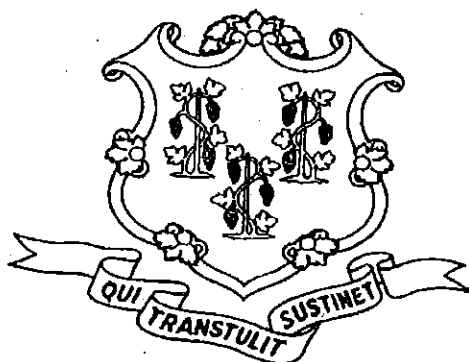


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) East Ridge Manor, Inc.	
Address (No. & Street, City, State, Zip Code) 43 Preston Avenue, Meriden, CT	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH	RHNS	Residential Care Home 928	Medicare Provider
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Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
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For Department Use Only

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

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General Information

Name of Facility (as licensed) East Ridge Manor, Inc.	License No. 928	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 East Ridge 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>Gabriela Conroy</i>		Date 2/14/18	Signed (Owner) <i>Doreen Z. Conroy</i>		Date 2
Printed Name (Administrator) Gabriela Conroy			Printed Name (Owner) Doreen Z. Conroy		
Subscribed and Sworn to before me: <i>Jean Barrasso</i>	State of CT	Date 2/14/18	Signed (Notary Public) <i>Jean</i>		Comm. Expires 4 / 30 / 21
Address of Notary Public <i>Mystic CT</i>					

(Notary Seal)

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 East Ridge Manor, Inc.		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 43 Preston Avenue, Meriden, CT				
Report Prepared By Brodeur & Co., CPAs, PC		Phone Number 860-388-4627	Date 2/1/2018	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$ 28,501			28,501
2. Laundry wages paid	\$ 3,431			3,431
3. Housekeeping wages paid	\$ 12,778			12,778
4. Nursing wages paid	\$			
5. All other wages paid	\$ 204,382			204,382
6. Total Wages Paid	\$ 249,092			249,092
7. Total salaries paid	\$ 55,866			55,866
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$ 304,958			304,958

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 203-634-6432		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) East Ridge Manor, Inc.		Address (No. & Street, City, State, Zip) 43 Preston Avenue, Meriden, CT		
License Numbers:	CCNH	RHNS	Residential Care Home 928	Medicare Provider No.
Type of Facility (Check appropriate box(es))				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input 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 Gabriela 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
 Corporate Owners**

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2018	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address		State(s) in Which Incorporated	
East Ridge Manor, Inc.	43 Preston Avenue, Meriden, CT 06450		CT	
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Doreen Z. Conroy	841 Norwich-New London Tpke. Uncasville, CT 06382	President	1	
Names of Stockholders Owning at Least 10% of Shares				
Doreen Z. Conroy	841 Norwich-New London Tpke. Uncasville, CT 06382			

General Information and Questionnaire Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of		
East Ridge Manor, Inc.	928	9/30/2018	4	37		
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</p> <p>If "Yes," provide the following information:</p>						
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	Actual Cost to the Related Party
		Yes	No			
Preston Real Estate/Doreen Z. Conroy	43 Preston Avenue, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Rental of real estate	Pg. 11, Line 9	66,000
Doreen Z. Conroy	841 Norwich-New London Tpke., Uncasville, CT 06382	<input type="radio"/>	<input checked="" type="radio"/>	Loaning of funds	Pg. 34, Line B.3	44,424
Gabriela Conroy	43 Preston Avenue, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Administrator	Pg. 10, Line A.2	55,866
Gabriela Conroy	43 Preston Avenue, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Employee loan	Pg. 32, Line D.6	81,798
Timothy Conroy, Jr.	PO Box 239, Middlefield, CT 06455	<input type="radio"/>	<input checked="" type="radio"/>	Loan from related party	Pg. 34, Line B.3	3,189
Timothy Conroy, Jr.	43 Preston Avenue, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Maintenance Wages	P 10/7b, P 28/a	35,360
TGC, Inc. dba Caroline's Residential Care	37 Clark Avenue, E. Haven, CT 06512	<input type="radio"/>	<input checked="" type="radio"/>	Loan to related party	P 32/D.6, P 15/1.h	22,038
Haughton Cove Manor, Inc.	841 Norwich-New London Tpke., Uncasville, CT 06382	<input type="radio"/>	<input checked="" type="radio"/>	Loan to related party/share insurance	P 32/D.6, P 15/P.17	77,182
Preston Real Estate, Doreen Z. Conroy	43 Preston Avenue, Meriden, CT 06450	<input type="radio"/>	<input checked="" type="radio"/>	Loan from related party	Pg. 24, Line B.4	132,940

* 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 East Ridge Manor, Inc.	License No. 928	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 (See listing page 13)
Maintenance and operation of plant	Square feet
Property costs (depreciation)	Square feet
Employee health and welfare	Gross salaries
Management services	Appropriate cost center involved
All other General Administrative expenses	Total of Direct and Allocated Costs

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

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

2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.
 Property and general liability insurance costs are allocated based on the total licensed 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 Accounting Basis

Name of Facility East Ridge Manor, Inc.	License No. 928	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, PC 2 3 4	Address (No. & Street, City, State, Zip Code) PO Box 164, 10 Springbrook Rd., Old Saybrook, CT 06475
---	---

Services Provided by This Firm (describe fully)

1 Y/E trial balance, cost report, tax return, reimbursement advice, accounting and audit support	\$	13,055
2	\$	
3	\$	
4	\$	
Charge for Services Provided		
\$		13,055

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

- Yes No Accounting Services P. 15, Line 1.d

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

Schedule of Resident Statistics

Name of Facility East Ridge Manor, Inc.	License No. 928		Report for Year Ended 9/30/2018				Page 8		of 37			
			Period 10/1 Thru 6/30		Period 7/1 Thru 9/30							
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	25			25	25			25	25			25
B. On last day of THIS report period	25			25	25			25	25			25
2. Number of Residents												
A. As of midnight of PREVIOUS report period	24			24	24			24	24			24
B. As of midnight of THIS report period	25			25	25			25	25			25
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	9,026			9,026	6,782			6,782	2,244			2,244
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	9,026			9,026	6,782			6,782	2,244			2,244
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)	9,026			9,026	6,782			6,782	2,244			2,244

Schedule of Resident Statistics (Cont'd)

Name of Facility East Ridge Manor, Inc.			License No. 928			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	Residential Care Home	Lost			Gained			CCNH	RHNS	Residential Care Home	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	Residential Care Home		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents									25				
Per Diem Rate													
a. One bed rm.									75.35				
b. Two bed rms.									75.35				
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. <i>Total Physical Therapy Treatments</i>													
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. <i>Total Speech Therapy Treatments</i>													
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. <i>Total Occupational Therapy Treatments</i>													

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
East Ridge Manor, Inc.	928	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)					55,866	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					16,187	809
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					28,501	1,936
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					12,778	1,077
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					75,604	4,198
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					3,431	212
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					88,408	7,439
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					24,183	1,307
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					304,958	19,058

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

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

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

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

Name of Facility East Ridge Manor, Inc.		License No. 928		Report for Year Ended 9/30/2018		Page 11	of 37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describes fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section 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).									
Timothy Conroy, Jr.				Maintenance	1,560	7b	TCG, Inc.d/b/a Caroline's Residential Care	2,078	53,868

* 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	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	Page	of
	CCNH	RHNS								
Section III - Administrators***									12	37
Gabriela Conroy			55,866	Administrator	2,080	A2	N/A			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
East Ridge Manor, Inc.	928	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist						
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2018	Page 15	of 37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 5,295			5,295
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 4,789			4,789
4. Social Security (F.I.C.A.)	\$ 23,039			23,039
5. Health Insurance	\$ 80,324			80,324
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$			
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$			
d. Accounting and Auditing	\$ 13,055			13,055
e. Legal (<i>Services should be fully described on Page 7</i>)	\$			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 5,634			5,634
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 4,648			4,648
2. Cellular Phones	\$ 3,328			3,328
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 250			250
3. Resident Day User Fee	\$			
Subtotal	\$ 140,362			140,362

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

(Carry Subtotals forward to next page)

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

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2018	Page 16	of 37
Item	Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:		140,362		140,362
l. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 105			105
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$ 1,000			1,000
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,608			6,608
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 25			25
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 30			30
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	\$ 127			127
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 1,180			1,180
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 295			295
9. Subscriptions	\$			
10. Contributions*** See Attached Schedule	\$ 130			130
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	\$ 6,030			6,030
C-14 Total Administrative & General Expenditures	\$ 155,892			155,892

* 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
GoDaddy.com domain registration			\$ 30
Total Other Advertising	\$ -	\$ -	\$ 30

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
Sam's Club membership			\$ 190
Costco membership			\$ 110
BJ's membership			\$ 100
Notary Public renewal			\$ 60
Central Studio web hosting			\$ 120
CARCH			\$ 600
Total Dues	\$ -	\$ -	\$ 1,180

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
St. Jude			\$ 5
Probate Judge committee			\$ 125
Total Contributions	\$ -	\$ -	\$ 130

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Bank service fees			\$ 1,206
Secretary of State annual report fee			\$ 150
Payroll service/software hosting			\$ 2,897
Commissioner of Public Safety background checks			\$ 100
Internet service			\$ 804
Meriden Health food license			\$ 175
Connecticut triennial license fee			\$ 678
Miscellaneous Exp			\$ 20
Total Other Administrative and General	\$ -	\$ -	\$ 6,030

Schedule C-1 - Management Services*

Name of Facility East Ridge Manor, Inc.	License No. 928	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 East Ridge Manor, Inc.		License No. 928	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	\$ 36,492				36,492
2.	Non-Food Supplies	\$ 3,159				3,159
3.	Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Management Services**						
d. Other (Specify) _____						
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 39,651				39,651
2F. Dietary Questionnaire		Total	CCNH	RHNS	Residential Care Home	
G. Resident Meals:	Total no. of meals served per day:*	75				75
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.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility East Ridge Manor, Inc.		License No. 928	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. \$	1,133		1,133
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. \$	626		626
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Management Services**		\$			
d. Other (Specify)		\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	1,759		1,759
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.

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

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

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

Name of Facility East Ridge Manor, Inc.		License No. 928	Report for Year Ended 9/30/2018	Page 20	of 37	
Item			Total	CCNH	RHNS	Residential Care Home
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	4,585			4,585
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	4,585			4,585
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from	\$				
b.	Medicine Cabinet Drugs	\$	4			4
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	\$	914			914
j.	Other (Specify)**** See Attached Schedule	\$	3,472			3,472
5K.	Total Resident Care Expenditures (5a - 5j)	\$	4,390			4,390

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

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

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

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

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

Name of Facility East Ridge Manor, Inc.		License No. 928	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"/>							
		<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 East Ridge Manor, Inc.	License No. 928	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	\$	22,670				22,670
b. Heat	\$	11,585				11,585
c. Light & Power	\$	13,483				13,483
d. Water	\$	6,256				6,256
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$	3,135				3,135
f. Other (<i>itemize</i>) See Attached Schedule	\$	4,864				4,864
6g. Total Maint. & Operating Expense (6a - 6f)	\$	61,993				61,993
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$	4,014				4,014
b. Building & Building Improvements	\$	23,455				23,455
c. Non-Movable Equipment	\$	3,680				3,680
d. Movable Equipment	\$	20,889				20,889
*7e. Total Depreciation Costs (7a + b + c + d)	\$	52,038				52,038
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$	2,109				2,109
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$	2,109				2,109
9. Rental payments on leased real property less real estate taxes included in item 10b	\$	66,000				66,000
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$	15,336				15,336
c. Personal property taxes	\$	2,860				2,860
11. Total Property Expenses (7e + 8e + 9 + 10)	\$	138,343				138,343

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

East Ridge Manor, Inc.
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
12/20/2016	Apple Mac Pro System	\$ 2,533	3	\$ 633
4/3/2017	Apple Mac Computer	\$ 3,368	3	\$ 561
Total additions for Movable Equipment		\$ 5,901		\$ 1,194 *
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 East Ridge Manor, Inc.	License No. 928	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 %
A. Organization Expense										
1.										
2.										
3.										
A-4. Subtotal										
B. Mortgage Expense										
1.										
2.										
3.										
B-4. Subtotal										
C. Leasehold Improvements and Other										
1. Acquired prior to this report period		Var	Var	Var	107,132				various	2,109
2. Disposals (attach schedule)										
3. Acquired during this report period (attach schedule)										
C-4. Subtotal										
D. Total Amortization										2,109
										2,109

* 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.

Asset Id	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
DEPARTMENT: BUILDING IMPROV - EQUITY											
61	6 NEW OR REMODELED BATH	7/01/12	54,041.58	0.00	0.00	15,311.77	3,602.77	18,914.54	35,127.04	S/L	15.00
62	STEEL DOORS	9/15/12	9,114.81	0.00	0.00	1,860.94	455.74	2,316.68	6,798.13	S/L	20.00
64	FIRE ESCAPE STAIRS, RAILING	4/27/12	19,674.75	0.00	0.00	5,793.12	1,311.65	7,104.77	12,569.98	S/L	15.00
66	LAUNDRY ROOM REMODEL	9/21/12	3,722.25	0.00	0.00	992.60	248.15	1,240.75	2,481.50	S/L	15.00
68	RENOVATIONS - MAIN HALLW	7/23/12	4,350.00	0.00	0.00	1,208.33	290.00	1,498.33	2,851.67	S/L	15.00
69	SIDING	8/07/12	18,525.27	0.00	0.00	3,859.42	926.26	4,785.68	13,739.59	S/L	20.00
72	INSTALLATION OF WINDOWS	8/13/12	31,905.00	0.00	0.00	1,381.88	338.42	1,720.30	3,356.06	S/L	15.00
73	VARIOUS MISC RENOVATIONS	9/13/12	5,076.36	0.00	0.00	709.00	177.25	886.25	1,772.50	S/L	15.00
74	NEW COVERED FRONT ENTRY	9/21/12	2,658.75	0.00	0.00	3,662.88	845.28	4,508.16	12,397.53	S/L	20.00
75	WINDOWS	5/25/12	16,905.69	0.00	0.00	16,742.25	3,720.50	20,462.75	16,742.25	S/L	10.00
77	ROOF RENOVATIONS	4/02/12	37,205.00	0.00	0.00	1,807.23	461.42	2,268.65	6,959.70	S/L	20.00
115	DOORS	10/19/12	9,228.35	0.00	0.00	5,484.43	1,400.28	6,884.71	14,119.42	S/L	15.00
116	KITCHEN RENOVATIONS	10/19/12	21,004.13	0.00	0.00	904.75	231.00	1,135.75	2,329.25	S/L	15.00
117	GUTTERS	11/12/12	3,465.00	0.00	0.00	813.41	207.68	1,021.09	3,132.47	S/L	20.00
118	ELECTRICAL & LIGHTING	11/12/12	4,153.56	0.00	0.00	121.40	31.67	153.07	321.93	S/L	15.00
119	RESIDENT CEILING	11/27/12	475.00	0.00	0.00	3,261.40	850.80	4,112.20	8,649.80	S/L	15.00
120	LIVING/DINING RM RENOV	11/27/12	12,762.00	0.00	0.00	8,854.12	2,361.10	11,215.22	12,395.75	S/L	10.00
121	FLOORING	12/27/12	23,610.97	0.00	0.00	812.51	216.67	1,029.18	2,220.82	S/L	15.00
122	LIVING/DINING RM CEILING	1/02/13	3,250.00	0.00	0.00	2,041.09	544.29	2,585.38	8,300.43	S/L	20.00
123	FIRE SYSTEM UPGRADE	1/05/13	10,885.81	0.00	0.00	3,609.60	962.56	4,572.16	9,866.29	S/L	15.00
124	BUILD IMPROVEMENTS	1/11/13	14,438.45	0.00	0.00	4,449.23	1,186.46	5,635.69	6,228.91	S/L	10.00
125	INTERIOR PAINTING	1/15/13	11,864.60	0.00	0.00	1,885.11	514.12	2,399.23	5,312.61	S/L	15.00
126	TRIM AND MOULDING	1/27/13	7,711.84	0.00	0.00	488.23	136.25	624.48	2,100.52	S/L	20.00
127	ELECTRICAL & LIGHTING	3/05/13	2,725.00	0.00	0.00	149.17	42.62	191.79	234.36	S/L	10.00
129	FLOORING	3/27/13	426.15	0.00	0.00	2,922.33	797.00	3,719.33	4,250.67	S/L	10.00
130	FLOORING (LABOR)	1/25/13	7,970.00	0.00	0.00	95,773.08	23,455.19	119,228.27	217,922.05		
BUILDING IMPROV - EQUITY			337,150.32	0.00c	0.00	95,773.08	23,455.19	119,228.27	217,922.05		
Grand Total			337,150.32	0.00c	0.00	95,773.08	23,455.19	119,228.27	217,922.05		

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

<u>Asset</u>	<u>id</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>DSS Cost</u>	<u>DSS Sec 179 Exp</u>	<u>c</u>	<u>DSS Bonus Amt</u>	<u>DSS Prior Depreciation</u>	<u>DSS Curr Depreciation</u>	<u>DSS End Depr</u>	<u>DSS Net Book Value</u>	<u>DSS Method</u>	<u>DSS Period</u>
78		LAND SURVEY	5/05/12	1,500.00	0.00		0.00	0.00	0.00	0.00	1,500.00	Land	0.00
		LAND - EQUITY ONLY		<u>1,500.00</u>	<u>0.00c</u>		<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,500.00</u>		
Grand Total				<u>1,500.00</u>	<u>0.00c</u>		<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,500.00</u>		

DEPARTMENT: LAND - EQUITY ONLY

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

<u>Asset</u>	<u>d</u> <u>t</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>DSS Cost</u>	<u>DSS Sec 179 Exp</u>	<u>c</u>	<u>DSS Bonus Amt</u>	<u>DSS Prior Depreciation</u>	<u>DSS Curr Depreciation</u>	<u>DSS End Depr</u>	<u>DSS Net Book Value</u>	<u>DSS Method</u>	<u>DSS Period</u>
DEPARTMENT: LAND IMPROV - EQUITY													
63		DRIVEWAY PAVING/WIDENING	6/18/12	23,572.95	0.00		0.00	12,523.14	2,946.62	15,469.76	8,103.19	S/L	8.00
67		LANDSCAPING/RETAINING WA	5/17/12	21,351.05	0.00		0.00	4,626.05	1,067.55	5,693.60	15,657.45	S/L	20.00
		LAND IMPROV - EQUITY		<u>44,924.00</u>	<u>0.00c</u>		<u>0.00</u>	<u>17,149.19</u>	<u>4,014.17</u>	<u>21,163.36</u>	<u>23,760.64</u>		
		Grand Total		<u>44,924.00</u>	<u>0.00c</u>		<u>0.00</u>	<u>17,149.19</u>	<u>4,014.17</u>	<u>21,163.36</u>	<u>23,760.64</u>		

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

Asset #	d	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp	c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
DEPARTMENT: LEASEHOLD IMPROVEMENTS													
2		STEP REPAVING	9/30/90	918.35	0.00		0.00	918.35	0.00	918.35	0.00	S/L	10.00
3		FIRE PROTECTION	9/30/91	4,108.80	0.00		0.00	4,108.80	0.00	4,108.80	0.00	S/L	15.00
4		TOILET	4/01/92	792.32	0.00		0.00	792.32	0.00	792.32	0.00	S/L	5.00
5		TELEPHONE	10/01/91	6,662.88	0.00		0.00	6,662.88	0.00	6,662.88	0.00	S/L	10.00
7		SPRINKLER	3/01/93	1,160.00	0.00		0.00	1,160.00	0.00	1,160.00	0.00	S/L	10.00
8		FIRE ALARM	3/01/93	8,453.50	0.00		0.00	8,453.50	0.00	8,453.50	0.00	S/L	10.00
9		PLUMBING	9/01/93	706.30	0.00		0.00	706.30	0.00	706.30	0.00	S/L	10.00
10		PAINTING	3/01/93	869.89	0.00		0.00	869.89	0.00	869.89	0.00	S/L	5.00
11		PLUMBING	9/01/93	606.57	0.00		0.00	606.57	0.00	606.57	0.00	S/L	10.00
15		PAINTING	3/01/94	1,850.76	0.00		0.00	1,850.76	0.00	1,850.76	0.00	S/L	5.00
16		LIGHT FIXTURES	3/01/94	703.15	0.00		0.00	703.15	0.00	703.15	0.00	S/L	5.00
17		RENOVATIONS	1/01/94	832.10	0.00		0.00	832.10	0.00	832.10	0.00	S/L	10.00
18		LEASEHOLD IMPROVEMENTS	9/30/95	729.17	0.00		0.00	729.17	0.00	729.17	0.00	S/L	15.00
19		LEASEHOLD IMPROVEMENTS	9/30/96	3,984.50	0.00		0.00	3,984.50	0.00	3,984.50	0.00	S/L	15.00
20		PAINTING	7/02/92	629.64	0.00		0.00	629.64	0.00	629.64	0.00	S/L	5.00
21		REPAIR GENERATOR	9/01/90	2,062.79	0.00		0.00	2,062.79	0.00	2,062.79	0.00	S/L	5.00
22		BOILER	9/30/98	6,060.02	0.00		0.00	5,605.50	303.00	5,908.50	151.52	S/L	20.00
23		AIR CONDITIONING SYSTEM	9/30/98	2,539.12	0.00		0.00	2,539.12	0.00	2,539.12	0.00	S/L	10.00
24		AIR HANDLER	9/30/99	2,544.00	0.00		0.00	2,544.00	0.00	2,544.00	0.00	S/L	10.00
25		FLOORING AND CARPETING	8/23/02	17,249.84	0.00		0.00	17,249.84	0.00	17,249.84	0.00	S/L	5.00
26		WALLPAPERING & PAINTING	9/15/02	13,892.01	0.00		0.00	13,892.01	0.00	13,892.01	0.00	S/L	5.00
27		FLOORING	11/09/06	2,692.00	0.00		0.00	2,692.00	0.00	2,692.00	0.00	S/L	5.00
128		MISC IMPROVEMENTS	4/01/13	27,083.71	0.00		0.00	6,319.53	1,805.58	8,125.11	18,958.60	S/L	15.00
		LEASEHOLD IMPROVEMENTS		107,131.42	0.00c		0.00	85,912.72	2,108.58	88,021.30	19,110.12		
		Grand Total		107,131.42	0.00c		0.00	85,912.72	2,108.58	88,021.30	19,110.12		

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

Asset Id	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
DEPARTMENT: MOVABLE EQUIPMENT											
59	Freezer (Loves)	3/14/11	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
65	KITCHEN EQUIPMENT	8/30/12	16,646.28	0.00	0.00	9,710.33	2,378.04	12,088.37	4,557.91	S/L	7.00
70	10 XCELERATOR HAND DRYER	6/15/12	3,600.00	0.00	0.00	2,228.59	514.29	2,742.88	857.12	S/L	7.00
76	TREADMILL FOR RESIDENTS	6/12/12	3,157.64	0.00	0.00	1,368.29	315.76	1,684.05	1,473.59	S/L	10.00
83	ASTORIA STACKABLE ARMCH	6/24/13	9,567.00	0.00	0.00	2,072.85	637.80	2,710.65	6,856.35	S/L	15.00
84	54 ROUND DINING TABLE TOP	6/24/13	1,462.78	0.00	0.00	316.94	97.52	414.46	1,048.32	S/L	15.00
85	QUEEN ANNE BASES (4)	6/24/13	1,330.90	0.00	0.00	288.37	88.73	377.10	953.80	S/L	15.00
86	30 SQUARE DINING TOPS (2)	6/24/13	286.25	0.00	0.00	62.01	19.08	81.09	205.16	S/L	15.00
87	QUEEN ANNE TABLE BASES (2)	6/24/13	596.26	0.00	0.00	129.19	39.75	168.94	427.32	S/L	15.00
88	FOYER TABLE	6/24/13	602.85	0.00	0.00	130.62	40.19	170.81	432.04	S/L	15.00
89	MORGAN LOUNGE CHAIRS (6)	6/24/13	3,240.65	0.00	0.00	702.13	216.04	918.17	2,322.48	S/L	15.00
90	MORGAN LOVE SEAT	6/24/13	876.17	0.00	0.00	189.83	58.41	248.24	627.93	S/L	15.00
91	60 WIDE CONSOLE TABLE	6/24/13	666.66	0.00	0.00	144.43	44.44	188.87	477.79	S/L	15.00
92	CONSTANCE LOUNGE ARMCH,	6/24/13	2,385.89	0.00	0.00	516.94	159.06	676.00	1,709.89	S/L	15.00
93	ASTORIA STACKABLE ARMCH	6/24/13	1,275.45	0.00	0.00	276.35	85.03	361.38	914.07	S/L	15.00
95	SHEERS(4)	6/24/13	1,084.77	0.00	0.00	705.09	216.95	922.04	162.73	S/L	5.00
96	VALANCES (4)	6/24/13	1,746.64	0.00	0.00	1,135.32	349.33	1,484.65	261.99	S/L	5.00
97	FAUX WOOD 2 BLINDS (4)	6/24/13	1,440.32	0.00	0.00	936.20	288.06	1,224.26	216.06	S/L	5.00
98	BARRINGTON STYLE BEDSIDE	6/24/13	690.33	0.00	0.00	149.57	46.02	195.59	494.74	S/L	15.00
99	BARRINGTON STYLE 4 DRAWE	6/24/13	1,185.92	0.00	0.00	256.95	79.06	336.01	849.91	S/L	15.00
100	TWIN SIZE HEADBOARDS (2)	6/24/13	360.63	0.00	0.00	78.13	24.04	102.17	258.46	S/L	15.00
101	SOUTH BEND DOUBLE OVEN S	12/18/12	3,557.41	0.00	0.00	1,334.03	355.74	1,689.77	1,867.64	S/L	10.00
102	DINING TABLE TOP	9/23/13	477.80	0.00	0.00	143.34	47.78	191.12	286.68	S/L	10.00
104	COMMERCIAL WASHING MACI	10/11/12	567.90	0.00	0.00	227.16	56.79	283.95	283.95	S/L	10.00
106	FREEZER	11/26/12	1,409.14	0.00	0.00	540.16	140.91	681.07	728.07	S/L	10.00
107	COMMERCIAL DRYER	12/13/12	544.50	0.00	0.00	208.73	54.45	263.18	281.32	S/L	10.00
108	SIGN	2/25/13	521.12	0.00	0.00	186.73	52.11	238.84	282.28	S/L	10.00
109	FURNITURE (NASSAU'S)	3/04/13	414.38	0.00	0.00	99.00	27.63	126.63	287.75	S/L	15.00
110	STORAGE CABINETS - MEDICIT	3/15/13	914.59	0.00	0.00	327.73	91.46	419.19	495.40	S/L	10.00
111	TRAILER	5/28/13	1,674.90	0.00	0.00	558.30	167.49	725.79	949.11	S/L	10.00
112	GLASS TABLE TOPS -4 RD, 3 SC	7/12/13	1,407.01	0.00	0.00	304.85	93.80	398.65	1,008.36	S/L	15.00
113	TV & MOUNT	9/09/13	914.59	0.00	0.00	564.00	182.92	746.92	167.67	S/L	5.00
114	APPLE IPAD	12/10/12	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
133	SCANNER	7/02/15	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.0
134	APPLE MACBOOK PRO SYSTEM	12/20/16	2,532.70	0.00c	0.00	0.00	633.17	633.17	1,899.53	S/L	3.00
135	APPLE MAC COMPUTER	4/03/17	3,368.11	0.00c	0.00	0.00	561.35	561.35	2,806.76	S/L	3.00
MOVABLE EQUIPMENT			70,507.54	0.00c	0.00	25,892.16	8,163.20	34,055.36	36,452.18		
Grand Total			70,507.54	0.00c	0.00	25,892.16	8,163.20	34,055.36	36,452.18		

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

<u>Asset</u>	<u>t</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>DSS Cost</u>	<u>DSS Sec 179 Exp c</u>	<u>DSS Bonus Amt</u>	<u>DSS Prior Depreciation</u>	<u>DSS Curr Depreciation</u>	<u>DSS End Depr</u>	<u>DSS Net Book Value</u>	<u>DSS Method</u>	<u>DSS Period</u>
DEPARTMENT: NON-MOVABLE EQUIPMENT												
51		NON MOVABLE EQUIPMENT	9/01/76	162,511.00	0.00	0.00	162,511.00	0.00	162,511.00	0.00	S/L	20.00
52		FLOOR	9/30/89	1,550.00	0.00	0.00	1,550.00	0.00	1,550.00	0.00	S/L	10.00
53		FIRE SYSTEM	9/30/91	925.00	0.00	0.00	925.00	0.00	925.00	0.00	S/L	15.00
		NON-MOVABLE EQUIPMENT		164,986.00	0.00c	0.00	164,986.00	0.00	164,986.00	0.00		
		Grand Total		164,986.00	0.00c	0.00	164,986.00	0.00	164,986.00	0.00		

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

Asset Id	Property Description	Date In Service	DSS Cost	DSS Sec 179 Exp c	DSS Bonus Amt	DSS Prior Depreciation	DSS Curr Depreciation	DSS End Depr	DSS Net Book Value	DSS Method	DSS Period
DEPARTMENT: NON-MOVE EQUIP - EQUITY											
79	NEW FIRE ALARM SYSTEM	6/28/12	2,823.59	0.00	0.00	1,200.03	282.36	1,482.39	1,341.20	S/L	10.00
80	AIR CONDITIONING SYSTEM U	4/23/12	27,007.00	0.00	0.00	11,928.09	2,700.70	14,628.79	12,378.21	S/L	10.00
81	275 GALLON OIL TANK	4/23/12	2,127.00	0.00	0.00	469.71	106.35	576.06	1,550.94	S/L	20.00
82	NEW BOILER W/INDIRECT W.A.	4/26/12	8,858.00	0.00	0.00	2,608.17	590.53	3,198.70	5,659.30	S/L	15.00
	NON-MOVE EQUIP - EQUITY		40,815.59	0.00c	0.00	16,206.00	3,679.94	19,885.94	20,929.65		
	Grand Total		40,815.59	0.00c	0.00	16,206.00	3,679.94	19,885.94	20,929.65		

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

<u>Asset</u>	<u>d</u>	<u>t</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>DSS Cost</u>	<u>DSS Sec 179 Exp</u>	<u>c</u>	<u>DSS Bonus Amt</u>	<u>DSS Prior Depreciation</u>	<u>DSS Curr Depreciation</u>	<u>DSS End Depr</u>	<u>DSS Net Book Value</u>	<u>DSS Method</u>	<u>DSS Period</u>
131			2015 GMC ACADIA	1/01/15	50,904.82	0.00		0.00	22,270.86	12,726.21	34,997.07	15,907.75	S/L	4.00
			VEHICLE		<u>50,904.82</u>	<u>0.00c</u>		<u>0.00</u>	<u>22,270.86</u>	<u>12,726.21</u>	<u>34,997.07</u>	<u>15,907.75</u>		
			Grand Total		<u>50,904.82</u>	<u>0.00c</u>		<u>0.00</u>	<u>22,270.86</u>	<u>12,726.21</u>	<u>34,997.07</u>	<u>15,907.75</u>		

DEPARTMENT: VEHICLE

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

Name of Facility East Ridge Manor, Inc.	License No. 928	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		04/01/73		
4. Date of Initial Licensure		04/01/73		
5. Total Licensed Bed Capacity		25		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable	Fixed	
b. Date Mortgage Obtained		03/30/12	04/17/13	
c. Interest Rate for the Cost Year		Variable	2.12%	
d. Term of Mortgage (number of years)		20	20	
e. Amount of Principal Borrowed		431,279	270,000	
f. Principal balance outstanding as of 9/30/17		389,554	219,587	
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.

LEASE

This indenture of lease made by and between, Preston Real Estate, LLC, hereinafter designated as LESSOR; and East Ridge Manor, Inc., hereinafter designated as LESSEE.

WITNESSETH:

The Lessor does hereby demise and lease unto the Lessee and the Lessee does hereby hire and take from the Lessor for the term and upon the rentals hereinafter specified, 100% of the premises located at 43 Preston Ave., Meriden, CT 06450.

TERM: The term of this lease shall be for twenty-one (21) years commencing on April 1, 2012 and ending on March 31, 2033.

RENT: Rent in the amount of \$5,500.00 shall be due and payable on the 1st day of April, 2012 and on the 1st day of each and every subsequent month thereafter during the term of this lease for a total annual rent of \$66,000.00.

Notwithstanding any other provision of the Lease, the rent and any additional rent payable by Lessee to Lessor under this Lease is limited to an amount equal to:

- a. Debt service payable to Webster Bank, N.A. on its loan to Lessor in the aggregate principal amount of \$650,000.00 as the same may be refinanced from time to time;
- b. Debt service payable to Connecticut Community Development Corporation and/or the U.S. Small Business Administration on U.S. Small Business Administration Loan No. 51236250-03 as may be amended;
- c. Real estate and rental taxes, association fees/dues, utilities, insurance, reasonable repair/replacement reserves, and any other expenses of holding the Leased Premises to the extent that Lessee, in accordance with this Lease, is not paying any or all of such items.

Said rent shall be paid to the Lessor at 43 Preston Ave., Meriden, CT 06450 or as otherwise may be directed by Lessor, in writing. In addition to said rent payments, the Lessee shall pay the additional rents as set forth hereinafter.

PROVIDED, always, the lease is entered into upon the following terms and condition, all of which the parties hereto agree to keep and perform:

1. **QUIET ENJOYMENT**- Lessor covenants that Lessee, on paying said rental and performing the covenants and conditions in this contained, shall and may peaceably and quietly have, hold and enjoy the leased premises for the term afforded.

2. **USE**- Lessee may use and occupy the premises for a convalescent home.

3. **ASSIGNMENT and SUBLEASE**- This lease shall be assigned to Webster Bank, N.A. and SBA in the form of a Collateral Assignment of Leases and Rentals. Any sublease will flow through East Ridge Manor, Inc. to Preston Real Estate, LLC.

4. NO WASTE- Lessee further agrees not to commit any waste or suffer any to be committed on the premises herein leased and will deliver up the said premises upon the expiration or sooner termination of this lease in as good condition as when received, and make good any injury or breakage suffered by Lessor, or caused by Lessee, Lessee's agents, clerks, servants, or visitors, reasonable wear and tear excepted.

5. IMPROVEMENTS- All alterations and improvements which may be made by Lessee upon the premises except movable furniture, machinery, and moveable partitions put in at the expense of the Lessee, shall be the property of the Lessor and shall remain upon and be surrendered with the premises as a part thereof at the termination of this lease without disturbance, molestation or injury; but injury caused by moving said movable objects in or out shall be repaired at the expense of the Lessee.

6. INSURANCE- The Lessee further agrees that it will at all times indemnify the Lessor and save it harmless from any and all claims for the injury and damage sustained upon the leased premises to the person or property of any person other than the Lessee, and that it will at its own expense carry public liability insurance with such insurance companies and in such amounts as may be satisfactory to the Lessor with copies of said policies.

7. RUBBISH- The Lessee further agrees to pay for the removal of rubbish that may accumulate on said demised premises and Lessee agrees not to use on said premises any materials which will increase the fire hazard or cause additional insurance premiums.

8. LAWS- The Lessee further agrees to conform to all the Laws of the State of Connecticut and the by-laws, rules and regulations of the relating to Health, Nuisance, Fire, Highways, and Sidewalks, so far as the premises hereby leased are concerned; and also to save the Lessor from all fines, penalties and costs for violation of or noncompliance with the same.

9. SUMMARY PROCESS- Provided, however, that if the said rent shall remain unpaid ten days after the same shall become payable, as aforesaid, or assign this lease without permission of the Lessor which permission shall not be unreasonably withheld, or shall commit waste or suffer the same to be committed on said premises, or injuries the same, or shall not perform and fulfill each of the covenants herein before contained to be performed by the Lessee, then this lease shall thereupon, by virtue of this express stipulation, expire and terminate, and the Lessor may, at any time thereafter, re-enter said premises, and the same have and possess as of its former estate, and without such re-entry, may recover possession thereof in the manner prescribed by the statutes relating to Summary Process; its being understood that no demand for the rent and no re-entry for condition broken as at common law, shall be necessary to enable the Lessor to recover such possession pursuant to the Summary Process statutes, but that right to any such demand, or any such re-entry is hereby expressly waived by Lessee.

10. TERMINATION- It is further agreed between the parties that whatever this lease shall terminate, whether by lapse of time or by virtue of any of the express stipulations therein, the said Lessee hereby waives all right to any notice to quit possession, as prescribed by the statutes relating to Summary Process.

11. DESTRUCTION- In the event of the destruction of the demised premises or the building containing the said premises by fire, explosion, the elements or otherwise during the term hereby created, or previous thereto, or such partial destruction thereof as to render the premises wholly untenable or unfit for occupancy, or should the demised premises be so badly injured that the same cannot be repaired within the ninety days from the happening of such injury then and in

such case the term hereby created shall at the option of the Lessor, cease and become null and void from the date of such damage or destruction, and the Lessee shall immediately surrender said premises and all the Lessee's interests therein to the Lessor, and shall pay rent only to the time of such surrender, in which event the lessor may re-enter and repossess the premises thus discharged from this lease and may remove all parties therefrom. Should the demised premises be rendered untenable and unfit for occupancy, but yet be repairable within ninety days from the happening of said injury or while said repairs shall be completed. But if the premises shall be so slightly injured as not be rendered untenable and unfit for occupancy, than the Lessor agrees to repair the same with reasonable promptness and in that case, the rent accrued and accruing shall not cease or determine. The Lessee shall immediately notify the Lessor in case of fire or other damage to the premises.

12. HOLD OVER- And it is hereby further agreed, that in case the Lessor shall, with written consent of the Lessor endorsed hereon, or on the duplicate hereof, at any time hold over the said premises beyond the period above specified as the termination of this lease, then said Lessee, shall hold the premises upon the same terms and conditions, and under the same stipulations and agreements as are in this instrument contained, and no holding over the Lessee shall operate to renew this lease without such written consent of the Lessor.

13. REPRESENTATION- The Lessee has examined the demised as otherwise expressly provided herein and without any representations on the part of the Lessor or its agents as to the present or future condition of said premises.

14. GOVERNMENT- Any and all fixtures, partitions, facilities, plumbing, electric and heating alterations or additions, which may be ordered installed by the Federal or State or the Municipal government, or any department, bureau, agency or other subdivision thereof as a result of the Lessee's special or specific use of the demised premises shall not be the responsibility of the Lessor.

15. MECHANIC'S LIENS- In the event that any mechanic's lien is filed against the premises as a result of alterations, additions, or improvements made by the Lessee, at his option, after thirty days notice to the Lessee may terminate this lease and may pay the said lien without requiring into the validity thereof, and the Lessee shall forthwith reimburse the Lessor the total expenses incurred by the Lessor in discharging the said lien, as additional rent hereunder.

16. UTILITIES- Utilities and services to the demised premises for the benefit of the Lessee, shall be provided and paid for as follows:

a. Heat	Lessee
b. Electricity	Lessee
c. Water	Lessee
d. Interior Repairs	Lessee
e. Air Conditioning	Lessee
f. Structural Repairs	Lessor

The Lessor shall not be liable for any interruptions or delays in any of the above services for any reason.

17. ENTRY- The Lessor, or its agents, shall have the right to enter the demised premises at reasonable hours in the day or night to examine the same or to run telephone or other wires, or to

make such repairs, additions, or alterations as it shall deem necessary or the safety, preservation or restoration of the improvements, or for the safety or convenience of the occupants users thereof.

18. SIGNS- No sign, advertisement or notice shall be affixed to or placed upon any part of the demised premises by the Lessee except in such a manner, and of such size, design, and color as shall be approved in advance in writing by the Lessor.

19. SUBORDINATION- This lease is subject and is hereby subordinated to all present and future mortgages, fees of or the property of which said premises are a part. The Lessee agrees to execute, at no expense to the lessor, any instrument to further effect the subordination of this lease to any such mortgage, deed of trust or encumbrance.

20. RIGHTS- No rights are to conferred upon the Lessee until this lease has been signed by the Lessor and an executed copy of the lease has been delivered to the Lessee.

21. BANKRUPTCY- If Lessee shall be adjudicated bankrupt or make assignment for the benefit of creditors or a receiver shall be appointed of Lessee's property of Lessee's interest shall be sold under execution or other legal process, than this lease shall, at the option of the Lessor terminate.

22. WAIVER- The waiving of any of the covenants of this lease by either party shall be limited to the particular instance and shall not be deemed to waive any other breach of such covenant.

23. CONDEMNATION- If the leased premises or any part thereof shall be taken by exercise of the power of eminent domain or otherwise taken by government authority, this lease shall terminate and the Lessee shall have no right or claim to compensation for the value of its lease, such rights, if any, the Lessee may have with respect thereto being hereby assigned to the Lessor, excluding however and retaining in the Lessee, only the right to compensation for such damages, if any, the Lessee may be entitled to receive from such condemning authority for loss of its business, good will, merchandise, inventory, fixtures, equipment, leasehold improvements and removal expenses.

24. NOTICES- Any notice, demand, request or other instrument which may require to be given under this lease shall be delivered in person and sent by United State certified or registered mail, postage prepaid and shall be addressed as follows:

LESSOR: Preston Real Estate, LLC, 43 Preston Ave., Meriden, CT 06450

LESSEE: East Ridge Manor, Inc., 43 Preston Ave., Meriden, CT 06450

25. RIGHTS- The foregoing rights and remedies are not intended to be exclusive but as additional to all rights and remedies the Lessor would otherwise have by law.

26. TERMINATION OF PRIOR LEASES - All prior leases executed between the parties hereof are declared to be terminated effective March 31, 2012.

27. SURVIVAL: All of the terms, covenants and conditions of this lease shall inure to the benefit of and be binding upon the respective heirs, executors, administrators, successors, and assigns of the parties hereto.

IN WITNESS WHEREOF, the Parties hereunto have set their hands and seals, and to a duplicate of the same tenor and dated this 30th day of March, 2012.

Signed, sealed and delivered in the presence of:

LESSOR:

BY:

Doreen J. Cassey

LESSEE:

BY:

Doreen J. Cassey

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

Name of Facility		License No.	Report for Year Ended			Page	of
East Ridge Manor, Inc.		928	9/30/2018			26	37
Item		Total	CCNH	RHNS	Residential Care Home		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount		\$					
2. Loan Origination Date							
3. Interest Rate %							
4. Term							
5. CHEFA Interest Expense							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
East Ridge Manor, Inc.		928		9/30/2018		27	37
Item				Total	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$ 1,324			1,324
A. Item		Rate	Amount				
2015 GMC Acadia		3.94%	1,324				
Lender							
Ally Bank							
Address of Lender							
PO Box 78234 Phoenix, AZ 85062-8234							
2. Other (Specify)				\$ 575			575
A. Item		Rate	Amount				
Furniture							
Lender							
First Federal Leasing							
Address of Lender							
31 N 9th Street Richmond, VA 47375							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$ 1,899			1,899
12. D. Other Interest Expense (Specify)				\$ 645			645
Finance charges/late fees							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$ 2,544			2,544
14. Insurance							
a. Insurance on Property (buildings only)				\$ 7,741			7,741
b. Insurance on Automobiles				\$ 2,041			2,041
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 2,637			2,637
Liability							
14d. Total Insurance Expenditures (14a + b + c)				\$ 12,419			12,419
15. Total All Expenditures (A-13 thru C-14)				\$ 726,534			726,534

D. Adjustments to Statement of Expenditures

Name of Facility East Ridge Manor, Inc.			License No. 928	Report for Year Ended 9/30/2018	Page 28	of 37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	7b	Salaries not related to Resident Care	\$ 35,360			35,360
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 233			233
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 & Legal	\$			
11.			Telephone	\$			
12.	15	h2	Cellular Telephone	\$ 2,518			2,518
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	L6	Automobile Expense (e.g. personal use)	\$ 4,368			4,368
18.	16	m3	Unallowable Advertising *	\$ 30			30
19.			Income Tax / Corporate Business Tax	\$			
20.	16	m10	Fund Raising / Contributions	\$ 130			130
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 5,595			5,595
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)				\$ 48,234			48,234

* 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
28	4	Administrator's salary > cap			\$ 233
Total Other Salaries Adjustment			\$ -	\$ -	\$ 233

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	m8a	Chamber of Commerce dues			\$ 295
16	m13	Unallowable bank service charges			\$ 1,206
		Fringe benefits on disallowed maintenance wages (pg. 28a)			\$ 3,871
		Fringe benefits on Administrator's salary > cap (pg. 28b)			83
16	m.13	Miscellaneous Exp			20
16	m.8	Central Studio Web Hosting			120
Total Other A&G Adjustments			\$ -	\$ -	\$ 5,595

Page 28 - Adjustments to Statement of Expenditures

Page	Line	Description	GL Number	Amount
<u>Item # 2 - Salaries not related to Patient Care</u>				
10	7b	Maintenance Wages	8000	35,360
		Total Adjustment		35,360

Item #23 - Administrative and General (other)

Fringe Benefits on Maintenance Wages

Per Page 16

15	1.a.1	Workmen's Comp	5026	5,295
15	1.a.2	Unemployment Insurance	5011/5012	4,789
15	1.a.3	Social Security (FICA)	6130	23,039
15	1.a.4	Health Insurance	n/a	
		Total Fringes		33,123
		Total Wages Paid		304,931
		Fringe Benefit Percentage		10.86%
		Disallowed Maintenance Wages		35,632
		Disallowed Fringes		3,871

Page 28 - Adjustments to Statement of Expenditures

Page	Line	Description	GL Number	Amount
------	------	-------------	-----------	--------

Item # 4 - Salaries and Wages (other)

Excess Administrator's Salary

10	A.2	Administrator's Salary	5003	55,866
		Allowable Salary		<u>55,633</u>
		Disallowed		<u>233</u>

<u>Allowable Salary FYE 9/30/14</u>				
	Increment	Beds		
Base	50,908.00			50,908.00
Per Bed Incr	189.00	25		<u>4,725.00</u>
Total Allowable				<u>55,633.00</u>

Item #23 - Administrative and General (other)

Fringe Benefit Adjustment on Excess Administrator Salary

15	1.a.1	Workmen's Comp	5026	n/a	
15	1.a.3	Unemployment Insurance	5011 and 5012		4,789
15	1.a.4	Social Security (FICA)	6130		23,039
15	1.a.5	Health Insurance	n/a		<u>80,324</u>
					<u>108,152</u>
		Total Fringes			<u>108,152</u>
10	A-13	Total Wages Paid			<u>304,958</u>
					<u>35.46%</u>
		Disallowed Fringes			<u>83</u>

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

Name of Facility			License No.	Report for Year Ended	Page	of	
East Ridge Manor, Inc.			928	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				\$ 48,234			48,234
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 2,196			2,196
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	\$ 11,316			11,316
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 645			645
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51. Total Amount of Decrease (Items 1 - 50)				\$ 62,391			62,391

*** 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.

East Ridge Manor, Inc.
9/30/2018

Schedule of Other Ancillary Costs

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

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	7d	2015 GMC Acadia-see pg 29a			\$ 2,196
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ 2,196

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
22	10c	Personal property tax-auto, personal use (pg. 29a)			\$ 680
27	14b	Auto insurance-personal use (pg. 29a)			\$ 1,349
27	12C.3	Auto loan interest-personal use (pg. 29a)			\$ 875
22	7d	Moveable equipment depreciation (Auto)-personal use (pg. 29a)			\$ 8,412
Total Other Property Adjustments			\$ -	\$ -	\$ 11,316

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
27	12d	Finance charges & late fees			\$ 645
Total Other Adjustments			\$ -	\$ -	\$ 645

Schedule of Unallowable Building Interest

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

Page 28 & 29 - Adjustments to Statement of Expenditures

Personal Use of Auto - 2015 GMC Acadia

		<u>Total</u>	<u>Business</u>	<u>Personal</u>	
Odometer 9/30/17	63,564				
Odometer 10/01/2016	40,948	22,616	7,667	14,949	
		<u>22,616</u>	<u>7,667</u>	<u>14,949</u>	
Percentage			33.90%	66.10%	100.00%

<u>Description</u>	<u>GL Number</u>	<u>Total</u>	<u>Business</u>	<u>Personal</u>	<u>Cost report Page</u>	<u>Line</u>
<u>Item #17-Auto Expense</u>						
Auto Expense	6550	6,608	2,240	4,368	16	16
<u>Item 39-Maintenance and Property-Other</u>						
Insurance - Auto	6250	2,041	692	1,349	27	14 b
Auto Loan Interest	9045	1,324	449	875	27	12 C3
Personal Prop Tax - Auto	6260	1,028	349	680	22	10 c
<u>Item #35-Excess Moveable Equipment Depreciation</u>						
Depreciation - Auto portion	9055	12,726	<u>4,314</u>	<u>8,412</u>	22	7 d
Personal Use of Auto (Income calculated)				<u>15,683</u> *	30	IV.8

Item #35-Excess Moveable Equipment Depreciation

Excess Depreciation

Vehicle depr (Business Portion)	9055	4,314
Excess depreciation adjustment		<u>50,89%</u>
		<u>2,196</u>

Excess Depn Adj-Acadia Denall	
Allowable cost of vehicle	25,000
Actual cost of vehicle	50,905
Allowable %	49.11%
Disallowed %	50.89%

Net Allowable Motor Vehicle Depreciation

Motor vehicle depreciation	12,726
Personal use of auto	(8,412)
Excess depreciation adj. (bus portion only)	<u>(2,196)</u>
Net Allowable MV Depreciation	<u>2,119</u>

* Note: difference between schedule and trial balance is due to the expansion of the percentage calculations to two decimal places as prescribed in previous audits

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
East Ridge Manor, Inc.	928	9/30/2018			30	37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 687,214				687,214	
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$					
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 687,214				687,214	
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 15,683				15,683	
V. Total Other Revenue (1 thru 8)	\$ 15,683				15,683	
VI. Total All Revenue (III +V)	\$ 702,897				702,897	

* 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	RIINS	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

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

Interest Income

Account

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

Schedule of Other Revenue

Page Ref	Description	CCNH	RIINS	Residential Care Home
301V8	Personal use of auto			\$ 15,683
Total Other Revenue		\$ -	\$ -	\$ 15,683

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
East Ridge Manor, Inc.	928	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks)			\$	3,249
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	39,089
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	360
4 Inventories			\$	1,402
5. Prepaid Expenses			\$	7,019
a. Prepaid insurance	2,962			
b. Prepaid heating oil	2,845			
c. Prepaid equipment lease	177			
d. Prepaid lease-First Federal	1,035			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (itemize)			\$	
A-9. Total Current Assets (Lines A1 thru 8)			\$	51,119
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>107,132</u>		\$	19,110
	Accum. Depreciation <u>88,022</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>164,986</u>		\$	
	Accum. Depreciation <u>164,986</u>	Net		
6. Movable Equipment	*Historical Cost <u>70,507</u>		\$	36,452
	Accum. Depreciation <u>34,055</u>	Net		
7. Motor Vehicles	*Historical Cost <u>50,905</u>		\$	15,908
	Accum. Depreciation <u>34,997</u>	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (itemize)			\$	
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	71,470

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
East Ridge Manor, Inc.	928	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	122,589
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	46,424		
	Accum. Depreciation	21,163	Net	\$ 25,261
3. Buildings				
	*Historical Cost	337,150		
	Accum. Depreciation	119,228	Net	\$ 217,922
4. Non-Movable Equipment				
	*Historical Cost	40,816		
	Accum. Depreciation	19,886	Net	\$ 20,930
5. Movable Equipment				
	*Historical Cost			
	Accum. Depreciation		Net	\$
6. Motor Vehicles				
	*Historical Cost			
	Accum. Depreciation		Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 <i>Total Leasehold or Like Properties</i> (C1 thru 7)			\$	264,113
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>)			\$	81,798
Name and Address		Amount	Loan Date	
Gabriela Conroy		81,798	various	
7. Other Assets (<i>itemize</i>)			\$	99,220
Due from TCG, Inc. d/b/a Caroline's Residential		22,038		
Due from Haughton Cove Manor, Inc.		77,182		
D-8. <i>Total Investments and Other Assets</i> (Lines D1 thru 7)			\$	181,018
D-9. <i>Total All Assets</i> (Lines A9 + B10 + C8 + D8)			\$	567,720

* 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
East Ridge Manor, Inc.		928	9/30/2018		33	37
Account					Amount	
Liabilities						
A. Current Liabilities						
1. Trade Accounts Payable					\$	77,757
2. Notes Payable (<i>itemize</i>)					\$	
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)					\$	11,316
Name of Lender		Purpose	Amount	Date Due		
Ally Bank		Auto loan	8,367	varous		
First Federal Leasing		Furniture	2,949	various		
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)					\$	5,802
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)					\$	
6. Accrued Payroll Taxes Payable					\$	438
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>)					\$	5,521
Accrued water/sewer			1,756			
Credit card payables			3,765			
A-13. Total Current Liabilities (Lines A1 thru 12)					\$	100,834

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

(Carry Total forward to next page)

U.S. Income Tax Return for an S Corporation

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

Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

2016

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

A S election effective date 10/01/03	TYPE OR PRINT	Name EAST RIDGE MANOR, INC.	D Employer identification number 06-0894640
B Business activity code number (see instructions) 623000		Number, street, and room or suite no. If a P.O. box, see instructions. 43 PRESTON AVENUE	E Date incorporated 03/27/1973
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code MERIDEN CT 06450	F Total assets (see instructions) \$ 303,609

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

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

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

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

Income	1a Gross receipts or sales	1a	687,214	
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a	1c		687,214
	2 Cost of goods sold (attach Form 1125-A)	2		
	3 Gross profit. Subtract line 2 from line 1c	3		687,214
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4		
5 Other income (loss) (see instructions—attach statement)		SEE STMT 1	5	17,309
6 Total income (loss). Add lines 3 through 5	6			704,523
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)	7		
	8 Salaries and wages (less employment credits)	8		304,958
	9 Repairs and maintenance	9		22,670
	10 Bad debts	10		
	11 Rents	11		66,000
	12 Taxes and licenses	12		47,970
	13 Interest	13		2,544
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14		15,560
	15 Depletion (Do not deduct oil and gas depletion.)	15		
	16 Advertising	16		55
	17 Pension, profit-sharing, etc., plans	17		
	18 Employee benefit programs	18		80,324
	19 Other deductions (attach statement)	19	SEE STMT 2	136,376
	20 Total deductions. Add lines 7 through 19	20		676,457
	21 Ordinary business income (loss). Subtract line 20 from line 6	21		28,066
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 2016 estimated tax payments and 2015 overpayment credited to 2016	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 <input type="checkbox"/>	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 2017 estimated tax Refunded	27			

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

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

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

Paid Preparer Use Only	Print/Type preparer's name MICHAEL J. MICHAUD	Preparer's signature	Date 02/06/18	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 B 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?
(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?
(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 2016 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	28,066
	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	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a		
b Collectibles (28%) gain (loss)	8b		
c Unrecaptured section 1250 gain (attach statement)	8c		
9 Net section 1231 gain (loss) (attach Form 4797)	9		
10 Other income (loss) (see instructions) Type ▶	10		
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions SEE STMT 3	12a	130
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)	
d Other deductions (see instructions) Type ▶	12d		
Credits	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type ▶	13d	
	e Other rental credits (see instructions) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession ▶		
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
	k Other (attach statement)	14k	
Other information			
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	-931
	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	

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	27,936

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		5,579		3,251
2a	Trade notes and accounts receivable	36,692		39,089	
b	Less allowance for bad debts	(36,692	(39,089
3	Inventories		1,435		1,402
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement) STMT 4		76,298		89,177
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	387,629		393,530	
b	Less accumulated depreciation	(299,062	88,567	(322,060	71,470
11a	Depletable assets				
b	Less accumulated depletion	((
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	((
14	Other assets (attach statement) STMT 5		99,220		99,220
15	Total assets		307,791		303,609
Liabilities and Shareholders' Equity					
16	Accounts payable		81,765		77,753
17	Mortgages, notes, bonds payable in less than 1 year		14,701		11,316
18	Other current liabilities (attach statement) STMT 6		11,616		11,761
19	Loans from shareholders		44,424		44,424
20	Mortgages, notes, bonds payable in 1 year or more		32,161		20,801
21	Other liabilities (attach statement) STMT 7		177,611		184,598
22	Capital stock		20,000		20,000
23	Additional paid-in capital				
24	Retained earnings		-74,487		-67,044
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	((
27	Total liabilities and shareholders' equity		307,791		303,609

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	7,443	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 14l (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a	Depreciation \$	7,438	a	Depreciation \$	
b	Travel and entertainment \$		7	Add lines 5 and 6	
	STMT 8	13,055	8	Income (loss) (Schedule K, line 18). Line 4 less line 7	27,936
4	Add lines 1 through 3	27,936			

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	-70,142	
2	Ordinary income from page 1, line 21	28,066	
3	Other additions		
4	Loss from page 1, line 21		
5	Other reductions STMT 9	130	
6	Combine lines 1 through 5	-42,206	
7	Distributions other than dividend distributions		
8	Balance at end of tax year. Subtract line 7 from line 6	-42,206	

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return

EAST RIDGE MANOR, INC.

Identifying number

06-0894640

Business or activity to which this form relates

REGULAR DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	2,950
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	7,132
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,951	5.0	HY	200DB	591
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	4,887
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	15,560
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? [X] Yes [] No 24b If "Yes," is the evidence written? [X] Yes [] No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Row 25: Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use: 2015 GMC ACADIA 01/01/15 100.00% 50,905 25,453 5.0 200DBHY 4,887

27 Property used 50% or less in a qualified business use: S/L-

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 4,887

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

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

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36: Total business/investment miles driven during the year (22,616), Total commuting miles driven during the year, Total other personal (noncommuting) miles driven, Total miles driven during the year (22,616), Was the vehicle available for personal use during off-duty hours? (X), Was the vehicle used primarily by a more than 5% owner or related person? (X), Is another vehicle available for personal use? (X)

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).

Table with columns Yes, No. Rows 37-41: Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? Do you treat all use of vehicles by employees as personal use? 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? Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)

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

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Row 42: Amortization of costs that begins during your 2016 tax year (see instructions): Row 43: Amortization of costs that began before your 2016 tax year 43 Row 44: Total. Add amounts in column (f). See the instructions for where to report 44

Federal Statements

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

<u>Description</u>	<u>Amount</u>
PERSONAL AUTO USE	\$ 15,683
REFUND-FUTA OVERPAYMENT	1,626
TOTAL	<u>\$ 17,309</u>

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

<u>Description</u>	<u>Amount</u>
ANNUAL REPORT	\$ 150
AUTO EXPENSE	6,608
BACKGROUND CHECKS	100
BANK CHARGES	1,206
CABLE TV	2,855
DIETARY - FOOD	36,492
DIETARY - SUPPLIES	3,159
DUES & SUBSCRIPTIONS	1,475
EDUCATION	1,000
EQUIPMENT LEASE	3,135
FIRE/MONITOR PROTECTION	2,537
FIRST AID SUPPLIES	4
GIFTS TO RESIDENTS&EMPLOYEES	105
HOUSEKEEPING EXPENSE	4,585
INSURANCE - AUTO	2,041
INSURANCE - LIABILITY	2,637
INSURANCE - PROPERTY	7,741
INSURANCE - WORKMAN'S COMP	5,294
INTERNET	804
LAUNDRY SUPPLIES	1,133
LICENSES/PERMITS	853
LINENS	626
MISCELLANEOUS	20
OFFICE EXPENSE	5,634
PAYROLL PROCESSING FEES	2,897
POSTAGE	127
RECREATION EXPENSE	914
RESIDENT CARE EXPENSES	617
TELEPHONE (BUSINESS)	4,648
TELEPHONE (CELLULAR)	3,328
UTILITIES - ELECTRICITY	13,483
UTILITIES - HEATING OIL & GAS	11,585
UTILITIES WATER/SEWER	6,256
WASTE REMOVAL	2,327
TOTAL	<u>\$ 136,376</u>

Statement 3 - Form 1120S, Page 3, Schedule K, Line 12a - Cash Contributions

<u>Description</u>	<u>Cash Contrib 50%</u>	<u>Cash Contrib 30%</u>	<u>Total</u>
MISC CHARITABLE DONATIONS	\$ 130	\$	\$ 130
TOTAL	<u>\$ 130</u>	<u>\$ 0</u>	<u>\$ 130</u>

Federal Statements

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

Description	Beginning of Year	End of Year
DUE FROM G. CONROY	\$ 66,114	\$ 81,798
PAYROLL ESCROW	5,770	
PREPAID EXPENSE	177	3,022
PREPAID INSURANCE	3,202	2,962
PREPAID LEASE EXPENSE	1,035	1,035
RECEIVABLE - STAR SILK		360
TOTAL	\$ 76,298	\$ 89,177

Statement 5 - Form 1120S, Page 4, Schedule L, Line 14 - Other Assets

Description	Beginning of Year	End of Year
DUE FROM HAUGHTON COVE	\$ 77,182	\$ 77,182
DUE FROM TGC DBA CAROLINE MAN	22,038	22,038
TOTAL	\$ 99,220	\$ 99,220

Statement 6 - Form 1120S, Page 4, Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
CREDIT CARDS PAYABLE	\$ 3,301	\$ 3,765
ACCRUED PAYROLL TAXES	298	438
ACCRUED PAYROLL - ADMIN	749	1,070
ACCRUED PAYROLL	4,064	4,732
ACCRUED EXPENSES	1,649	1,756
ACCRUED ACCOUNTING FEES	1,555	
TOTAL	\$ 11,616	\$ 11,761

Statement 7 - Form 1120S, Page 4, Schedule L, Line 21 - Other Liabilities

Description	Beginning of Year	End of Year
DUE TO DSS	\$ 48,467	\$ 48,468
DUE PRESTON REAL ESTATE LLC	63,409	70,395
DUE TO TIMOTHY CONROY JR	3,189	3,189
DUE TO PRESTON - RENOVATIONS	62,546	62,546
TOTAL	\$ 177,611	\$ 184,598

Statement 8 - Form 1120S, Page 5, Schedule M-1, Line 3 - Expenses on Books Not on Return

Description	Amount
ACCOUNTING FEES	\$ 13,055
TOTAL	\$ 13,055

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

<u>Description</u>	<u>Amount</u>
CHARITABLE CONTRIBUTIONS	\$ <u>130</u>
TOTAL	\$ <u><u>130</u></u>

G. Balance Sheet (cont'd)

Name of Facility East Ridge Manor, Inc.		License No. 928	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				100,834	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
				\$	20,801
Name of Lender	Purpose	Amount	Date Due		
Ally Bank	Auto loan	20,801	various		
2. Mortgages Payable				\$	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	47,613
Name and Address of Lender	Amount	Loan Date			
Doreen Conroy	44,424	varous			
Tim Conroy	3,189	varous			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	181,407
Due to Preston Real Estate		132,940			
Due to DSS		48,467			
B-5. <i>Total Long-Term Liabilities</i> (Lines B1 thru 4)				\$	249,821
C. <i>Total All Liabilities</i> (Lines A-13 + B-5)				\$	350,655

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

Name of Facility	License No.	Report for Year Ended	Page	of
East Ridge Manor, Inc.	928	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	25,261
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	217,922
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	20,930
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			\$	264,113
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	20,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(74,560)
6. Gain or Loss for Period			\$	7,512
7. Total Net Worth			\$	(47,048)
C. Total Reserves and Net Worth			\$	217,065
D. Total Liabilities, Reserves, and Net Worth			\$	567,720

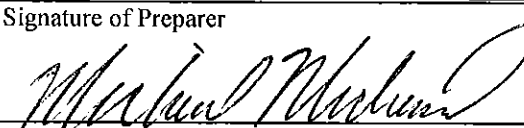
H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
East Ridge Manor, Inc.	928	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(54,490)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	702,897
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	695,385
D. Net Income or Deficit			\$	7,512
E. Balance			\$	(46,978)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	70
Purpose		Amount		
prior year adj - FUTA Tax		70		
3. Total Deductions			\$	70
H. <i>Balance at End of Period</i>		09/30/18	\$	(47,048)

Page 36 - Expense Reconciliation

Total Expense - Page 27	726,534
Depreciation - Book/Cost Report Difference	<u>(31,149)</u>
Total Expenses per Trial Balance (Page 36, line C)	<u>695,385</u>

I. Preparer's/Reviewer's Certification

Name of Facility East Ridge Manor, Inc.		License No. 928	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 2/6/18	
Printed Name of Preparer Michael J. Michaud, CPA					
Address PO Box 164, Old Saybrook, CT 06475				Phone Number 860-388-4627 Ext 226	