Combine lines 1 through 5	-30,053		
<b>7</b> Distributions other than dividend distributions			
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6	-30,053		

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

**2016**

For calendar year 2016, or tax  
year beginning 10/01/16  
ending 09/30/17

Final K-1  Amended K-1

OMB No. 1545-0123

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

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

<b>Part I Information About the Corporation</b>						
<b>A</b> Corporation's employer identification number <b>20-8890055</b>		<b>1</b> Ordinary business income (loss) <b>38,739</b>	<b>13</b>	Credits		
<b>B</b> Corporation's name, address, city, state, and ZIP code <b>GARDEN BROOK RESIDENTIAL CARE HOME</b>  <b>470 STRAITS TURNPIKE</b> <b>WATERTOWN CT 06795</b>		<b>2</b> Net rental real estate income (loss)				
		<b>3</b> Other net rental income (loss)				
<b>C</b> IRS Center where corporation filed return <b>E-FILE</b>		<b>4</b> Interest income				
		<b>5a</b> Ordinary dividends				
<b>Part II Information About the Shareholder</b>		<b>5b</b> Qualified dividends	<b>14</b>	Foreign transactions		
	<b>D</b> Shareholder's identifying number <b>049-68-5734</b>	<b>6</b> Royalties				
		<b>7</b> Net short-term capital gain (loss)				
<b>E</b> Shareholder's name, address, city, state, and ZIP code <b>CARMINE CASTIGLIONE</b> <b>265 SHUTTLE MEADOW ROAD</b>  <b>SOUTHINGTON CT 06489</b>		<b>8a</b> Net long-term capital gain (loss)				
		<b>8b</b> Collectibles (28%) gain (loss)				
<b>F</b> Shareholder's percentage of stock ownership for tax year <u>100.000000</u> %		<b>8c</b> Unrecaptured section 1250 gain				
		<b>9</b> Net section 1231 gain (loss)				
<b>For IRS Use Only</b>		<b>10</b> Other income (loss)	<b>15</b> <b>A</b>	Alternative minimum tax (AMT) items <b>-2,712</b>		
		<b>11</b> Section 179 deduction	<b>16</b> <b>E</b>	Items affecting shareholder basis <b>13,134</b>		
		<b>12</b> Other deductions				
				<b>17</b>	Other information	
* See attached statement for additional information.						



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

▶ Attach to your tax return.

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

Name(s) shown on return <b>GARDEN BROOK RESIDENTIAL CARE HOME</b>	Identifying number <b>20-8890055</b>
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Business or activity to which this form relates  
**REGULAR DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**  
**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1	500,000
2 Total cost of section 179 property placed in service (see instructions) .....	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3	2,010,000
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 .....		
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 2015 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 2017. 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 2016 .....	17	5,359
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	<input type="checkbox"/>	

**Section B—Assets Placed in Service During 2016 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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2016 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	13,035
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	18,394
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	

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

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

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

24a Do you have evidence to support the business/investment use claimed?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	11,160			
26 Property used more than 50% in a qualified business use:											
2014 KIA SEDONA	09/30/13	100.00%	30,083	30,083	5.0	200DBMC	1,875				
2017 KIA SORENTO	09/25/17	100.00%	32,072	20,912	5.0	200DBMC					
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	13,035			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29	

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

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)	11,775		68									
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	11,775		68									
34 Was the vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									
35 Was the vehicle used primarily by a more than 5% owner or related person?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									
36 Is another vehicle available for personal use?	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>									

**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?	Yes	No
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**

(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 2016 tax year (see instructions):						
FARMINGTON LOAN COSTS	08/15/17	986	461	5.0	33	
43 Amortization of costs that began before your 2016 tax year					43	9,611
44 Total. Add amounts in column (f). See the instructions for where to report					44	9,644

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

Department of the Treasury  
 Internal Revenue Service

▶ Attach to your tax return.

Attachment  
 Sequence No. **27**

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

Name(s) shown on return <b>GARDEN BROOK RESIDENTIAL CARE HOME</b>	Identifying number <b>20-8890055</b>
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**1** Enter the gross proceeds from sales or exchanges reported to you for 2016 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)
<b>2014 KIA SEDONA</b>	<b>09/30/13</b>	<b>09/25/17</b>	<b>4,000</b>	<b>13,404</b>	<b>30,083</b>	<b>-12,679</b>
<b>DISALLOWED LOSS ON SALE TO RELATED PARTY</b>						<b>12,679</b>

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: <b>Partnerships (except electing large partnerships) and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you 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	0
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	

**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** (2016)

**THERE ARE NO AMOUNTS FOR PAGE 2**



## Federal Statements

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

Description	Amount
OVERHEAD REIMBURSEMENT	\$ 4,324
MISCELLANEOUS INCOME	375
TOTAL	<u>\$ 4,699</u>

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

Description	Amount
AUTO EXPENSE	\$ 1,350
CASUAL LABOR	176
DIETARY - RAW FOOD	51,324
DIETARY - SUPPLIES	3,400
DUES	550
EDUCATION/TRAINING	290
FIRE CONTROL	2,186
GIFTS TO EMPLOYEES	207
GIFTS TO RESIDENTS	551
HOUSEKEEPING EXPENSE	4,585
INSURANCE - AUTO	2,042
INSURANCE - EMPLOYER LIAB	1,247
INSURANCE - FLOOD	157
INSURANCE - LIABILITY	4,040
INSURANCE - PROPERTY	4,856
INSURANCE - WORKMAN'S COMP	12,862
LANDSCAPING	174
LAUNDRY - LINENS	42
LAUNDRY - SUPPLIES	547
LICENSES AND PERMITS	470
MEDICINE CABINET SUPPLIES	998
MISC EXPENSES	1,372
OFFICE EXPENSE	2,338
PAYROLL PROCESSING FEES	3,643
PENSION ADMIN FEES	1,334
PEST CONTROL	842
POSTAGE & DELIVERY	104
RECREATION - CABLE TV	3,648
RECREATION - OTHER	3,703
RESIDENT SUPPLIES	108
SECURITY	1,129
SNOWPLOWING & SANDING	4,125
SUBSCRIPTIONS	228
TELEPHONE	3,901
UTILITIES - ELECTRICITY	14,778
UTILITIES - HEATING OIL	5,153
UTILITIES - PROPANE GAS	2,914
UTILITIES - WATER & SEWER	1,474
WASTE DISPOSAL	1,894
BANK CHARGES	60
AMORTIZATION	9,644
TOTAL	<u>\$ 154,446</u>

## Federal Statements

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

Description	Beginning of Year	End of Year
RECEIVABLE - HOME DEPOT	\$	\$ 1,964
PREPAID INSURANCE	7,432	9,731
TOTAL	\$ 7,432	\$ 11,695

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

Description	Beginning of Year	End of Year
401 K PAYABLE	\$ 4,500	\$ 6,350
ACCRUED ACCOUNTING EXPENSE	365	1,655
ACCRUED EXPENSES	750	750
ACCRUED PAYROLL	4,037	6,075
ACCRUED PAYROLL - OFFICERS	3,612	720
ACCRUED PAYROLL TAXES	353	519
ACCRUED PENSION EXPENSE	9,748	6,509
CASH OVERDRAFT		4,367
DUE TO DSS	39,031	39,031
TOTAL	\$ 62,396	\$ 65,976

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

Description	Amount
ACCRUED OFFICER SALARY - EOY	\$ 720
ACCOUNTING FEES	22,055
TOTAL	\$ 22,775

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

Description	Amount
FORM 4797 BOOK/TAX DIFF	\$ 4,000
TOTAL	\$ 4,000

**Statement 7 - Form 1120S, Page 5, Schedule M-1, Line 6 - Deductions on Return Not on Books**

Description	Amount
ACCRUED OFFICER SALARY - BOY	\$ 3,612
TOTAL	\$ 3,612

# Federal Asset Report

## Form 1120S, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
<b>Prior MACRS:</b>												
2	MISC USED FURN, FIX & EQUIP	10/19/07	25,000				25,000	7	MQ200DB	25,000	0	
3	CHAIRS DINE RM	3/15/08	1,048		X		524	7	HY 200DB	1,048	0	
4	LIVING RM FURN	5/07/08	2,624		X		1,312	7	HY 200DB	2,624	0	
8	KITCHEN COUNTER	9/06/08	848		X		424	7	HY 200DB	848	0	
11	DISHWASHER HOB LXIH3	5/29/08	4,744		X		2,372	7	HY 200DB	4,744	0	
12	FREEZER TRUE T12F	9/17/08	1,749		X		874	7	HY 200DB	1,749	0	
13	REFRIGERATOR TRUE T35	9/17/08	2,862		X		1,431	7	HY 200DB	2,862	0	
14	FURNACE	1/29/08	5,469				5,469	39	MMS/L	1,221	140	
16	SEPTIC SYSTEM	3/28/08	8,200				8,200	39	MMS/L	1,796	210	
17	2 FILING CABINETS	9/30/08	485		X		242	7	HY 200DB	485	0	
18	4 CHEST/BUREAU, 2 CHAIRS, LOVESE	9/30/08	2,431		X		1,216	7	HY 200DB	2,431	0	
19	Hall and Stair Runner Carpeting	9/29/11	2,466	X	X		0	5	HY 200DB	2,466	0	
20	Security Camera	6/11/10	2,273	X	X		0	5	HY 200DB	2,273	0	
22	Fireplace	9/30/10	572	X	X		0	7	HY 200DB	572	0	
23	7 Twin Beds	9/11/10	1,243	X	X		0	7	HY 200DB	1,243	0	
24	1/2 HP 7 gmp Well Pump	7/26/10	1,850				1,850	39	MMS/L	295	47	
25	Phone System (Baldwin Comm)	9/30/09	1,681	X	X		0	5	HY 200DB	1,681	0	
26	HP COMPUTER	2/18/11	636	X	X		0	5	HY 200DB	636	0	
27	TWIN BEDS (5)	9/16/11	898	X	X		0	7	HY 200DB	898	0	
29	MATTRESS/SPRING (3)	9/26/11	574	X	X		0	7	HY 200DB	574	0	
34	DECK PATIO COVER	9/17/11	1,202	X	X		0	7	HY 200DB	1,202	0	
35	LOVESEAT, CHAIR, SOFA	8/09/12	399	X	X		0	5	MQ200DB	399	0	
36	2 MADISON TWIN BEDS	4/24/12	381	X	X		0	5	MQ200DB	381	0	
37	New Stone Wall and Backfill	9/27/12	4,500		X		2,250	15	MQ150DB	3,042	146	
38	DRESSER, CHEST, TWIN STAND	8/09/12	506	X	X		0	5	MQ200DB	506	0	
39	DRESSERS, BUREAUS	9/16/12	585	X	X		0	5	MQ200DB	585	0	
40	DRESSERS & NIGHT STANDS	9/15/12	1,776	X	X		0	5	MQ200DB	1,776	0	
41	3 A/C UNITS	8/29/12	798	X	X		0	5	MQ200DB	798	0	
42	2 PICNIC TABLES, BENCH	8/09/12	1,106	X	X		0	5	MQ200DB	1,106	0	
43	SOFA & 2 CHAIRS	9/12/12	1,485	X	X		0	5	MQ200DB	1,485	0	
44	CARPETING	9/15/12	2,052	X	X		0	5	MQ200DB	2,052	0	
46	APPLIANCES	9/09/12	616	X	X		0	5	MQ200DB	616	0	
47	GAS GRILL	9/10/12	408	X	X		0	5	MQ200DB	408	0	
50	JUICE DISPENSER	5/17/12	752	X	X		0	5	MQ200DB	752	0	
51	LAWN EQUIPMENT	9/19/12	1,727	X	X		0	5	MQ200DB	1,727	0	
52	STEPS IN SIDES OF BLDG	11/16/12	2,250				2,250	15	MQ150DB	753	150	
53	STONE WALL IN FRONT OF BLDG	12/03/12	2,350				2,350	15	MQ150DB	787	156	
57	GAZEBO	7/17/13	1,062				1,062	7	MQ200DB	689	107	
58	HARDWOOD FLOORING	9/21/13	2,497				2,497	15	MQ S/L	520	167	
59	WOOD GLIDER BENCH (COSTCO)	9/22/13	339				339	7	MQ200DB	220	34	
60	CONVERTIBLE BENCH (COSTCO)	9/22/13	636				636	7	MQ200DB	412	64	
61	MEDIA MANTEL FIREPLACE W/HEAT	9/22/13	780				780	7	MQ200DB	506	78	
62	ELECTRICAL WORK	9/26/13	1,600				1,600	15	MQ150DB	448	115	
65	2 DOOR ARACTIC COOLER	9/30/13	2,100				2,100	7	MQ200DB	1,362	211	
66	2 FREEZERS	9/30/13	3,094				3,094	7	MQ200DB	2,006	311	
67	DRYER (SEARS)	11/21/12	893				893	7	MQ200DB	649	78	
69	TOWER GENERATOR	9/16/13	1,588				1,588	7	MQ200DB	1,030	159	
75	AC Unit	2/25/14	18,100		X		13,928	15	HY 150DB	4,172	1,393	
77	PLUMBING	2/10/14	4,786		X		3,683	15	HY 150DB	1,103	368	
78	DRESSERS, NIGHTSTAND	9/17/14	2,414	X	X		0	5	HY 200DB	2,414	0	
79	3 MATTRESS SETS	9/26/14	702	X	X		0	5	HY 200DB	702	0	
80	FLOOR RUNNERS (MONAHAN'S)	9/28/14	1,564	X	X		0	5	HY 200DB	1,564	0	
81	GUTTERS - Main Bldg	9/25/15	2,765		X		1,382	15	MQ150DB	1,536	123	
83	FRONT LOAD WASHER	9/21/15	956	X	X		0	7	MQ200DB	956	0	
84	FRONT LOAD WASHER	9/21/15	1,477	X	X		0	7	MQ200DB	1,477	0	
85	4 CHESTS & 2 NIGHT STANDS	9/15/15	2,291	X	X		0	5	MQ200DB	2,291	0	
86	BAKERS PRICE GAS RANGE	9/21/15	2,339	X	X		0	7	MQ200DB	2,339	0	
87	GUTTERS (BLDG 3)	9/26/15	1,288	X	X		0	15	MQ150DB	1,288	0	
88	GFI OUTLETS & HEAT WIRES	9/29/15	2,489				2,489	39	MMS/L	66	64	
89	FLOODLIGHTS	9/30/15	824				824	39	MMS/L	22	21	
90	DRYER	9/30/13	912				912	5	MQ200DB	725	100	
91	Tiger Cart Received in trade for asset # 71	9/29/15	9,271		X		4,635	7	MQ200DB	6,078	913	
92	2 TRANE DUCTLESS WALL UNITS	9/29/15	4,300	X	X		0	7	MQ200DB	4,300	0	
95	NEW DECK MATERIALS	9/28/16	4,126		X		2,063	15	MQ150DB	2,089	204	
			<u>165,739</u>				<u>100,269</u>				<u>114,785</u>	<u>5,359</u>

**Other Depreciation:**

72	LAND IMPROVEMENTS	10/19/07	0				0	0	HY	0	0
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# Federal Asset Report

## Form 1120S, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
73	RCH Buildings	10/19/07	0			0	0 HY	0	0
74	Building #4	10/19/07	0			0	0 HY	0	0
94	Chik's Painting	5/14/14	0			0	0 HY	0	0
<b>Total Other Depreciation</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Listed Property:</b>									
70	2014 KIA SEDONA	9/30/13	30,083			30,083	5 MQ200DB	11,529	1,875
	Sold/Scrapped: 9/25/17								
97	2017 KIA SORENTO	9/25/17	32,072		X	20,912	5 MQ200DB	0	11,160
			<b>62,155</b>			<b>50,995</b>		<b>11,529</b>	<b>13,035</b>
<b>Amortization:</b>									
96	FARMINGTON LOAN COSTS	8/15/17	986			986	5 MOAmort	0	33
1	GOODWILL	10/19/07	123,162			123,162	15 MOAmort	73,213	8,211
93	CLOSING COSTS MTG PAYOFF	10/10/14	1,615			1,615	15 MOAmort	215	1,400
			<b>125,763</b>			<b>125,763</b>		<b>73,428</b>	<b>9,644</b>
<b>Grand Totals</b>			<b>353,657</b>			<b>277,027</b>		<b>199,742</b>	<b>28,038</b>
<b>Less: Dispositions and Transfers</b>			<b>30,083</b>			<b>30,083</b>		<b>11,529</b>	<b>1,875</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>323,574</b>			<b>246,944</b>		<b>188,213</b>	<b>26,163</b>

# Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 1120S, Page 1</b>								
3	CHAIRS DINE RM	3/15/08	1,048	100	0	0	524	524
4	LIVING RM FURN	5/07/08	2,624	100	0	0	1,312	1,312
8	KITCHEN COUNTER	9/06/08	848	100	0	0	424	424
11	DISHWASHER HOB LXIH3	5/29/08	4,744	100	0	0	2,372	2,372
12	FREEZER TRUE T12F	9/17/08	1,749	100	0	0	875	874
13	REFRIGERATOR TRUE T35	9/17/08	2,862	100	0	0	1,431	1,431
17	FILING CABINETS	9/30/08	485	100	0	0	243	242
18	4 CHEST/BUREAU, 2 CHAIRS, LOVESEAT	9/30/08	2,431	100	0	0	1,215	1,216
19	Hall and Stair Runner Carpeting	9/29/11	2,466	100	2,466	0	0	0
20	Security Camera	6/11/10	2,273	100	2,273	0	0	0
22	Fireplace	9/30/10	572	100	572	0	0	0
23	7 Twin Beds	9/11/10	1,243	100	1,243	0	0	0
25	Phone System (Baldwin Comm)	9/30/09	1,681	100	1,681	0	0	0
26	HP COMPUTER	2/18/11	636	100	636	0	0	0
27	TWIN BEDS (5)	9/16/11	898	100	898	0	0	0
29	MATTRESS/SPRING (3)	9/26/11	574	100	574	0	0	0
34	DECK PATIO COVER	9/17/11	1,202	100	1,202	0	0	0
35	LOVESEAT, CHAIR, SOFA	8/09/12	399	100	399	0	0	0
36	2 MADISON TWIN BEDS	4/24/12	381	100	381	0	0	0
37	New Stone Wall and Backfill	9/27/12	4,500	100	0	0	2,250	2,250
38	DRESSER, CHEST, TWIN STAND	8/09/12	506	100	506	0	0	0
39	DRESSERS, BUREAUS	9/16/12	585	100	585	0	0	0
40	DRESSERS & NIGHT STANDS	9/15/12	1,776	100	1,776	0	0	0
41	3 A/C UNITS	8/29/12	798	100	798	0	0	0
42	2 PICNIC TABLES, BENCH	8/09/12	1,106	100	1,106	0	0	0
43	SOFA & 2 CHAIRS	9/12/12	1,485	100	1,485	0	0	0
44	CARPETING	9/15/12	2,052	100	2,052	0	0	0
46	APPLIANCES	9/09/12	616	100	616	0	0	0
47	GAS GRILL	9/10/12	408	100	408	0	0	0
50	JUICE DISPENSER	5/17/12	752	100	752	0	0	0
51	LAWN EQUIPMENT	9/19/12	1,727	100	1,727	0	0	0
75	AC Unit	2/25/14	18,100		0	0	4,172	13,928
77	PLUMBING	2/10/14	4,786		0	0	1,103	3,683
78	DRESSERS, NIGHTSTAND	9/17/14	2,414		2,414	0	0	0
79	3 MATTRESS SETS	9/26/14	702		702	0	0	0
80	FLOOR-RUNNERS (MONAHAN'S)	9/28/14	1,564		1,564	0	0	0
81	GUTTERS - Main Bldg	9/25/15	2,765		0	0	1,383	1,382
83	FRONT LOAD WASHER	9/21/15	956		956	0	0	0
84	FRONT LOAD WASHER	9/21/15	1,477		1,477	0	0	0
85	4 CHESTS & 2 NIGHT STANDS	9/15/15	2,291		2,291	0	0	0
86	BAKERS PRICE GAS RANGE	9/21/15	2,339		2,339	0	0	0
87	GUTTERS (BLDG 3)	9/26/15	1,288		1,288	0	0	0
91	Tiger Cart Received in trade for asset # 71	9/29/15	9,271		0	0	4,636	4,635
92	2 TRANE DUCTLESS WALL UNITS	9/29/15	4,300		4,300	0	0	0
95	NEW DECK MATERIALS	9/28/16	4,126		0	0	2,063	2,063
97	2017 KIA SORENTO	9/25/17	32,072	100	0	11,160	0	20,912
<b>Form 1120S, Page 1</b>			<b>133,878</b>		<b>0</b>	<b>11,160</b>	<b>24,003</b>	<b>57,248</b>
<b>Grand Total</b>			<b>133,878</b>		<b>0</b>	<b>11,160</b>	<b>24,003</b>	<b>57,248</b>

## Retained Earnings Reconciliation Worksheet

Form **1120S**

**2016**

For calendar year 2016 or tax year beginning **10/01/16**, ending **09/30/17**

Name

Employer Identification Number

**GARDEN BROOK RESIDENTIAL CARE HOME**

**20-8890055**

### Schedule L - Retained Earnings

Retained Earnings - Unappropriated	-41,745
Accumulated Adjustments Account	-30,053
Other Adjustments Account	0
Undistributed Previously Taxed Income	0
 Schedule L, Line 24 - Retained Earnings	 -71,798

### Schedule M-2 - Retained Earnings

	Accumulated Adjustments Account	Other Adjustments Account	Undistributed Previously Taxed Income	Retained Earnings Unappropriated/ Timing Differences	Total Retained Earnings
Beg Yr Bal	-68,792	0	0	-28,812	-97,604
Ordinary Inc (Loss)	38,739				38,739
Other Additions				9,842	9,842
Other Reductions				22,775	22,775
Distributions					
End Yr Bal	-30,053	0	0	-41,745	-71,798

## Federal Statements

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

Description	Amount
CT STATE TITLE 19 INCOME	\$ 563,656
SS & SSI INCOME	228,864
RESIDENT'S ALLOWANCE	-51,891
TOTAL	\$ <u>740,629</u>

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

Description	Amount
TAXES:7010 · EMPLOYER FICA	\$ 22,802
TAXES:7020 · FUTA	678
TAXES:7030 · CT SUI	3,664
TAXES:7040 · PERSONAL PROPERT	2,270
CT BUSINESS ENTITY TAX	250
TOTAL	\$ <u>29,664</u>

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

Description	Amount
EMPLOYEE BENEFIT PROGRAM	\$ 16,179
TOTAL	\$ <u>16,179</u>

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

Description	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	\$ 46,360	\$ 45,870
TOTAL	\$ <u>46,360</u>	\$ <u>45,870</u>

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

Description	Beginning of Year	End of Year
INVENTORY - RAW FOOD	\$ 2,105	\$ 1,969
TOTAL	\$ <u>2,105</u>	\$ <u>1,969</u>

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

Description	Beginning of Year	End of Year
CURRENT PORTION OF L/T DEBT	\$ 33,776	\$ 18,850
TOTAL	\$ <u>33,776</u>	\$ <u>18,850</u>

## Federal Statements

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

Description	Beginning of Year	End of Year
INTERCOMPANY LOANS	\$ 29,546	\$ 14,982
OFFICER LOAN	-5,171	-3,741
TOTAL	<u>\$ 24,375</u>	<u>\$ 11,241</u>

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

Description	Beginning of Year	End of Year
FARMINGTON BANK LOAN	\$	\$ 57,395
N/P KIA MOTORS FINANCE	606	28,416
SHEFFIELD FINANCE	3,714	2,103
WEBSTER LOAN - (REFI FOLEY)	58,308	
TOTAL	<u>\$ 62,628</u>	<u>\$ 87,914</u>



**Federal Statements****Form 1120S, Retained Earnings Wrk, Retained Earnings Unapprop - Other Additions**

<u>Description</u>	<u>Amount</u>
ACCRUED OFFICER SALARY - BOY	\$ 3,612
DEPRECIATION BOOK/TAX DIFF	2,230
FORM 4797 BOOK/TAX DIFF	4,000
TOTAL	\$ <u>9,842</u>

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

<u>Description</u>	<u>Amount</u>
ACCRUED OFFICER SALARY - EOY	\$ 720
ACCOUNTING FEES	22,055
TOTAL	\$ <u>22,775</u>

## Federal Statements

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<u>Description</u>	<u>Amount</u>
ACCRUED OFFICER WAGES	\$ -3,612
BOOK/TAX DEPRECIATION	14,423
PRE S-CORP LOSSES	-18,858
ACCRUED ACCOUNTING FEES	-20,765
TOTAL	\$ <u>-28,812</u>

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

Name of Facility Garden Brook Residential Care Home		License No. 1886	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				129,708	
<b>Liabilities (cont'd)</b>					
B. Long-Term Liabilities					
1. Loans Payable-Equipment ( <i>itemize</i> )					
				\$	30,519
Name of Lender	Purpose	Amount	Date Due		
Kia Motors Finance	2017 Kia	28,416	various		
Sheffield Financial	Tiger Mower&Cart	2,103			
2. Mortgages Payable				\$	57,395
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$	14,982
Name and Address of Lender	Amount	Loan Date			
Garden Brook Real Estate, LLC	14,982	various			
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$	39,031
Due to DSS		39,031			
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$	141,927
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$	271,635

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Garden Brook Residential Care Home	1886	9/30/2017	35	37	
Account			Amount		
<b>A. Reserves</b>					
1. Reserve for value of leased land			\$	5,880	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	430,000	
3. Reserve for depreciation value of leased personal property ( <i>Equity</i> )			\$		
4. Reserve for leasehold real properties on which fair rental value is based			\$		
5. Reserve for funds set aside as donor restricted			\$		
6. Total Reserves			\$	435,880	
<b>B. Net Worth</b>					
1. Owner's Capital			\$		
2. Capital Stock			\$		
3. Paid-in Surplus			\$		
4. Treasury Stock			\$		
5. Cumulated Earnings			\$	(97,227)	
6. Gain or Loss for Period					
	10/1/2016	thru	9/30/2017	\$	25,429
7. Total Net Worth			\$	(71,798)	
<b>C. Total Reserves and Net Worth</b>			\$	364,082	
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	635,717	

### H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Garden Brook Residential Care Home	1886	9/30/2017	36	37
Account			Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2016		\$	(97,602)
B.	Total Revenue ( <i>From Statement of Revenue Page 30</i> )		\$	748,952
C.	Total Expenditures ( <i>From Statement of Expenditures Page 27</i> )		\$	723,523
D.	Net Income or Deficit		\$	25,429
E.	Balance		\$	(72,173)
F.	Additions			
	1. Additional Capital Contributed ( <i>itemize</i> )			
	2. Other ( <i>itemize</i> )			
	pr yr adj - pension expense	375		
F-3.	Total Additions		\$	375
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		\$	(71,798)
	09/30/17			

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

Total Expenses from Page 27	789,891
less: rounding	3
less: land improvement depreciation for equity	(560)
less: building depreciation for equity purposes not recorded on books	(43,000)
less: real estate taxes paid by lessor	<u>(22,811)</u>
Total Expenses per Trial Balance (reported on Page 36, line C)	<u>723,523</u>

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

Name of Facility Garden Brook Residential Care Home	License No. 1886	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Michael Michaud, CPA				
Address		Phone Number		
10 Springbrook Rd., Old Saybrook, CT 06475		860-388-4627		