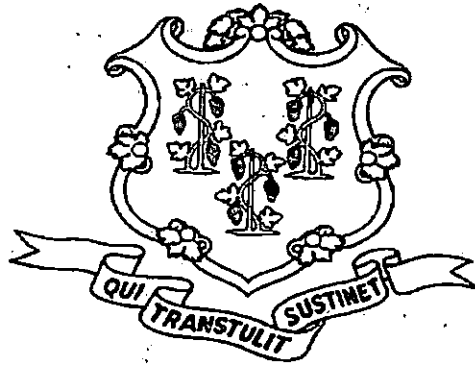


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Haughton Cove Manor, Inc.	
Address (No. & Street, City, State, Zip Code) 841 Norwich-New London Tpke. Uncasville, CT 06082	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input type="checkbox"/> Supervision only (RHNS)
<input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH	RHNS	Residential Care Home 1798	Medicare Provider
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2018	Page 1	of 37
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Administrator's/Owner's Certification

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

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

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

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

Signed (Administrator) <i>Doreen Z. Conroy</i>		Date 2/14/19	Signed (Owner) <i>Doreen Z. Conroy</i>		Date 2/14/19
Printed Name (Administrator) Doreen Z. Conroy			Printed Name (Owner) Doreen Z. Conroy		
Subscribed and Sworn to before me: <i>Norlin R. Dupont</i>	State of CT	Date 2/14/19	Signed (Notary Public) <i>Norlin R. Dupont</i>	Comm. Expires 06/30/20	
Address of Notary Public 378 Dennison Rd Westbrook CT 06498					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Haughton Cove Manor, Inc.		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 841 Norwich-New London Tpke. Uncasville, CT 06082				
Report Prepared By Brodeur & Co., CPAs, P.C.		Phone Number 860-388-4627	Date 1/29/2019	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 50,146			50,146
2. Laundry wages paid	\$ 12,305			12,305
3. Housekeeping wages paid	\$ 31,634			31,634
4. Nursing wages paid	\$			
5. All other wages paid	\$ 127,598			127,598
6. Total Wages Paid	\$ 221,683			221,683
7. Total salaries paid	\$ 55,488			55,488
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 277,171			277,171

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-630-6432	Report for Year Ended 9/30/2018	Page 2	of 37
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Name of Facility (as shown on license) Haughton Cove Manor, Inc.	Address (No. & Street, City, State, Zip) 841 Norwich-New London Tpke. Uncasville, CT 06082
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License Numbers:	CCNH	RHNS	Residential Care Home 1798	Medicare Provider No.
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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 type="radio"/> LLC	<input type="radio"/> Partnership	<input checked="" type="radio"/> Profit Corp.	<input type="radio"/> Non-Profit Corp.	<input type="radio"/> Government	<input type="radio"/> Trust

If this facility opened or closed during report year provide:	Date Opened	Date Closed

Has there been any change in ownership or operation during this report year?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," explain fully.
---	---------------------------	-------------------------------------	--------------------------

Administrator	
Name of Administrator Doreen Z. Conroy	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 Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2018	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Doreen Z. Conroy/DCO Real Estate, LLC	Doreen Z. Conroy/DCO Real Estate, LLC	<input type="radio"/>	<input checked="" type="radio"/>		Rental of real estate	P 22, line 9	24,000	24,000
Related Party Employees		<input type="radio"/>	<input checked="" type="radio"/>		see Page 11a	various	63,891	63,891
Doreen Z. Conroy/DCO Real Estate, LLC	Doreen Z. Conroy/DCO Real Estate, LLC	<input type="radio"/>	<input checked="" type="radio"/>		Loan from related party	P 34, line B3	263,206	263,206
Timothy Conroy, Jr.	PO Box 239, Middlefield, CT 06045	<input type="radio"/>	<input checked="" type="radio"/>		Laon from related party	P 34, line B3	34,766	34,766
East Ridge Manor, Inc.	43 Preston Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Loan from related party	P 34, line B4	77,182	77,182
East Ridge Manor, Inc.	43 Preston Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Shares property insurance policy	P 27, line 14a	6,161	6,161
East Ridge Manor, Inc.	43 Preston Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Shares liability insurance policy	P 27, line 14c3	2,270	2,270
East Ridge Manor, Inc.	43 Preston Ave., Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>		Shares auto insurance policy	P 27, line 14b	2,155	2,155
PAYHR, Inc.	PO Box 239, Middlefield, CT 06045	<input type="radio"/>	<input checked="" type="radio"/>		Payroll processing	N/A No fees		

* 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 Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2018	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

Property and general liability insurance costs are allocated based on the total beds at the two facilities with common ownership; Haughton Cove Manor-19 beds = 43%; East Ridge Manor-25 beds=57%. Auto insurance is based on actual premiums incurred for the facility vehicle.

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

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

N/A

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Haughton Cove Manor, Inc.			License No. 1798		Report for Year Ended 9/30/2018		Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No	Total ***

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

General Information and Questionnaire
Accounting Basis

Name of Facility Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2018	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:
 Accrual Cash Modified Cash

Is the accounting basis for this period the same as for the previous period? Yes No If "No," explain.

Independent Accounting Firm

Name of Accounting Firm 1 Brodeur & Co., 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 (describe fully)

1 Preparation of YE trial balance, annual cost report, DSS audit support, tax returns, PP taxes	\$ 9,755
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 9,755

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No Pg 15, line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 2 3 4 5	Telephone Number
---	------------------

Address (No. & Street, City, State, Zip Code)
 1
 2
 3
 4
 5

Services Provided by This Firm (describe fully)

1	\$
2	\$
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No N/A

Schedule of Resident Statistics

Name of Facility Houghton Cove Manor, Inc.		License No. 1798			Report for Year Ended 9/30/2018				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	19			19	19			19	19				19
B. On last day of THIS report period	19			19	19			19	19				19
2. Number of Residents													
A. As of midnight of PREVIOUS report period	18			18	18			18	19				19
B. As of midnight of THIS report period	19			19	19			19	19				19
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	6,747			6,747	4,999			4,999	1,748				1,748
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	6,747			6,747	4,999			4,999	1,748				1,748
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days													
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	6,747			6,747	4,999			4,999	1,748				1,748

Schedule of Resident Statistics (Cont'd)

Name of Facility Haughton Cove Manor, Inc.			License No. 1798			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	Residential Care Home			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH		CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents									19				
Per Diem Rate													
a. One bed rm.							110.00	82.76					
b. Two bed rms.							110.00	82.76					
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		
Houghton Cove Manor, Inc.	1798	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)					55,488	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					34,476	1,759
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					50,146	4,085
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					31,634	2,786
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					18,240	1,215
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					12,305	1,102
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					66,479	5,406
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					8,403	832
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management						
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
A-13. Total Salary Expenditures					277,171	19,265

* 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
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Residential Care Home	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

**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	
Haughton Cove Manor, Inc.				1798	9/30/2018			11	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section I - Operators/Owners										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Caroline Conroy			8,403		Recreation	832	12h	N/A		

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Haughton Cove Manor, Inc.				1798	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	Residential Care Home							
Section III - Administrators***										
Doreen Z. Conroy			55,488		Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Houghton Cove Manor, Inc.	1798	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

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

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

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

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

Name of Facility Haughton Cove Manor, Inc.		License No. 1798		Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
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		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			
		<input type="radio"/>	<input checked="" type="radio"/>			

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Houghton Cove Manor, Inc.	1798	9/30/2018	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 5,405			5,405
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 8,016			8,016
4. Social Security (F.I.C.A.)	\$ 21,019			21,019
5. Health Insurance	\$ 49,849			49,849
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 9,755			9,755
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	\$ 2,968			2,968
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 4,142			4,142
2. Cellular Phones	\$ 1,724			1,724
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$			
Subtotal	\$ 102,878			102,878

* 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**

Haughton Cove Manor, Inc.
9/30/2018

Attachment Page 15

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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

Name of Facility Houghton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2018	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:	102,878			102,878
I. Travel and Entertainment				
1. Resident Travel and Entertainment \$				
2. Holiday Parties for Staff \$				
3. Gifts to Staff and Residents \$				
4. Employee Travel \$	102			102
5. Education Expenses Related to Seminars and Conventions \$				
6. Automobile Expense (<i>not purchase or depreciation</i>) \$	5,126			5,126
7. Other (<i>Specify</i>) See Attached Schedule \$				
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>) \$	120			120
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$				
3. Advertising Other (<i>Specify</i>)*** \$ See Attached Schedule				
4. Fund-Raising*** \$				
5. Medical Records \$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)*** \$				
7. Postage \$	282			282
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) \$ See Attached Schedule	130			130
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$				
9. Subscriptions \$				
10. Contributions*** \$ See Attached Schedule				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$				
12. Administrative Management Services** \$				
13. Other (<i>Specify</i>) \$ See Attached Schedule	7,089			7,089
C-14 Total Administrative & General Expenditures	\$ 115,727			115,727

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

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

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
BJ's annual membership			\$ 130
Total Dues	\$ -	\$ -	\$ 130

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Bank service fees			\$ 973
Payroll Processing - Cloud Hosting Fees			\$ 3,511
Town of Montville operating permit fee			\$ 150
Uncas health district fee			\$ 350
Annual report fee			\$ 150
Miscellaneous expense			\$ 96
Internet			\$ 1,199
Employee background checks			\$ 660
Total Other Administrative and General	\$ -	\$ -	\$ 7,089

Schedule C-1 - Management Services*

Name of Facility Houghton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2018	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

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

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

Name of Facility Haughton Cove Manor, Inc.		License No. 1798	Report for Year Ended 9/30/2018	Page 18	of 37
Item	Total	CCNH	RHNS	Residential Care Home	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food	\$ 35,987				35,987
2. Non-Food Supplies	\$ 3,090				3,090
3. Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ _____				
c. Other (Specify) _____	\$ _____				
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 39,077				39,077
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals: Total no. of meals served per day:*	57				57
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No					
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.					
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.					
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

Name of Facility Haughton Cove Manor, Inc.		License No. 1798	Report for Year Ended 9/30/2018	Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home
3. Laundry					
a. In-House Processing*		Lbs.			
1.	Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$	1,512		1,512
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. \$	1,744		1,744
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify)		\$			
3D. Total Laundry Expenditures (3a + b + c)		\$	3,256		3,256
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended	Page	of	
Haughton Cove Manor, Inc.		1798	9/30/2018	20	37	
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	6,192			6,192
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other (<i>Specify</i>)			\$			
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 6,192			6,192
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy		\$			
	2. Purchased from		\$			
b.	Medicine Cabinet Drugs		\$ 49			49
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		\$ 92			92
j.	Direct Management Services*		\$			
k.	Indirect Management Services*		\$			
l.	Other (<i>Specify</i>)**** See Attached Schedule		\$ 4,167			4,167
5M. Total Resident Care Expenditures (5a - 5j)			\$ 4,308			4,308

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	Residential Care Home
Resident care supplies (nondiscriminatory-soap, shampoo, etc.)			\$ 318
Cable TV			\$ 3,849
Total Other Resident Care	\$ -	\$ -	\$ 4,167

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

Name of Facility Haughton Cove Manor, Inc.			License No. 1798	Report for Year Ended 9/30/2018	Page of 21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	Residential Care Home	Pg	Line
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

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

Name of Facility Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2018			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 26,851				26,851	
b. Heat	\$ 19,644				19,644	
c. Light & Power	\$ 16,026				16,026	
d. Water	\$ 4,116				4,116	
e. Equipment Lease (Provide detail on page 6)	\$					
f. Other (itemize)	\$ 8,672				8,672	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 75,309				75,309	
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$ 1,330				1,330	
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 2,399				2,399	
d. Movable Equipment	\$ 276				276	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 4,005				4,005	
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 175				175	
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 175				175	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 24,000				24,000	
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 15,416				15,416	
c. Personal property taxes	\$ 753				753	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 44,349				44,349	

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	Residential Care Home
Fire monitoring/protections			\$ 1,221
Sewer use			\$ 1,997
Generator service			\$ 904
Refuse removal			\$ 1,426
Exterminating			\$ 709
Propane			\$ 2,415
Total Other Repairs and Maintenance	\$ -	\$ -	\$ 8,672

Haughton Cove Manor, Inc.
9/30/2018

Schedule of Land Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
4/5/2018	Tree removal and landscaping	\$ 7,300	5	\$ 730
Total additions for Land Improvements		\$ 7,300		\$ 730 *
Deletions:				
Total deletions for Land Improvements		\$ -		\$ - **

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/28/2017	Replace Main Sewer Line	\$ 3,190	15	\$ 177
Total additions for Non-Movable Equipment		\$ 3,190		\$ 177 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Haughton Cove Manor, Inc.			License No. 1798		Report for Year Ended 9/30/2018			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Various	101,952	99,385	S/L		175	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									175
D. Total Amortization									175

* Straight-line method must be used.

** Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
DEPARTMENT: LAND IMPROVEMENTS												
64		LAND IMPROVEMENT	5/01/86	1,912.00	0.00	0.00	1,912.00	0.00	1,912.00	0.00	S/L	15.00
87		DRIVEWAY REPAIR	9/20/17	3,000.00	0.00	0.00	0.00	600.00	600.00	2,400.00	S/L	5.00
94		TREE REMOVAL & LANDSCAPI	4/05/18	7,300.00	0.00c	0.00	0.00	730.00	730.00	6,570.00	S/L	5.00
		LAND IMPROVEMENTS		<u>12,212.00</u>	<u>0.00c</u>	<u>0.00</u>	<u>1,912.00</u>	<u>1,330.00</u>	<u>3,242.00</u>	<u>8,970.00</u>		

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
DEPARTMENT: NON-MOVABLE EQUIPMENT												
13		DRIVEWAY	7/01/86	2,000.00	0.00	0.00	2,000.00	0.00	2,000.00	0.00	S/L	19.00
14		PAINTING	8/01/86	635.00	0.00	0.00	635.00	0.00	635.00	0.00	S/L	19.00
15		ELECTRICAL PAINTING	8/01/86	5,151.00	0.00	0.00	5,151.00	0.00	5,151.00	0.00	S/L	19.00
16		LUMBER	9/01/86	778.00	0.00	0.00	778.00	0.00	778.00	0.00	S/L	19.00
17		MORTGAGE	7/01/86	2,454.00	0.00	0.00	2,454.00	0.00	2,454.00	0.00	S/L	5.00
18		CARPENTRY	10/01/86	4,934.49	0.00	0.00	4,934.49	0.00	4,934.49	0.00	S/L	19.00
19		TILE/CARPENTRY	10/01/86	500.00	0.00	0.00	500.00	0.00	500.00	0.00	S/L	5.00
20		CARPENTRY	11/01/86	4,152.08	0.00	0.00	4,152.08	0.00	4,152.08	0.00	S/L	19.00
21		CARPENTRY	12/01/86	8,063.04	0.00	0.00	8,063.04	0.00	8,063.04	0.00	S/L	19.00
22		TILE/CARPENTRY	1/01/87	780.32	0.00	0.00	780.32	18.70	780.32	0.00	S/L	31.00
23		CARPENTRY	1/01/87	3,772.04	0.00	0.00	3,772.04	0.00	3,772.04	0.00	S/L	31.00
24		TILE/CARPENTRY	2/01/87	820.00	0.00	0.00	799.66	20.34	820.00	0.00	S/L	31.00
25		CARPENTRY	2/01/87	1,513.28	0.00	0.00	1,475.96	37.32	1,513.28	0.00	S/L	31.00
26		TILE	3/01/87	700.00	0.00	0.00	691.63	8.37	700.00	0.00	S/L	25.00
27		ELECTRICAL	3/01/87	1,222.89	0.00	0.00	1,189.14	33.75	1,222.89	0.00	S/L	31.00
28		CARPENTRY	3/01/87	596.53	0.00	0.00	577.80	18.73	596.53	0.00	S/L	31.00
29		CARPENTRY	4/01/87	1,868.62	0.00	0.00	1,827.68	40.94	1,868.62	0.00	S/L	31.00
30		CARPENTRY	6/01/87	2,417.74	0.00	0.00	2,354.86	62.88	2,417.74	0.00	S/L	31.00
31		CARPENTRY	6/01/87	14,125.97	0.00	0.00	13,776.80	349.17	14,125.97	0.00	S/L	31.00
32		ELECTRICAL	1/01/87	2,000.00	0.00	0.00	1,953.16	46.84	2,000.00	0.00	S/L	31.00
33		NON-MOVABLE	9/01/88	23,547.00	0.00	0.00	23,547.00	0.00	23,547.00	0.00	S/L	15.00
34		CARPENTRY	9/01/90	2,773.65	0.00	0.00	2,773.65	0.00	2,773.65	0.00	S/L	10.00
35		ELECTRICAL	9/01/90	1,083.71	0.00	0.00	1,083.71	0.00	1,083.71	0.00	S/L	10.00
36		SEWER CONNECTION	8/01/91	6,430.19	0.00	0.00	6,430.19	0.00	6,430.19	0.00	S/L	20.00
37		ELECTRICAL	7/01/91	2,163.17	0.00	0.00	2,163.17	0.00	2,163.17	0.00	S/L	10.00
38		FLOORING	7/01/91	1,385.64	0.00	0.00	1,385.64	0.00	1,385.64	0.00	S/L	10.00
39		PAINTING	10/01/90	3,600.00	0.00	0.00	3,600.00	0.00	3,600.00	0.00	S/L	5.00
40		SEWER WORK	8/01/91	6,496.80	0.00	0.00	6,496.80	0.00	6,496.80	0.00	S/L	20.00
41		PHONE SYSTEM	1/01/92	4,934.16	0.00	0.00	4,934.16	0.00	4,934.16	0.00	S/L	10.00
42		FIRE ALARM	7/23/92	1,250.00	0.00	0.00	1,250.00	0.00	1,250.00	0.00	S/L	15.00
43		SEWER WORK	10/10/91	153.20	0.00	0.00	153.20	0.00	153.20	0.00	S/L	19.00
44		PLUMBING	12/03/91	901.48	0.00	0.00	901.48	0.00	901.48	0.00	S/L	20.00
45		SEWER WORK	1/29/92	1,500.00	0.00	0.00	1,500.00	0.00	1,500.00	0.00	S/L	19.00
46		PLUMBING	2/07/92	527.72	0.00	0.00	527.72	0.00	527.72	0.00	S/L	20.00
47		HOT WATER HEATER	1/20/93	2,077.16	0.00	0.00	2,077.16	0.00	2,077.16	0.00	S/L	15.00
48		CARPETING	3/01/93	1,541.00	0.00	0.00	1,541.00	0.00	1,541.00	0.00	S/L	5.00
49		CHIMNEY	3/01/93	600.00	0.00	0.00	600.00	0.00	600.00	0.00	S/L	15.00
50		PLUMBING	9/28/93	1,922.95	0.00	0.00	1,922.95	0.00	1,922.95	0.00	S/L	15.00
51		PAVING	9/15/93	3,666.04	0.00	0.00	3,666.04	0.00	3,666.04	0.00	S/L	10.00
52		CAST IRON BOILER	1/28/04	17,250.00	0.00	0.00	11,787.50	862.50	12,650.00	4,600.00	S/L	20.00
68		Silent Knight Fire Communicator	7/13/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00
86		UNDERCOUNTER DISHWASHE	8/20/15	3,610.58	0.00	0.00	1,504.42	722.12	2,226.54	1,384.04	S/L	5.00
93		REPLACE MAIN SEWER LINE IT	11/28/17	3,190.50	0.00c	0.00	0.00	177.25	177.25	3,013.25	S/L	15.00
NON-MOVABLE EQUIPMENT				149,089.95	0.00c	0.00	137,693.75	2,398.91	140,092.66	8,997.29		

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

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sai Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
DEPARTMENT: MOVABLE EQUIPMENT												
1		Grease Trap	5/22/10	2,756.00	0.00	0.00	2,021.07	275.60	2,296.67	459.33	S/L	10.00
9		1995 MOVABLE EQUIPMENT	3/01/95	4,037.05	0.00	0.00	4,037.05	0.00	4,037.05	0.00	S/L	5.00
10		STOVES	9/30/96	4,951.01	0.00	0.00	4,951.01	0.00	4,951.01	0.00	S/L	5.00
11		1997 MOVABLE EQUIPMENT	9/30/97	3,996.74	0.00	0.00	3,996.74	0.00	3,996.74	0.00	S/L	5.00
69	d	REFRIGERATOR/FREEZER	2/14/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
70		WASHER/DRYER	11/23/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
71		2 MATTRESSES	10/22/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
72		5 MATTRESSES	3/21/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
73		REFRIGERATOR	9/06/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
74		ADMIRAL TOP LOAD WASHER	6/24/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
79	d	POWER RECLINER	5/23/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
80		STORAGE CABINET	8/21/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
81		ARMLESS CHAIR	5/23/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
82		WEDGE	5/23/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
83		ARMLESS RECLINER	5/23/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
84	d	RAF POWER RECLINER	5/23/13	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
85		WASHER	3/13/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
88		COMPUTER	7/26/18	0.00	0.00c	0.00	0.00	0.00	0.00	0.00		0.0
89		SECURITY CAMERAS	12/01/17	0.00	0.00c	0.00	0.00	0.00	0.00	0.00		0.0
90		COMPUTER/CAMERA SYSTEM	1/29/18	0.00	0.00c	0.00	0.00	0.00	0.00	0.00		0.0
91		FREEZER	6/25/18	0.00	0.00c	0.00	0.00	0.00	0.00	0.00		0.0
92		REFRIGERATOR	7/19/18	0.00	0.00c	0.00	0.00	0.00	0.00	0.00		0.0
MOVABLE EQUIPMENT				15,740.80	0.00c	0.00	15,005.87	275.60	15,281.47	459.33		

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

<u>Asset</u>	<u>d</u> <u>t</u>	<u>Property Description</u>	<u>Date In</u> <u>Service</u>	<u>Book</u> <u>Cost</u>	<u>Book Sec</u> <u>179 Exp</u>	<u>Book Sal</u> <u>Value</u>	<u>Book Prior</u> <u>Depreciation</u>	<u>Book Current</u> <u>Depreciation</u>	<u>Book</u> <u>End Depr</u>	<u>Book Net</u> <u>Book Value</u>	<u>Book</u> <u>Method</u>	<u>Book</u> <u>Period</u>
<u>DEPARTMENT: VEHICLES</u>												
76		2012 HONDA CR-V	7/05/12	32,101.95	0.00	0.00	32,101.95	0.00	32,101.95	0.00	S/L	4.00
		VEHICLES		<u>32,101.95</u>	<u>0.00c</u>	<u>0.00</u>	<u>32,101.95</u>	<u>0.00</u>	<u>32,101.95</u>	<u>0.00</u>		
		Grand Total		<u>311,096.69</u>	<u>0.00c</u>	<u>0.00</u>	<u>286,098.89</u>	<u>4,179.51</u>	<u>290,278.40</u>	<u>20,818.29</u>		

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

Asset	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
DEPARTMENT: LEASEHOLD IMPROVEMENTS												
53		CARPENTRY	3/01/94	3,400.00	0.00	0.00	3,400.00	0.00	3,400.00	0.00	S/L	5.00
54		KITCHEN	3/01/94	2,852.52	0.00	0.00	2,852.52	0.00	2,852.52	0.00	S/L	15.00
55		CARPENTRY	3/01/94	560.00	0.00	0.00	560.00	0.00	560.00	0.00	S/L	5.00
56		ROOFING	3/01/94	2,977.49	0.00	0.00	2,977.49	0.00	2,977.49	0.00	S/L	10.00
57		CARPENTRY	3/01/94	1,785.00	0.00	0.00	1,785.00	0.00	1,785.00	0.00	S/L	5.00
58		DOORS	3/01/94	1,338.78	0.00	0.00	1,338.78	0.00	1,338.78	0.00	S/L	15.00
59		LANDSCAPING	3/01/94	728.00	0.00	0.00	728.00	0.00	728.00	0.00	S/L	5.00
60		LIGHTING	3/01/94	441.86	0.00	0.00	441.86	0.00	441.86	0.00	S/L	10.00
61		IMPROVEMENTS	3/01/95	32,762.40	0.00	0.00	32,762.40	0.00	32,762.40	0.00	S/L	15.00
62		IMPROVEMENTS	3/01/95	38,759.62	0.00	0.00	38,759.62	0.00	38,759.62	0.00	S/L	15.00
63		CARPENTRY	9/01/97	12,846.32	0.00	0.00	12,846.32	0.00	12,846.32	0.00	S/L	15.00
67		Stairway and Ramp	5/24/10	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
77		ELECTRICAL SYSTEM UPGRAD	6/06/12	3,500.00	0.00	0.00	933.33	175.00	1,108.33	2,391.67	S/L	20.00
LEASEHOLD IMPROVEMENTS				<u>101,951.99</u>	<u>0.00c</u>	<u>0.00</u>	<u>99,385.32</u>	<u>175.00</u>	<u>99,560.32</u>	<u>2,391.67</u>		

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

Name of Facility Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2018	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased					
2. Date Structure Completed	07/02/86				
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure					
5. Total Licensed Bed Capacity	19				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)		Fixed			
b. Date Mortgage Obtained		11/18/13			
c. Interest Rate for the Cost Year		4.5 %			
d. Term of Mortgage (number of years)		10			
e. Amount of Principal Borrowed		300,000			
f. Principal balance outstanding as of 9/30/18		208,371			
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed:					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Haughton Cove Manor, Inc.		1798	9/30/2018			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility Houghton Cove Manor, Inc.		License No. 1798		Report for Year Ended 9/30/2018		Page 27	of 37
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify) Finance charges and late fees				\$	858		858
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	858		858
14. Insurance							
a. Insurance on Property (buildings only)				\$	6,161		6,161
b. Insurance on Automobiles				\$	2,155		2,155
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify) Liability				\$	2,270		2,270
14d. Total Insurance Expenditures (14a + b + c)				\$	10,586		10,586
15. Total All Expenditures (A-13 thru C-14)				\$	576,833		576,833

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Haughton Cove Manor, Inc.				1798	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$			
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 1,004			1,004
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.	16	2	Automobile Expense (e.g. personal use)	\$ 3,875			3,875
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	\$ 1,069			1,069
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 5,948			5,948

* 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
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	13	Miscellaneous			\$ 96
16	m13	Bank service charges			\$ 973
Total Other A&G Adjustments			\$ -	\$ -	\$ 1,069

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Haughton Cove Manor, Inc.			1798	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 5,948			5,948
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 2,649			2,649
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
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	\$ 1,900			1,900
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 858			858
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 11,355			11,355

*** 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.

Haughton Cove Manor, Inc.
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Cable TV over max			\$ 2,649
Total Other Ancillary Costs			\$ -	\$ -	\$ 2,649

Schedule of Excess Movable Equipment Depreciation

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

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	14.b	Auto insurance (personal use adj. see pg. 29a)			\$ 1,630
22	10.c	Auto PP Tax on Honda (personal use adj. see pg. 29a)			\$ 270
Total Other Property Adjustments			\$ -	\$ -	\$ 1,900

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	12d	Finance charges, late fees			\$ 858
Total Other Adjustments			\$ -	\$ -	\$ 858

Schedule of Unallowable Building Interest

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

Pages 28 & 29 - Adjustments to Statement of Expenditures

Page	Line	Description	Mileage	GL Number	Total	Amount		
					Amount	Business	Personal	
<u>Personal Use of Auto</u>								
		Business			<u>5,171.00</u>		24.41%	75.59%
		Total			21,186.00			
<u>Item #17 - Auto Expense</u>								
16	1.6	Auto Expense		5040	5,126.00	1,251.13		3,874.87
<u>Item #39 - Maintenance and Property - Other</u>								
27	14.b	Insurance on Automobiles		5022	2,156.00	526.23		1,629.77
22	10.c	Personal Property Taxes		9031	357.00	87.14		269.86
27	12.c.1	Interest Expense - Honda Auto Loan		5130		0.00		0.00
<u>Item #35 - Excess Movable Equipment Depreciation</u>								
		Motor Vehicle Depreciation		9060		0.00		<u>0.00</u>
30	IV.8	Personal Use of Auto (Income Calculated)		9066				<u>5,774.50</u>

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Haughton Cove Manor, Inc.	1798	9/30/2018			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 567,498			567,498		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$					
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (Specify) - Medicare	\$					
b. Other (Specify) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 567,498			567,498		
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (Specify)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (Specify)	\$ 5,775			5,775		
V. Total Other Revenue (1 thru 8)	\$ 5,775			5,775		
VI. Total All Revenue (III +V)	\$ 573,273			573,273		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
30 IV9	Personal use of auto			\$ 5,775
	Total Other Revenue	\$ -	\$ -	\$ 5,775

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Houghton Cove Manor, Inc.	1798	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	11,103
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	38,037
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4 Inventories			\$	1,428
5. Prepaid Expenses			\$	6,754
a. Prepaid insurance	2,620			
b. Prepaid property taxes	4,134			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	41
Due to TGC Healthcare	41			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	57,363
B. Fixed Assets				
1. Land			\$	6,954
2. Land Improvements	*Historical Cost	12,212	\$	8,970
	Accum. Depreciation	3,242	Net	
3. Buildings	*Historical Cost		\$	
	Accum. Depreciation		Net	
4. Leasehold Improvements	*Historical Cost	101,952	\$	2,392
	Accum. Depreciation	99,560	Net	
5. Non-Movable Equipment	*Historical Cost	149,090	\$	8,998
	Accum. Depreciation	140,092	Net	
6. Movable Equipment	*Historical Cost	15,741	\$	459
	Accum. Depreciation	15,282	Net	
7. Motor Vehicles	*Historical Cost	32,102	\$	
	Accum. Depreciation	32,102	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	27,773

* 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 Houghton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	85,136
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
_____			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (<i>itemize</i>)			\$	
_____			\$	
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 85,136	

* 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
Haughton Cove Manor, Inc.		1798	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	36,670
2. Notes Payable (<i>itemize</i>)				\$	
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	4,318
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	2,037
6. Accrued Payroll Taxes Payable				\$	481
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>)				\$	10,466
Accrued water and sewer		933			
Credit card payable		8,628			
Accrued Accounting Fees		905			
See Schedule					
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	53,972

* 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

2017

Department of the Treasury
Internal Revenue Service

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

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

A Selection effective date 10/01/03	TYPE OR PRINT	Name HAUGHTON COVE MANOR, INC.	D Employer identification number 06-1174175
B Business activity code number (see instructions) 623000		Number, street, and room or suite no. If a P.O. box, see instructions. 841 NORWICH-NEW LONDON TURNPIKE	E Date incorporated 07/01/1986
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code UNCASVILLE CT 06382	F Total assets (see instructions) \$ 85,138

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) Selection termination or revocation
I Enter the number of shareholders who were shareholders during any part of the tax year **1**

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

Income	1a Gross receipts or sales	1a	567,498	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		567,498
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		567,498
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		
Deductions (see instructions for limitations)	5 Other income (loss) (see instructions—attach statement)		SEE STMT 1	5,775
	6 Total income (loss). Add lines 3 through 5	6		573,273
	7 Compensation of officers (see instructions—attach Form 1125-E)	7		74,326
	8 Salaries and wages (less employment credits)	8		221,683
	9 Repairs and maintenance	9		26,851
	10 Bad debts	10		
	11 Rents	11		24,000
	12 Taxes and licenses	12		45,204
	13 Interest	13		858
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		3,669
	15 Depletion (Do not deduct oil and gas depletion.)	15		
	16 Advertising	16		120
	17 Pension, profit-sharing, etc., plans	17		
	18 Employee benefit programs	18		30,022
	19 Other deductions (attach statement)	19		SEE STMT 2
20 Total deductions. Add lines 7 through 19	20		565,577	
21 Ordinary business income (loss). Subtract line 20 from line 6	21		7,696	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)	22c		
	23a 2017 estimated tax payments and 2016 overpayment credited to 2017	23a		
	b Tax deposited with Form 7004	23b		
	c Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d Add lines 23a through 23c	23d		
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached	24		
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25		
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26		
27 Enter amount from line 26 Credited to 2018 estimated tax	27		Refunded	

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

Sign Here Signature of officer **DOREEN Z CONROY** Date _____ Title **PRESIDENT**

Paid Preparer Use Only	Print/Type preparer's name MICHAEL J. MICHAUD	Preparer's signature	Date 01/31/19	Check <input type="checkbox"/> if self-employed	PTIN P00429449
	Firm's name BRODEUR & COMPANY, CPAS, P.C.	Firm's EIN 06-0885645			
	Firm's address P.O. BOX 164 OLD SAYBROOK, CT 06475	Phone no. 860-388-4627			

Schedule E Other Information (see instructions)

1 Check accounting method: a [] Cash b [X] Accrual c [] Other (specify)
2 See the instructions and enter the: a Business activity RESIDENTIAL CARE b Product or service ROOM & BOARD
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation
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

Table with 5 columns: (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

Table with 5 columns: (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. (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. (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?
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount
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 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
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions
13a Did the corporation make any payments in 2017 that would require it to file Form(s) 1099?
b If "Yes," did the corporation file or will it file required Forms 1099?

Schedule K Shareholders' Pro Rata Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	7,696
	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	-100
	10 Other income (loss) (see instructions) Type ▶	10	
Deductions	11 Section 179 deduction (attach Form 4562)	11	7,635
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
Credits	d Other deductions (see instructions) Type ▶	12d	
	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	
Foreign Transactions	g Other credits (see instructions) Type ▶	13g	
	14a Name of country or U.S. possession ▶	14a	
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level	14c	
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level	14f	
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income	14h	
	i Passive category	14i	
	j General category	14j	
k Other (attach statement)	14k		
Other information	14k		
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)	14n		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	-490
	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	16,575

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement) SEE STATEMENT 3		
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 14!	18	-39

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		33,322		11,105
2a	Trade notes and accounts receivable	36,265		38,037	
b	Less allowance for bad debts	(36,265	(38,037
3	Inventories		1,403		1,428
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement) STMT 4		9,229		6,796
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	300,606		311,097	
b	Less accumulated depreciation	(286,100	(290,279
11a	Depletable assets				
b	Less accumulated depletion	((
12	Land (net of any amortization)		6,954		6,954
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	((
14	Other assets (attach statement)				
15	Total assets		101,679		85,138
Liabilities and Shareholders' Equity					
16	Accounts payable		38,674		36,670
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement) STMT 5		11,582		17,302
19	Loans from shareholders		246,032		229,457
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement) STMT 6		193,871		193,871
22	Capital stock		1,000		1,000
23	Additional paid-in capital				
24	Retained earnings		-389,480		-393,162
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	((
27	Total liabilities and shareholders' equity		101,679		85,138

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)

1 Net income (loss) per books	-3,558	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)		a Tax-exempt interest \$	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a Depreciation \$		a Depreciation \$	7,125
b Travel and entertainment \$		STMT 8	1,148
STMT 7	11,792	7 Add lines 5 and 6	8,273
4 Add lines 1 through 3	8,234	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	-39
			11,792
			8,273

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

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-248,555		
2 Ordinary income from page 1, line 21	7,696		
3 Other additions			
4 Loss from page 1, line 21			
5 Other reductions STMT 9	7,858		
6 Combine lines 1 through 5	-248,717		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-248,717		

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

2017

For calendar year 2017, or tax year

Final K-1 Amended K-1

OMB No. 1545-0123

beginning 10/01/17 ending 09/30/18

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

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

Table with 4 columns: Line number, Description, Amount, and Other information. Rows include Ordinary business income (loss) 7,696, Net rental real estate income (loss), Interest income, Ordinary dividends, Qualified dividends 14, Foreign transactions, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss) -100, Other income (loss) 15, Alternative minimum tax (AMT) items -490, Section 179 deduction 7,635, Items affecting shareholder basis 16, E 16,575, Other deductions, Other information 17, V* STMT.

Part I Information About the Corporation

Form section for Part I: A Corporation's employer identification number 06-1174175; B Corporation's name, address, city, state, and ZIP code HAUGHTON COVE MANOR, INC. 841 NORWICH-NEW LONDON TURNPIKE UNCASVILLE CT 06382; C IRS Center where corporation filed return E-FILE

Part II Information About the Shareholder

Form section for Part II: D Shareholder's identifying number 043-42-6838; E Shareholder's name, address, city, state, and ZIP code DOREEN Z CONROY PO BOX 457 HIGGANUM CT 06441; F Shareholder's percentage of stock ownership for tax year 100.000000%

Large empty box for additional information, with 'For IRS Use Only' written vertically on the left side.

* See attached statement for additional information.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return
HAUGHTON COVE MANOR, INC.

Identifying number
06-1174175

Business or activity to which this form relates

REGULAR DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	14,733
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	510,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	SEE STATEMENT 10	13,935	7,635
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	7,635
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	7,635
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	81,922
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	7,635
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	1,004
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 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		798	5.0	HY	200DB	160
c 7-year property						
d 10-year property		6,300	10.0	HY	200DB	630
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	1,875
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	3,669
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, 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? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: 2012 HONDA CR-V 07/05/12 100.00% 32,102 20,942 5.0 200DBMQ 1,875 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,875 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (don't include commuting miles) 21,186 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 21,186 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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

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

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

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

Part VI Amortization

42 Amortization of costs that begins during your 2017 tax year (see instructions): 43 Amortization of costs that began before your 2017 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

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

Department of the Treasury
 Internal Revenue Service

▶ Attach to your tax return.

Attachment
 Sequence No. **27**

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

Name(s) shown on return HAUGHTON COVE MANOR, INC.	Identifying number 06-1174175
---	---

1 Enter the gross proceeds from sales or exchanges reported to you for 2017 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1
---	---

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

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 11						-100

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:	7
Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.	
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	
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.

Section 199A Information Worksheet

Form **1120S**

2017

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

Name HAUGHTON COVE MANOR, INC.	Employer Identification Number 06-1174175
--	---

Activity Description

Column A	PAGE 1 ACTIVITY
Column B	
Column C	
Column D	
Column E	

	Column A	Column B	Column C	Column D	Column E
Specified service business	NO				
Ordinary business income (loss)	7,696				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalties					
Section 199A income	7,696				
Section 199A W-2 wages	265,649				
Section 199A unadjusted basis	85,611				

Other Information:

QBI allocable to cooperative prmts received
 Cooperative QPAI deduction to patron

Federal Statements

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

<u>Description</u>	<u>Amount</u>
PERSONAL AUTO USE	\$ 5,775
TOTAL	\$ 5,775

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

<u>Description</u>	<u>Amount</u>
ANNUAL REPORT	\$ 150
AUTO EXPENSE	5,126
BACKGROUND CHECKS	660
BANK CHARGES	973
DIETARY - FOOD	35,987
DIETARY - SUPPLIES	3,090
DUES & SUBSCRIPTIONS	130
EMPLOYEE MILEAGE REIMBURSEMNT	102
EXTERMINATING	709
FIRE MONITORING SERVICES	1,221
FIRST AID SUPPLIES	49
GENERATOR SERVICE	904
HOUSEKEEPING SUPPLIES	6,192
INSURANCE - AUTO	2,156
INSURANCE - LIABILITY	2,270
INSURANCE - PROPERTY	6,161
INSURANCE - WORKMAN'S COMP	5,405
INTERNET	1,199
LAUNDRY SUPPLIES	1,512
LICENSES	500
LINENS	1,744
MISCELLANEOUS	94
OFFICE EXPENSE	2,968
PAYROLL PROCESSING	3,511
POSTAGE	282
RECREATION - CABLE TV	3,849
RECREATION - SUPPLIES	92
REFUSE REMOVAL	1,426
RESIDENT SUPPLIES	318
TELEPHONE (BUSINESS)	4,142
TELEPHONE (CELL)	1,724
UTILITIES - ELECTRICITY	16,026
UTILITIES - HEATING OIL	19,644
UTILITIES - PROPANE GAS	2,415
UTILITIES - SEWER	1,997
UTILITIES - WATER	4,116
TOTAL	\$ 138,844

Statement 3 - Form 1120S, Page 4, Schedule K, Line 17d - Other Items and Amounts

<u>Description</u>	<u>Amount</u>
SECTION 199A INFORMATION - SEE ATTACHED WRK	

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

Description	Beginning of Year	End of Year
PREPAID INSURANCE	\$ 2,887	\$ 2,621
PREPAID REAL ESTATE TAX	3,761	4,134
PREPAID HEATING OIL	2,581	
DUE FROM TGC		41
TOTAL	\$ <u>9,229</u>	\$ <u>6,796</u>

Statement 5 - Form 1120S, Page 4, Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
ACCRUED EXPENSES - OTHER	\$ 1,060	\$ 933
ACCRUED PAYROLL - OFFICER	1,048	2,037
ACCRUED PAYROLL TAXES	375	481
ACCRUED PAYROLL- EMPLOYEES	3,880	4,318
CREDIT CARDS PAYABLE	5,219	8,628
ACCRUED ACCOUNTING FEES		905
TOTAL	\$ <u>11,582</u>	\$ <u>17,302</u>

Statement 6 - Form 1120S, Page 4, Schedule L, Line 21 - Other Liabilities

Description	Beginning of Year	End of Year
DUE TO DCO REAL ESTATE LLC	\$ 33,750	\$ 33,750
DUE TO DSS	48,173	48,173
DUE TO EAST RIDGE MANOR	77,182	77,182
DUE TO TIMOTHY CONROY JR	34,766	34,766
TOTAL	\$ <u>193,871</u>	\$ <u>193,871</u>

Statement 7 - Form 1120S, Page 5, Schedule M-1, Line 3 - Expenses on Books Not on Return

Description	Amount
ACCRUED OFFICER SALARY - EOY	\$ 2,037
ACCOUNTING FEES	9,755
TOTAL	\$ <u>11,792</u>

Statement 8 - Form 1120S, Page 5, Schedule M-1, Line 6 - Deductions on Return Not on Books

Description	Amount
ACCRUED OFFICER SALARY - BOY	\$ 1,048
LOSS ON SALE OF ASSET	100
TOTAL	\$ <u>1,148</u>

Statement 9 - Form 1120S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

<u>Description</u>	<u>Amount</u>
PRIOR YEAR ADJUSTMENT	\$ 123
NET SECTION 1231 LOSS	100
SECTION 179 EXPENSE	<u>7,635</u>
TOTAL	<u>\$ 7,858</u>

Regular Depreciation

Statement 10 - Form 4562, Part I, Line 6 - Section 179 Expense

<u>Description of Property</u>	<u>Cost</u>	<u>Expense</u>
COMPUTER	\$ 904	\$ 904
SECURITY CAMERAS	872	872
COMPUTER/CAMERA SYSTEM	931	931
FREEZER	737	737
REPLACE MAIN SEWER LINE IN BOILER	3,191	3,191
TREE REMOVAL & LANDSCAPE REPAIR	7,300	1,000
TOTAL	<u>\$ 13,935</u>	<u>\$ 7,635</u>

Federal Statements

Statement 11 - Form 4797, Part I, Line 2 - Property Held More Than 1 Year

<u>Desc</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sales Price</u>	<u>Depr Allowed</u>	<u>Basis</u>	<u>Gain or Loss</u>
REFRIGERATOR/FREEZER	2/14/11	9/30/18	\$	\$ 619	\$ 619	\$
POWER RECLINER	5/23/13	9/30/18		514	564	-50
RAF POWER RECLINER	5/23/13	9/30/18		514	564	-50
TOTAL						\$ <u>-100</u>

Federal Asset Report

Form 1120S, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Section 179 Expense:									
88	COMPUTER	7/26/18	904		X	N/A	5 HY 200DB	0	904
89	SECURITY CAMERAS	12/01/17	872		X	N/A	5 HY 200DB	0	872
90	COMPUTER/CAMERA SYSTEM	1/29/18	931		X	N/A	5 HY 200DB	0	931
91	FREEZER	6/25/18	737		X	N/A	5 HY 200DB	0	737
93	REPLACE MAIN SEWER LINE IN BOILI	11/28/17	3,191		X	N/A	20 HY 150DB	0	3,191
94	TREE REMOVAL & LANDSCAPE REPA	4/05/18	7,300		X	N/A	10 HY 200DB	0	1,000
			13,935			N/A		0	7,635
5-year GDS Property:									
88	COMPUTER	7/26/18	N/A*		X	0	5 HY 200DB	0	0
89	SECURITY CAMERAS	12/01/17	N/A*		X	0	5 HY 200DB	0	0
90	COMPUTER/CAMERA SYSTEM	1/29/18	N/A*		X	0	5 HY 200DB	0	0
91	FREEZER	6/25/18	N/A*		X	0	5 HY 200DB	0	0
92	REFRIGERATOR	7/19/18	798			798	5 HY 200DB	0	160
			798			798		0	160
10-year GDS Property:									
94	TREE REMOVAL & LANDSCAPE REPA	4/05/18	N/A*		X	6,300	10 HY 200DB	0	630
			0			6,300		0	630
20-year GDS Property:									
93	REPLACE MAIN SEWER LINE IN BOILI	11/28/17	N/A*		X	0	20 HY 150DB	0	1
			0			0		0	1
Prior MACRS:									
1	Grease Trap	5/22/10	2,756		X	1,378	7 HY 200DB	2,756	0
9	1995 MOVABLE EQUIPMENT	3/01/95	4,037			4,037	5 HY 200DB	4,037	0
10	STOVES	9/30/96	4,951			4,951	5 HY 200DB	4,951	0
11	1997 MOVABLE EQUIPMENT	9/30/97	3,997			3,997	5 HY 200DB	3,997	0
14	PAINTING	8/01/86	635			635	10 HY 200DB	635	0
15	ELECTRICAL PAINTING	8/01/86	5,151			5,151	10 HY 200DB	5,151	0
16	LUMBER	9/01/86	778			778	10 HY 200DB	778	0
18	CARPENTRY	10/01/86	4,934			4,934	10 HY 200DB	4,934	0
19	TILE/CARPENTRY	10/01/86	500			500	5 HY 200DB	500	0
20	CARPENTRY	11/01/86	4,152			4,152	10 HY 200DB	4,152	0
21	CARPENTRY	12/01/86	8,063			8,063	10 HY 200DB	8,063	0
22	TILE/CARPENTRY	1/01/87	780			780	25 HY S/L	780	0
23	CARPENTRY	1/01/87	3,772			3,772	25 HY S/L	3,772	0
24	TILE/CARPENTRY	2/01/87	820			820	25 HY S/L	820	0
25	CARPENTRY	2/01/87	1,513			1,513	25 HY S/L	1,513	0
26	TILE	3/01/87	700			700	25 HY S/L	700	0
27	ELECTRICAL	3/01/87	1,223			1,223	25 HY S/L	1,223	0
28	CARPENTRY	3/01/87	597			597	25 HY S/L	597	0
29	CARPENTRY	4/01/87	1,869			1,869	25 HY S/L	1,869	0
30	CARPENTRY	6/01/87	2,418			2,418	25 HY S/L	2,418	0
31	CARPENTRY	6/01/87	14,126			14,126	25 HY S/L	14,126	0
32	ELECTRICAL	1/01/87	2,000			2,000	25 HY S/L	2,000	0
33	NON-MOVABLE	9/01/88	23,547			23,547	15 HY 150DB	23,547	0
34	CARPENTRY	9/01/90	2,774			2,774	10 HY 200DB	2,774	0
35	ELECTRICAL	9/01/90	1,084			1,084	10 HY 200DB	1,084	0
36	SEWER CONNECTION	8/01/91	6,430			6,430	20 HY 150DB	6,430	0
37	ELECTRICAL	7/01/91	2,163			2,163	10 HY 200DB	2,163	0
38	FLOORING	7/01/91	1,386			1,386	10 HY 200DB	1,386	0
39	PAINTING	10/01/90	3,600			3,600	5 HY 200DB	3,600	0
40	SEWER WORK	8/01/91	6,497			6,497	20 HY 150DB	6,497	0
41	PHONE SYSTEM	1/01/92	4,934			4,934	10 HY 200DB	4,934	0
42	FIRE ALARM	7/23/92	1,250			1,250	15 HY 150DB	1,250	0
43	SEWER WORK	10/10/91	153			153	15 HY 150DB	153	0
44	PLUMBING	12/03/91	901			901	20 HY 150DB	901	0
45	SEWER WORK	1/29/92	1,500			1,500	15 HY 150DB	1,500	0
46	PLUMBING	2/07/92	528			528	20 HY 150DB	528	0
47	HOT WATER HEATER	1/20/93	2,077			2,077	15 HY 150DB	2,077	0
48	CARPETING	3/01/93	1,541			1,541	5 HY 200DB	1,541	0

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

Federal Asset Report

Form 1120S, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
49	CHIMNEY	3/01/93	600			600	15 HY 150DB	600	0
50	PLUMBING	9/28/93	1,923			1,923	15 HY 150DB	1,923	0
51	PAVING	9/15/93	3,666			3,666	10 HY 200DB	3,666	0
52	CAST IRON BOILER	1/28/04	17,250		X	8,625	20 HY 150DB	12,248	769
53	CARPENTRY	3/01/94	3,400			3,400	5 HY 200DB	3,400	0
54	KITCHEN	3/01/94	2,853			2,853	15 HY 150DB	2,853	0
55	CARPENTRY	3/01/94	560			560	5 HY 200DB	560	0
56	ROOFING	3/01/94	2,977			2,977	10 HY 200DB	2,977	0
57	CARPENTRY	3/01/94	1,785			1,785	5 HY 200DB	1,785	0
58	DOORS	3/01/94	1,339			1,339	15 HY 150DB	1,339	0
59	LANDSCAPING	3/01/94	728			728	5 HY 200DB	728	0
60	LIGHTING	3/01/94	442			442	10 HY 200DB	442	0
61	IMPROVEMENTS	3/01/95	32,762			32,762	15 HY 150DB	32,762	0
62	IMPROVEMENTS	3/01/95	38,760			38,760	15 HY 150DB	38,760	0
63	CARPENTRY	9/01/97	12,846			12,846	15 HY 150DB	12,846	0
67	Stairway and Ramp	5/24/10	1,671			1,671	39 MMS/L	316	43
68	Silent Knight Fire Communicator	7/13/10	1,101		X	551	7 HY 200DB	1,101	0
69	REFRIGERATOR/FREEZER	2/14/11	619		X	0	5 HY 200DB	619	0
Sold/Scrapped: 9/30/18									
70	WASHER/DRYER	11/23/10	856		X	0	5 HY 200DB	856	0
71	2 MATTRESSES	10/22/10	592		X	0	5 HY 200DB	592	0
72	5 MATTRESSES	3/21/11	1,315		X	0	5 HY 200DB	1,315	0
73	REFRIGERATOR	9/06/11	429		X	0	5 HY 200DB	429	0
74	ADMIRAL TOP LOAD WASHER	6/24/11	317		X	0	5 HY 200DB	317	0
77	ELECTRICAL SYSTEM UPGRADE	6/06/12	3,500			3,500	39 MMS/L	475	90
79	POWER RECLINER	5/23/13	564		X	282	7 HY 200DB	501	13
Sold/Scrapped: 9/30/18									
80	STORAGE CABINET	8/21/13	493		X	247	7 HY 200DB	438	22
81	ARMLESS CHAIR	5/23/13	282		X	141	7 HY 200DB	251	12
82	WEDGE	5/23/13	611		X	305	7 HY 200DB	543	27
83	ARMLESS RECLINER	5/23/13	329		X	164	7 HY 200DB	292	15
84	RAF POWER RECLINER	5/23/13	564		X	282	7 HY 200DB	501	13
Sold/Scrapped: 9/30/18									
85	WASHER	3/13/15	935		X	0	7 HY 200DB	935	0
86	UNDERCOUNTER DISHWASHER	8/20/15	3,611		X	0	7 HY 200DB	3,611	0
87	DRIVEWAY REPAIR	9/20/17	3,000		X X	0	15 HY 150DB	3,000	0
			272,817			249,168		263,118	1,004
ACRS:									
13	DRIVEWAY	7/01/86	2,000			2,000	10 HY PRE	2,000	0
17	MORTGAGE	7/01/86	2,454			2,454	5 HY PRE	2,454	0
64	LAND IMPROVEMENT	5/01/86	1,912			1,912	10 HY PRE	1,912	0
Total ACRS Depreciation			6,366			6,366		6,366	0
Total ACRS and Other Depreciation			6,366			6,366		6,366	0
Listed Property:									
76	2012 HONDA CR-V	7/05/12	32,102		X	20,942	5 MQ200DB	24,935	1,875
			32,102			20,942		24,935	1,875
Grand Totals			326,018			283,574		294,419	11,305
Less: Dispositions and Transfers			1,747			564		1,621	26
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			324,271			283,010		292,798	11,279

Form 1120S	Retained Earnings Reconciliation Worksheet		2017
For calendar year 2017 or tax year beginning 10/01/17		ending 09/30/18	
Name HAUGHTON COVE MANOR, INC.			Employer Identification Number 06-1174175

Schedule L - Retained Earnings

Retained Earnings - Unappropriated	-144,445
Accumulated Adjustments Account	-248,717
Other Adjustments Account	0
Undistributed Previously Taxed Income	0
 Schedule L, Line 24 - Retained Earnings	 -393,162

Schedule M-2 - Retained Earnings

	Accumulated Adjustments Account	Other Adjustments Account	Undistributed Previously Taxed Income	Retained Earnings Unappropriated/ Timing Differences	Total Retained Earnings
Beginning of Year Balance	-248,555	0	0	-140,926	-389,481
Ordinary Income (Loss)	7,696				7,696
Other Additions				8,273	8,273
Other Reductions	7,858			11,792	19,650
Distributions					
End of Year Balance	-248,717	0	0	-144,445	-393,162

G. Balance Sheet (cont'd)

Name of Facility Haughton Cove Manor, Inc.		License No. 1798	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				53,972	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$ 297,972	
Name and Address of Lender	Amount	Loan Date			
Doreen Z. Conroy/DCO RE	263,206	various			
Timothy Conroy, Jr.	34,766	3/8/95			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 125,355	
Due to East Ridge Manor		77,182			
Due to DSS		48,173			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 423,327	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 477,299	


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

Name of Facility	License No.	Report for Year Ended	Page	of
Houghton Cove Manor, Inc.	1798	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(389,603)
6. Gain or Loss for Period			\$	(3,560)
				10/1/2017 thru 9/30/2018
7. Total Net Worth			\$	(392,163)
C. Total Reserves and Net Worth			\$	(392,163)
D. Total Liabilities, Reserves, and Net Worth			\$	85,136

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Houghton Cove Manor, Inc.	1798	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(388,480)
B. Total Revenue (From Statement of Revenue Page 30)			\$	573,273
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	576,833
D. Net Income or Deficit			\$	(3,560)
E. Balance			\$	(392,040)
F. Additions				
1. Additional Capital Contributed (itemize)				
2. Other (itemize)				
PY Adj-Accts Payable-remove credit applied but cleared from Accts Payable				(123)
F-3. Total Additions			\$	(123)
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify)			\$	
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (Specify)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(392,163)
				09/30/18

I. Preparer's/Reviewer's Certification

Name of Facility Haughton Cove Manor, Inc.	License No. 1798	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CPA	Date Signed 2/4/19		
Printed Name of Preparer Michael J. Michaud, CPA				
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