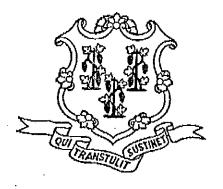
State of Connecticut



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		C	ost Year 20	015			
	÷						-
						FEB 17 2)16
Name of Facility (as	licensed)						
Bristol CCH Group I	LC of Bristol,	1/b/a Countrys	ide Manor of B	ristol		DEFT, OF SOCIAL S	ERVICES
Address (No. & Stree	et, City, State, Z	ip Code)			OF	FICE OF CON AND RA	TE SETTINGS
1660 Stafford Avenu	e Bristol, CT	06010					
Type of Facility							
Chronic and C Nursing Home	Convalescent e only (CCNH)		Rest Home Supervision				(Specify)
Report for Year Begi	nning		Report for Yea	r Ending			
10/1/2014	~		9/30/2015				
License Numbers:		CCNH	RHNS		(Speci	ify) N	ledicare Provider No.
		2285					07-5415001
Medicaid Provider N	umhovat	CC	CNH	RHN	2	IC	₹-MR
iviedicald Provider iv	unioers.		285				
For Department Us	e Only						
Sequence Number	Signed and	Date	Sequence N	lumber	Qia.	ned and Notarized	Date Received
Assigned	Notarized	Received	Assign	ed	Sigi		Date Received
					<u> </u>		



December 11, 2013

Mr. Michael E. Mosier Chief Financial Officer Athena Health Care Systems 135 South Road Farmington, CT 06032

Subject:

Alternative Annual Report Approval

Dear Mr. Mosier:

This letter is a follow-up to your verbal approval regarding your request for alternative annual report utilization. We have reviewed your request for approval of the Athena Health Care Systems version of the 2013 Annual Report for the State of Connecticut. Based on our review, your version of the annual report has been approved.

It is not necessary to request approval on an annual basis. This approval will remain in effect until modifications have been made to the Annual Report by the Department of Social Services. The provider community will be notified should such changes occur. At that time, you will be required to submit a new request for approval based on the modified annual report.

Should you have any questions, please feel free to contact me at (860) 687-0790.

Sincerely,

Brittany L. Hester, Administrative Assistant

CC: Claudette B. Pickens, CPA

CC: Chris Lavigne

Table of Contents

	eral Information - Administrator's/Owner's Certification	<u>T</u>
Gene	eral Information and Questionnaire - Data Required for Real Wage Adjustment	<u>1A</u>
Gene	eral Information and Questionnaire - Type of Facility - Organization Structure	$-\frac{2}{3}$
Gene	eral Information and Questionnaire - Partners	
	eral Information and Questionnaire - Corporate Owners	3A
Gene	eral Information and Questionnaire - Individual Proprietorship	<u>3B</u>
Gene	eral Information and Questionnaire - Related Parties	4
Gene	eral Information and Questionnaire - Basis for Allocation of Costs	5
Gene	eral Information and Questionnaire - Leases	6
Gene	eral Information and Questionnaire - Accounting Basis	7
Sche	edule of Resident Statistics	8
Sche	edule of Resident Statistics (Cont'd)	9
A.	Report of Expenditures - Salaries & Wages	10
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives	11
	Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant	
	Administrators and Other Relatives (Cont'd)	12
В.	Report of Expenditures - Professional Fees	13
	Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee	
	for Service Basis	14
C.	Expenditures Other than Salaries - Administrative and General	15
<u>C.</u> <u>C.</u>	Expenditures Other than Salaries (Cont'd) - Administrative and General	16
	Schedule C-1 - Management Services	17
C.	Expenditures Other than Salaries (Cont'd) - Dietary	18
C. C.	Expenditures Other than Salaries (Cont'd) - Laundry	19
C.	Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
	Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C.	Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
	Depreciation Schedule	23
	Amortization Schedule	24
C.	Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. C. C. D.	Expenditures Other than Salaries (Cont'd) - Interest	26
C.	Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D.	Adjustments to Statement of Expenditures	28
D.	Adjustments to Statement of Expenditures (Cont'd)	29
F.	Statement of Revenue	30
G.	Balance Sheet	31
G.	Balance Sheet (Cont'd)	32
G.	Balance Sheet (Cont'd)	33
G.	Balance Sheet (Cont'd)	34
G.	Balance Sheet (Cont'd)	35
H.	Changes in Total Net Worth	36
I.	Preparer's/Reviewer's Certification	37

State of Connecticut Annual Report of Long-Term Care Facility CSP-1 Rev.9/2002

	General ?	Informatio	n .		
Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a	License No.		Report for Year Ended	Page	of
Countryside Manor of Bristol	2285 ·		9/30/2015	11	37
Ad	ministrator's/C	Owner's Ceri	ification		
MISREPRESENTATION OR THIS COST REPORT MAY E UNDER STATE OR FEDERA	E PUNISHAB				NI
I HEREBY CERTIFY that I ha accompanying Cost Report and Bristol CCH Group LLC of Bristol. d/b/a Countryside Manor of Bristol	supporting sch	edules prepar			
October 01, 2014 my knowledge and belief, it is a and records of the provider(s) i	a true, correct, a	and complete	^ ^		
I hereby certify that I have direct Questionnaires, Schedule of Resort of Revenues and the related Ba Requirements of the State of Control of the Stat	sident Statistic lance Sheet of t	s, Statements his Facility ir	of Reported Expenditors accordance with the l	ures, State	ements
I have read this Report and here best of my knowledge under pe expenses presented in this Repo other State assisted residents w supporting records for the expe and will be made available to a	nalities of perju ort as a basis for ere incurred to p nses recorded h	ary. I also cert r securing rein provide reside ave been reta	ify that all salary and in the same in the same in this Facility are in this Facility	non-salary XIX and/o v. All	/ or .
Signed (Administrator)	Date	Signed-(Owne	r)	Date	
Jak .	3/10/16			3/10	ا ا
Printed Name (Administrator) David Fife		Printed Name Lawrence Sa	•		
Subscribed and Sworn state of to before me:	Date 2/10/16	Signed (Notar	y Public) Ahruay	Comm. Ex	xpires
Address of Notary Public		76 C)	hristine DRIVE Endon OT	- 56489	-

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-1A Rev. 6/95

State of Connecticut Department of Social Services

25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustm	ent		Page	of
Data Required for Real Wage 124 June 19			1A	37
Name of Facility	Period Cover	ed:	From	То
•			10/1/2014	9/30/2015
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	<u> </u>		10/1/2011	7,00,202
Address of Facility				
1660 Stafford Avenue Bristol, CT 06010	Phone Numb	er	Date	·
Report Prepared By	(860) 751-39		1	/2016
Athena Health Care Associates, Inc	1			
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid\$				
2. Laundry wages paid\$				
3. Housekeeping wages paid\$				
4. Nursing wages paid\$				
5. All other wages paid\$				
6. Total Wages Paid\$			-	
7. Total salaries paid\$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$			1	<u></u>

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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-2 Rev. 10/2005

General Information and Questionnaire Type of Facility - Organization Structure

					т -		
		Phone No. of Facility	/	Report for Year End		Page	of
•	•	860-583-8483	3	09/30/15		2	37
Name of Facility (as shown on license)	<u></u>	Address (No	o. & S	Street, City, State	Zip		
Bristol CCH Group LLC of Bristol, d/b/a Cou	ntryside Manor			ue Bristol, CT 06			
Bristel	CCNH	RHNS		(Specify)		Medicare P	
License Numbers:	2285					07-54	15001
Type of Facility (Check appropriate box(es))						
Chronic and Convalescent Nursing Home only (CCNH)	Γ	Rest Home with Supervision only			(Specify)	<u></u>
Type of Ownership (Check appropriate b			-				
		Π		NON-PROFIT CORP.		GOVERNMENT	TRUST
PROPRIETORSHIP LLC	PARTNERSHIP	PROFIT CORP.		(1011) 110 111 0 0 1 1 1	Date Clo		
		• •	Date	Opened	Date Or	,	
If this facility opened or closed during re	port year prov	/ide:		!			
			<u> </u>		L		
Has there been any change in ownership		☐ Yes	[<u>.</u>	No If "Y	es," exp	lain fully.	
or operation during this report year?		1 1 1 1 1 1 1		110 21 2	,,		
						_	
			-				
			_				
Administrator							
Name of Administrator				i	ng Home	•	
Joseph Colaci				}	istrator's		1024
				·	ense No.	:	
Other Operators/Owners who are assists	ant administra	tors (full or part tir	me) c	f this facility.			
Name				Lic	ense No.	:	
Ivame							
						<u> </u>	
Not Applicable							
1401 Аррисавіс							
						<u> </u>	
<u> </u>							

State of Connecticut Annual Report of Long-Term Care Facility CSP-3 Rev. 10/2005

General Information and Questionnaire Partners/Members

Name of Facility		License No.	Report for Y	ear Ended	Page of
Bristol CCH Group LLC of Briston, and	/a Countryside	2285	9/3	0/2015	3 37
Manor of Bristol				State(s) and	l/or Town(s) in
Legal Name of Partners	hin/LLC	Business	Address		Registered
Bristol CCH Group, LLC		1660 Stafford	Ave, Bristol,		CT
Bristor Cerr Group, 222		CT 06010			ļ
·				<u></u>	
Name of Partners/Members	Business	Address		Title	% Owned
	See At	ttached			
			į		

Bristol CCH Group LLC d/b/a Countryside Manor of Bristol

%
%
%
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%`
%
%
%
1%
1%
)%
)%
)%
)%
3%

100.0000%

*State of Connecticut Annual Report of Long-Term Care Facility CSP-3A Rev. 10/2005

General Information and Questionnaire Corporate Owners

CE aller	License No.	Report for Year	Ended	Page of
Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/3	30/2015	3A 37
If this facility is owned or operated as a cor	poration, provide th	e following inform	ation:	
Legal Name of Corporation	Busin	ess Address	State(s) in W	hich Incorporate
Dogu. T. teme 2 2 1				
Name of Directors, Officers	Busin	ess Address	Title	No. Shares Held by Eacl
Not Applicable				
		· · · · · · · · · · · · · · · · · · ·		
Names of Stockholders Owning at Least 10% of Shares				
1070 of Shares				

State of Connecticut Annual Report of Long-Term Care Facility CSP-3B Rev. 10/2005

General Information and Questionnaire Individual Proprietorship

Jame of Facility	License No.	Report for Year Ended	Page	of
lame of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside	2285	9/30/2015	3B	37
Janor of Bristol	1 monviotorship pr	ovide the following informat	ion:	
fanor of Bristol f this facility is owned or operated as an individual	r proprietorsinp, pr	O Vido the lower B		
Owner(s) of Facili	ty			
				
				<u>.</u>
Not Applicable				
		·		

Annual Report of Long-Term Care Facility State of Connecticut CSP-4 Rev. 10/2005

General Information and Questionnaire Related Parties*

		Tienne	N.	12	Report for Year Ended		Page	of
Name of Facility Bristol CCH Group LLC of B	Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor	Licelise		4	9/30/2015		4	37
of Bristol		2077						
Are any individuals received	Are any individuals receiving compensation from the facility related through	cility rel	ated thr	ugnc	□ Yes ☑ No	If "Yes," provide the Name/Address and complete the information on Page 11 of the report.	Name/Addr	ess and 11 of the report.
Illatitago, nomo, co								
Are any individuals or co including the rental of pro related through family ass	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 bu	or service to this far, control	ices, acility, I, or business	ness	∑ Yes □ No	If "Yes," provide the following information:	e following it	nformation:
association to any of the	association to any of the owners, operators, or otheras of the corner.	OI CITICO I						
		-		100		Indicate Where		•
		¥ ;	Also Provides	des		Costs are Included		Actual Cost to the
botol of a	Business	005 - - -uoX	Goods/Services to Non-Related Parties	Parties	Description of Goods/Services	in Annual Report	Cost	Related
Name of Refaced	Address	Yes	No	**%	Provided	Page # / Line #	Кероттеа	t and
	1660 Stafford Ave, Bristol, CT		D		Lease of Real Property	rg 22, y and 100, rg 27,ln 14a	\$514,368	\$514,368
1660 Stafford Ave, LLC Laurel Ridge Health Care	1660 Stafford Ave, LLC 19010 Laurel Ridge Health Care 642 Danbury Road Ridgefield,	<u> </u>		%80%	Bank fees	Pg 16 Ln m13	86,690	86,690
Center	CT 06877			0/06/	Dank room		61 510	91510
Shady Knoll Health Care	41 Skokorat Street, Seymour, CT	5		%86<	Swap Interest payment allocation	Pg 26, Ln 12A1	OTC-TE	
1	135 South Road, Farmington, CT	<u>r</u>		>20%	Workers Comp Captive	Pg 15, ln 1a	\$359,852	\$359,852
	Townsorton ("	<u> </u>		>50%	see attached			
Athena Health Care	155 South Road, Farmington, C. 255 Robert Street, Torrington,	┷				Da 15 line 16	\$5,077	55,077
Litchfield Woods	CT	2]		%86<	legal fees	The section of the se		
	-							
		[
		_ 	- - -					

* Use additional sheets if necessary.

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

Cost year 2015

Countryside Manor RELATED PARTIES QUESTIONNAIRE PAGE 4

				The standard of the second		Actual
		1 Also Drovided		indicate where		Cost to the
		Goods/Services to		Costs are included in Annual Report	Costs	Related
71.102.		Non-Related Parties	Describition of Guodalasi vices	then 1 ine #	Reported	Party
NAME	ADDRESS	Yes No %**	Provided	Face T		
				Da 17 Da 15 1d 1e & 1g	\$519,690	\$276,970
Athena Health Care Associates	135 South Road	× >50%	Management, Temp Help-Admin, Bank Fees, Legal, Marketing, Insurance, Lobbying	pg 16, m3 7 & M13, Pg 27, 12D		
	rarmington, CT 00002	0	Compliance, Gift Certificates, mortgage fees,	& 14a, Pg16, LZ, pg Z/, 1ZD		
		ar	and interest			
				Do 15, Line 185	\$833,767	\$833,767
Athena Health Care Associates	135 South Road	¥ × ×	>50% Health Insurance	,		
	Farmington, CT 06032					

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-5 Rev. 9/2002

General Information and Questionnaire Basis for Allocation of Costs

- C Facility	License No	•	Report for Year Ended	Page	of
ame of Facility ristol CCH Group LLC of Bristol, d/b/a	2207		9/30/2015	5	37
	2285	TDO - TD	Lagraines with special Medic	aid rates, c	osts
the facility is licensed as CDH and/or RCH	or provides F	MD2 of 1B	I services with special mount	,	
ust be allocated to CCNH and RHNS as follows:	ows:	<u></u>	Method of Allocation		7
Item		N. J	meals served to residents		
ietary	•••••	Number of	nounds processed		
aundry		Number of	f square feet serviced		
lousekeeping		Number of	f hours of routine care provide	ed by EAC	H
		Number of	classification, i.e., Director (or Charge	Vurse),
lursing		lemployee	Nurses, Licensed Practical	Nurses, Aid	les and
		Attendants	f hours of resident care provi	ded by EA	CH
Direct Resident Care Consultants		Number o	(See listing page 13)		
		 -			
Maintenance and operation of plant					
Property costs (depreciation)	· · · · · · · · · · · · · · · · · · ·	. Square fee Gross sala		<u> </u>	
Employee health and welfare		Gross said	eta cost center involved		
Employee health and werrare Management services	·····	. Appropria	Direct and Allocated Costs		
All other General Administrative expenses		. Total of 1	a had to the post information	provided.	
All other General Administrative expenses The preparer of this report must answer the f	ollowing que	stions appli	If "No," explain fully why	guch alloca	tion was
1. In the preparation of this Report, were all	☐ Yes		II 140, Oxplain 1011, 112-5	Juon uno o	
costs allocated as required?			not made.		
					<u></u>
Not Applicable					
			i to comparting	data	
2. Explain the allocation of related company	y expenses an	d attach co	py of appropriate supporting	uata.	
		<u></u>			
Not Applicable					
1(00.73)					
				- homo oo	at centers
3. Did the Facility appropriately allocate an	d solf disallo	w direct an	d indirect costs to non-nursii	ig nome co	of contor.
J. Did the Later of Translate Ord	id self-disand				
Leg Assisted Living, Home Health, Out	tpatient Servi	ces, Adult I	Day Care Services		
(e.g., Assisted Living, Home Health, Out	tpatient Servi		TENNIO " evoluin fully why		
(e.g., Assisted Living, Home Health, Our	tpatient Servi		TENNIO " evoluin fully why		
(e.g., Assisted Living, Home Health, Oth	tpatient Servi		If "No," explain fully why		
	Te Ye		If "No," explain fully why		
(e.g., Assisted Living, Home Heatth, Out Not Applicable: No Non-Nursing Home C	Te Ye		If "No," explain fully why		

Annual Report of Long-Term Care Facility State of Connecticut CSP-6 Rev. 9/2002

General Information and Questionnaire Leases (Excluding Real Property)

ot

Page

37

S

Amount Claimed

Operating Leases - Include all long-term leases for motor vehicles and equipment that have not been capitalized. Short-term leases or as needed rentals \$1,751 \$12,146 \$3,980 \$436 of Lease Amount Annual 9/30/2015 Report for Year Ended 60 months Term of 36 months 36 months 60 months Lease Lease** 12/09/14 Date of 08/09/13 12/09/13 07/24/12 Description of Items Leased 2285 postal equipment PCC Equipment PCC Equipment License No. Copier ž Related * to > > > Operators, 5 Officers Owners, Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Yes Ikon/Ge Capital, 855 Winding Brook Dr, Glastonbury, Hewlett Packard Financial Services, PO Box 402582, Hewlett Packard Financial Services, PO Box 402582, should not be included in these amounts. Name and Address of Lessor Name of Facility Pitney Bowes Atlanta, GA Atlanta, GA Bristol J

\$12,146

\$436

\$3,649

\$1,167

Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also. Not Applicable - No Vehicles Is a Mileage Log Book Maintained for All Leased Vehicles?

\$17,398

Total ***

ž

Yes

^{**} Attach copies of newly acquired leases.

^{***} Amount should agree to Page 22, Line 6e.

Hewlett-Packard Financial Services Company 200 Connell Drive, Suite 5000 Berkeley Heights, NJ 07922



BRISTOL CCH GROUP LLC 1660 Stafford Rd, BRISTOL, CT, 06010, UNITED STATES 52164553455237USA2

Dear Customer:

Thank you for choosing HP Financial Services as your leasing source. We are glad we could be of assistance in helping you get the technology solutions you need for your business. To expedite the shipment of your equipment, it is very important for you to review the enclosed lease documents and to follow these stepby-step instructions for completing your lease transaction. Please remember that your equipment can't be shipped until you complete and return these documents.

Please carefully review the enclosed lease documents for the equipment you ordered from CDW. IF ANY CHANGES NEED TO BE MADE TO THESE DOCUMENTS, PLEASE CALL 1-888-277-5944 and ask for the documentation specialist assigned to your geographic location.

Please have an individual authorized to sign legal documents sign, date and initial the documents

where indicated.

AN ADVANCE LEASE PAYMENT MAY BE REQUIRED ALONG WITH THE SIGNED DOCUMENTS. TO expedite, please fill out the authorization form (attached to the lease agreement) and attach a copy of a **VOIDED** check. Execution of this form will provide us with authorization to withdraw certain payments from your business account. We will utilize your check number. Upon commencement of your lease agreement, this check will be automatically credited to your account with us. Record the check number, along with the total amount of the total first payment shown on Schedule A which includes the documentation fee of \$100.00, in your check register.

PLEASE FAX THE EXECUTED LEASE, INCLUDING THE SCHEDULES AND EXHIBITS ATTACHED THERETO TO 1-888-277-5945. We will start to process the transaction immediately upon

receipt of these documents.

Per the terms of the lease agreement, you agree that you shall be deemed to have irrevocably accepted the equipment under any lease 10 business days after shipment of the equipment to you unless we receive your written rejection prior to the end of the 10-day period. However, you agree to execute and deliver to us a delivery and acceptance certificate upon our request. If a delivery and acceptance certificate is sent to you, when you receive the equipment, please sign such delivery and acceptance certificate and the Schedule A to the lease agreement and return both to us by fax at 1-888-277-5945. "Acceptance Date" means the first business day following the expiration of such 10day period or such other date set forth in any delivery and acceptance certificate requested by us. The term of the lease shall begin on the Acceptance Date.

Your lease agreement requires that you provide proof of all risk replacement cost insurance coverage for the leased equipment, including all rents and other amounts due and owing with respect to such

equipment as of the date of payment.

You must also always maintain adequate commercial liability insurance coverage on your leased equipment. You must have "Hewlett-Packard Financial Services Company and its assignees" named as an "additional insured(s)" under such liability coverage and upon our request, furnish us with an insurance certificate showing that you have such coverage. The insurance certificate should also include: a) your company name; b) your company address and equipment location; c) the insurance policy period; d) liability coverage amounts; and e) your lease number.

Again, thank you for choosing HP Financial Services as your leasing source. If you have any questions or concerns, please don't hesitate to call us.

Customer Delivery Specialist 1-888-277-5944



Lessee (Complete Legal Name): BRISTOL CCH GROUP LLC

Lease Agreement Number: 52164553455237USA2

Business Lease Agreement

This lease (including the attached Schedules A and B, this "Lease") refers throughout to Lessee as "you" or "your" and to Lessor as "we", "us" or "our". In consideration of our purchase of the equipment described on Schedule A (the "Equipment"), you hereby lease the Equipment from us for your business purposes only (and not for personal, family or household purposes), subject to all terms and conditions of this Lease. You acknowledge that you selected the vendor as identified in Schedule A (the "Vendor") and all such Equipment without our assistance. You agree that this Lease is a net lease so you will pay, by Lease payment increase or upon our demand, all costs, fees, taxes (e.g. property, sales and use taxes) or other charges connected with the Lease and the Equipment, as well as all costs for insurance, repairs, maintenance, shipping, and filing fees. You authorize us to adjust your Lease payment by up to ten percent (10%) if the actual total cost of the Equipment at acceptance varies from the original estimate. Lease payments shall commence on the Acceptance Date, as defined below, and are due in advance or arrears each monthly or quarterly period ("Period") during the Lease term on the monthly or quarterly anniversary of the Acceptance Date, all as specified in Schedule A . You agree to pay a one-time documentation fee in the amount specified in Schedule A with the first Lease payment to cover account-setup costs. If you do not elect to either purchase the Equipment, renew the Lease or return the Equipment by the end of the Lease term in accordance with the terms of Schedule A hereto, or you fall to comply with your obligations arising from the election, you will continue to pay the original Lease payments for any full or partial Period that you keep the Equipment. If you have selected either a FMV or a 10% End of Term Purchase Option (as indicated on Schedule A), then we and you intend this Lease to be a "Finance Lease" as defined in Article 2A of the Uniform Commercial Code (as enacted and in effect in any applicable jurisdiction, the "UCC") and you authorize us to file a UCC financing statement to give public notice of our ownership of the Equipment. If you have selected a \$1.00 End of Term Purchase Option or if this Lease is otherwise deemed to be a "lease intended for security", then to secure payment and performance of your obligations under this Lease, you hereby grant us a purchase money security interest in the Equipment and in all attachments, accessories, additions, products, replacements, and proceeds (including insurance proceeds) to and of the Equipment, as well as a security interest in any other equipment we have leased to or financed for you, and you authorize us to file a UCC financing statement to perfect such security interest. You hereby appoint us as your attorney-in-fact to: (I) sign any UCC financing statements in your name, (ii) modify Schedule A to reflect any Lease payment adjustment provided for above and to complete or modify any Equipment description in Schedule A or any related document to accurately describe the Equipment actually accepted by you, and (iii) correct all typographical, clerical or legal name errors discovered in any or all of the documentation required in connection with this Lease and execute or initial all such documentation corrections in your name.

EXCEPT AS TO QUIET ENJOYMENT, WE MAKE ABSOLUTELY NO REPRESENTATIONS OR WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING NO WARRANTY OF MERCHANTABILITY OR OFFITNESS FOR A PARTICULAR PURPOSE. You can only make any claim relating to the Equipment against the Vendor or manufacturer, and you waive any such claim against us. We hereby assign any Equipment warranties during the Lease term for your exercise at your expense. WE WILL NOT BE LIABLE FOR INCIDENTAL, SPECIAL, INDIRECT, OR CONSEQUENTIAL DAMAGES. YOU AGREE TO MAKE PAYMENTS TO US WHEN DUE, UNCONDITIONALLY, WITHOUT ABATEMENT OR OFFISET FOR ANY CAUSE AND REGARDLESS OF ANY PROBLEMS WITH THE EQUIPMENT, VENDOR, OR US AND YOU WAIVE ANY CLAIM OR DEFENSE TO ANY LEASE PAYMENT.

You agree to indemnify us against third party claims or other loss or damages, including attorneys' fees, arising directly or indirectly out of Equipment defects, use, or operation, and whether arising out of breach of contract, tort, or strict or product liability. You agree not to move the Equipment or to transfer, sell, sublease, or encumber either the Equipment or any rights under this Lease without our prior written consent. We may freely assign our rights and interests under this Lease without notice to you or your consent. You agree that our assignee will have the same rights and remedies as we do and that our assignee's rights will not be subject to any claims or defenses you may have against us. You and any guarantor hereby authorize us to share information about you and any guarantor (including personally identifiable information) with our assignees, potential assignees, the Vendor and other third parties providing services to us.

We own the Equipment and, unless you have selected a \$1.00 End of Term Purchase Option, we retain all benefits of ownership and you agree not to take any position inconsistent with our ownership. We may inspect the Equipment and attach Equipment ownership labels. You are solely responsible for the installation, operation, and maintenance of the Equipment, will keep it in good condition, will use it in compliance with applicable law, and will not attach it to building fixtures. You bear all risk of loss or damage to or from the Equipment arising prior to its return to us and will have it duly insured against all risk of loss and damage up to the greater of its replacement value or the Stipulated Loss Value (as defined below) and against public liability for bodily injury or damage to property arising in connection with the Equipment. You will provide to us a certificate showing that you have such insurance coverages, naming us as loss payee. Upon the occurrence of any loss or irreparable damage to the Equipment ("Casualty Loss"), you agree to immediately (c) replace the affected Equipment with equipment of equivalent or better value and supplied by a manufacturer acceptable to us or (d) pay us an amount ("Stipulated Loss Value") which is the sum of (i) all arrears in Lease payments as of the date of payment of the Stipulated Loss Value, if any (ii) all Lease payments payable from the date of payment of the Stipulated Loss Value up until expiry of the term (discounted at a rate equal to the 3% per annum (the 'Discount Rate"), compounded monthly) and (iii) an amount calculated by multiplying the Equipment Total Cost with the applicable percentage specified in the next sentence. The applicable percentage will be 40% for Equipment having an initial Term of less than 24 months; 35% for Equipment having an initial Term of 24 months or greater, but less than 36 months; and 30% for Equipment having an initial Term of 36 months or

You do not and will not: 1) export, re-export, or transfer any Equipment, software, source code or any direct product thereof to a prohibited destination, or to nationals of proscribed countries wherever located, without prior authorization from the United States and other applicable governments; and 2) use any Equipment, software or technology, technical data, or technical assistance related thereto or the products thereof in the design, development, or production of nuclear, missile, chemical, or biological weapons or transfer the same to a prohibited destination, or to nationals of proscribed countries, without prior authorization from the United States and other applicable governments. You are not an entity or person designated by the United States government or any other applicable government with which transacting business without the prior consent of such government is prohibited.

If you do not pay or perform any obligation under this Lease within 10 days of when such payment or performance is due, or you or any guarantor die, become insolvent or unable to pay debts when due; stop doing business as a going concern; merge, consolidate, transfer all or substantially all of your assets; make an assignment for the benefit of creditors, file bankruptcy, appoint a trustee or receiver or undergo a material adverse change in your financial or operating condition, we can do any or all of the following: (1) accelerate without notice all payments provided for in this Lease (discounted at the Discount Rate), (2) immediately repossess the Equipment or (absent Equipment repossession or return) claim a further amount equal to Stipulated Loss Value from you, (3) collect all costs of collection, including any bad check charges and reasonable attorneys' fees, (4) collect lost tax benefits and all unpaid amounts due hereunder, (5) sell or relet the Equipment, and (6) exercise all other remedies at law or equity. If we do not receive any payment when due, you will pay a one-time late charge on any overdue payment equal to the greater of \$.10 per dollar for each late payment, or \$15 (to compensate for the cost and expense of collecting and processing the late payment), plus a charge of 1 1/2% of the late payment for every month after the first month in which the payment is late (for damages including our inability to reinvest the late amount), but in any case, never to exceed more than the maximum charge allowed by law. In addition, if you are delinquent in payment, you agree to pay the actual outof-pocket expenses incurred by us in our collection efforts (including, but not limited to, any bad check charges). Your payments may be applied, as we elect, first to the oldest amount due. Our action or failure to act on any one remedy shall not constitute an election of such as our sole remedy. Any provision of this Lease is severable if unenforceable. Any action or claim by you against us shall be commenced within one year after the cause of action arises or be forever barred.

You agree to sign such other documents and take such other actions as we may require to accomplish the intent and purpose of this Lease. All of your representations, warrantles and obligations hereunder shall survive the termination of this Lease. All notices, demands and other communications required to be given under this Lease shall be in writing and shall be deemed to have been given if delivered personally or mailed via certified mail or a nationally recognized overnight courier service.



TIME IS OF THE ESSENCE, THIS LEASE SHALL BE DEEMED FULLY EXECUTED AND PERFORMED IN THE STATE OF NEW JERSEY AND SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS THEREOF. TO THE EXTENT NOT PROHIBITED BY APPLICABLE LAW, THE PARTIES HERETO EXPRESSLY WAIVE ALL RIGHTS TO A TRIAL BY JURY IN ANY JURISDICTION. YOU WAIVE ANY STATUTORY PROVISIONS WHICH CONFLICT WITH THE TERMS OF THIS LEASE, INCLUDING BUT NOT LIMITED TO UCC ARTICLE 2A SECTION 303 AND SECTIONS 508 THROUGH 522. You acknowledge that neither any Vendor nor any Equipment salesperson is an agent of ours nor are they authorized to walve or alter the terms of this Lease. Their representations in no way affect any of our rights and obligations as herein set forth. If an E-Signature Rider is executed and delivered to us in connection with this Lease ("E-Rider"), such E-Rider will apply in the event this Lease and the Delivery and Acceptance Certificate (if requested) are submitted to you for electronic execution. You agree that an executed copy of this Lease bearing our original manual signature and your signature (either an original manual signature or such signature reproduced by means of a reliable electronic form, such as a photocopy, facsimile or, if you have executed this Lease electronically pursuant to an executed E-Rider, a printout of this Lease from our systems bearing your electronic signature), shall be marked "Original" by us and shall constitute the only original document for all effective purposes; all other copies shall be duplicates. To the extent this Lease constitutes chattel paper (as defined in the UCC), no security interest in this Lease may be created except by possession or transfer of the executed copy marked "Original" by us.

You acknowledge that certain personal information may be communicated to us in the course of the performance of the Lease and will be used by us to administer our rights and obligations under the Lease and any other agreement entered into between you and us. You confirm that you have obtained any requisite consent to the disclosure and processing of such information by us for that purpose. All such personal data will be processed in accordance with the Hewlett-Packard privacy policy in force from time to time (available at www.hp.com). You authorize us to share information related to this Lease with our affiliates for any reason and any third party as necessary to fulfill our obligations under this Lease.

By signing and initiating a copy of this Lease where required below (either on paper or electronically) and providing the deposit account information required by Schedule B, you are agreeing to all of the terms and conditions of this Lease, including the terms and conditions contained in Schedules A and B and Annex 1, each of whitch/s hereby incorporated by reference into this Business Lease Agreement. This Lease shall become effective upon our acceptance hereof but we will have no obligation to purchase the Equipment until you have accepted it as contents hereof.

set fo	rth below!	o purenase ene aq	aipinsuns anten 3 -		
	E SIGNATURE HERE	AND BELOW*			
BY: _					
	<i>y</i> _			~ C	11/
Print	Name and Title of !	Signatory: La	uvence i	/ Jan	<u> </u>
	Name and Title of ! Mane	rge		_	
		9			

Read Carefully Before Signing -

This lease is non-cancellable and is our full and final agreement, merging all prior understandings, and cannot be modified or terminated except by a written agreement signed by you and by a corporate officer of our company. You warrant to us that you have received, reviewed and approved your vendor's written supply contract covering the equipment terms of sale and warranties. You hereby authorize us to purchase the equipment in reliance solely upon your statements herein. By your initials below, you shall be deemed to have Irrevocably accepted the equipment 10 business days after shipment of the equipment to you unless we receive your written rejection prior to the end of the 10-day period. However, you agree to execute and deliver to us a delivery and acceptance certificate upon our request. "acceptance date" means the first business day following the expiration of such 10-day period or such other date set forth in any delivery and acceptance certificate requested by us. The term of this lease shall begin on the acceptance date.

tessee (INITIAL) X	e. DATE: 12-19/14
	RD FINANCIAL SERVICES COMPANY
Y:	DATE:
	•

Guaranty

In consideration of this Lease of Equipment to Lessee, and to be legally bound, the undersigned ("Guarantor") personally, irrevocably and unconditionally guarantees payment and performance of, and as a primary debtor agrees to be jointly and severally liable for (without becoming entitled to the benefits of) all obligations under this Lease until such obligations are satisfied, WE MAY PROCEED AGAINST THE GUARANTOR IN THE FIRST INSTANCE WITHOUT RESORTING TO OTHER REMEDIES, AND THE GUARANTOR WAIVES ANY STATUTORY OR OTHER RIGHT TO REQUIRE OTHERWISE. Guarantor waives subrogation rights; waives defenses and rights relating to impairment, invalidity, modification, extension of the Lease, or relating to substitution, dishonor, release or compromise of Lessee; waives demand, protest, presentment; and waives all notices related to any of the foregoing. Guarantor shall pay all costs of enforcement and collection including attorneys fees. THIS GUARANTY SHALL BE GOVERNED BY THE LAWS OF NEW JERSEY, GUARANTOR CONSENTS TO THE PERSONAL JURISDICTION AND VENUE OF FEDERAL AND STATE COURTS IN NEW JERSEY. THE PARTIES HERETO EXPRESSLY WAIVE ALL RIGHTS TO A TRIAL BY JURY.

JUARANTOR SIGNATORE	IERE		
Y: X			
ioc, Sec#:		<u></u>	
	I standard Darbard Circ	neid Consent Company In	e in Atahama and Nove York



Schedule A to Business Lease Agreement

Lease Agreement Number: 52164553455237USA2

Lessee (full legal name): BRISTOL CCH G	ROUP LLC		
Billing Address: 1660 Stafford Rd, BRIS	STOL, CT, 06010, UNITED STATES		
Tax ID Number:			
Telephone Number (including area co	de): 7084488304 Fax Number (including area code):	
Equipment See Attacl	hed Annex 1 to this Schedule		
Description:			
Equipment Location: (if different from 1660 Stafford Rd , BRISTOL, CONNECTION)	Billing Address) CUT, 06010, UNITED STATES		
Vendor CDW			
Information(name):			
Term: 60	End-of-Term Option:	Periodic Lease Payment:	Tax on Periodic Lease
Period: Monthly	DOLLAR OUT	\$137.24	Payment (if applicable):
Payable: Arrears			\$8.71
Advance Lease Payment: \$	Tax on Advance Lease	Documentation Fee:	
-	Payment (if applicable)	\$100.00	
The payment of any Advance Lease Payment refle	ected herein shall be a condition to	Total First Payment:	-
Lessor's agreement to this Lease and may include	e either or both of the following: (a) ment" (defined herein below).	\$245,95	
l "Nown Payment" shall mean such amount determ	liveg by ressor tedrited about us	'' '	ide any Advance Lease Payment, the first
execution of this Lease and shall be credited again Equipment leased under this Lease.	nst the original cost of the	Periodic Lease Payment, any applicab	le taxes, and the Documentation Fee.)
Edulbition; teasen aimer mas reaser		1	

Lessee's end of term options:

If you have on a timely basis fully compiled with all the terms and conditions of this Lease, you may choose to exercise one of the following options upon the natural expiration of the term or any extension or renewal term on an "all or none" basis as to each option, provided however, you must give us written notice not less than ninety (90) days before expiration of the relevant term:

- 1. PURCHASE OPTIONS: You may purchase the Equipment for the Purchase Price (as defined below) on an "as-is, where-is" basis, without any representations or warranties, including no warrantles of merchantability or fitness for a particular purpose, "Purchase Price" means (a) If you have selected a FMV End of Term Purchase Option (as Indicated above), the then "Fair Market Value" (as defined below) of the Equipment (plus all applicable taxes), or (b) if you have selected a 10% End of Term Purchase Option (as indicated above), an amount equal to ten percent (10%) of the original Equipment cost (plus all applicable taxes), or (c) if you have selected a \$1.00 End of Term Purchase Option (as indicated above), an amount equal to ten percent (10%) of the original Equipment cost those an appropriate taxes), or (c) if you have selected a \$1,00 cnd or Term Purchase Option (as indicated above), an amount equal to one dollar (\$1.00) (plus all applicable taxes). "Fair Market Value" means the price that a willing buyer (who is neither a lessee in possession nor a used equipment dealer) would pay for the Equipment in an arm's-length transaction to a willing seller under no compulsion to sell; provided, however, that in such determination: (i) the Equipment will be would pay for the Equipment in an arm's-length transaction to a willing seller under not compulsion to sell; provided, however, that in such determination: (i) the Equipment will be sessioned to be in the condition in which it is required to be maintained and returned under this Lease, (ii) in the case of any installed Equipment, that Equipment shall be valued on an arm of the condition in which it is required to be in the condition in which it is required to be maintained and returned under this Lease, (ii) in the case of any installed Equipment, that Equipment shall be valued on an arm of the condition in which it is required to be maintained and returned under this Lease, (iii) in the case of any installed Equipment shall be valued on an arm of the condition in which it is required to be maintained and returned under this Lease, (iii) in the case of any installed Equipment shall be valued on an arm of the condition in which it is required to be maintained and returned under this Lease, (iii) in the case of any installed Equipment shall be valued on an arm of the condition in which it is required to be maintained and returned under this Lease, (iii) in the case of any installed Equipment shall be valued on an arm of the condition in which it is required to be maintained and returned under this Lease, (iii) in the case of any installed Equipment shall be valued on an arm of the case of the ca installed basis, and (iii) costs of removal from the current location shall not be a deduction from such valuation. If you and we are unable to agree on the Fair Market Value of the Equipment at least thirty (30) days before Lease expiration, we will appoint an independent appraiser (reasonably acceptable to you and at your expense) to determine the Fair Market Value and such appraiser's determination will be final, binding and conclusive.
- 2. RENEWAL OPTION: You may renew the Lease at the then Fair Market Rental Value: "Fair Market Rental Value" means the amount of periodic rent that would be payable for the Equipment in an arm's length transaction between an informed and willing lessee and an informed and willing lessor, neither under compulsion to lease. Such amount will not be reduced by the costs of removing any Equipment from its current location or moving it to a new location. In the event of such an election, Lessee shall enter into a mutually agreeable renewal agreement with Lessor on or before the last day of the then applicable term confirming the period for which the Lease is to be renewed (the "Renewal Term"), and the amount of Rent and the times at which such Rent is to be payable during the Renewal Term.
- 3. EQUIPMENT RETURN OPTION: You may return the Equipment, at your expense, to a location designated by us on or before the last day of the Lease term. Upon return, the Equipment must be in the same condition as when you first received it (excepting only reasonable wear and tear) and include all original parts, attachments and accessories. For all Equipment to be returned to us, you agree to (a) remove any of your labels, tags or other identifying marks on the Equipment and wipe clean or permanently delete all data contained on the Equipment, including without limitation, any data contained on internal or external drives, discs, or accompanying media, and (b) pack the Equipment in accordance with the manufacturer's guidelines. You must also return to us all copies of any operating system software (including any certificate of authenticity) you received with the Equipment.
- 4. AUTOMATIC EXTENSION. IF THE LEASE DOES NOT CONTAIN A \$1.00 END-OF-TERM PURCHASE OPTION, AND YOU FAIL TO DELIVER TO US THE END-OF-TERM NOTICE NOT LESS THAN HIRETY (9D) DAYS BEFORE THE EXPIRATION OF THE RELEVANT TERM, THEN, WITHOUT ANY ADDITIONAL NOTICE OR DOCUMENTATION, THE THEN RELEVANT TERM SHALL BE AUTOMATICALLY EXTENDED FOR SUCCESSIVE CALENDAR MONTHS WITH RESPECT TO ALL ITEMS OF EQUIPMENT SUBJECT TO THIS LEASE THROUGH THE END OF THE CALENDAR PERIOD FALLING AT LEAST 90 DAYS AFTER THE DATE YOU SHALL HAVE DELIVERED TO US AMEND-OF-TERM NOTICE WITH RESPECT TO THIS LEASE AND ALL OTHER PROVISIONS OF THE LEASE SHALL CONTINUE TO APPLY. IF YOU DELIVER SUCH END-OF-TERM NOTICE, BUT SHALL HAVE SUBSEQUENTLY FAILED TO COMPLY WITH ITS OBLIGATIONS ARISING FROM THE ELECTIONS SPECIFIED THEREIN; THEN THE THEN APPLICABLE TERM OF THIS LEASE SHALL, WITHOUT ANY ADDITIONAL NOTICE OR DOCUMENTATION, BE AUTOMATICALLY EXTENDED, FOR EACH CALENDAR PERIOD THAT THE THEN APPLICABLE TERM OF THIS LEASE IS SO EXTENDED, YOU SHALL PAY TO US LEASE PAYMENTS IN AN AMOUNT EQUAL TO THE PERIODIC LEASE PAYMENT IN EFFECT IMMEDIATELY PRIOR TO SUCH EXTENSION AND ALL OTHER PROVISIONS OF THE LEASE SHALL CONTINUE TO APPLY.

Lessee (initial): ______



Annex 1 to the Schedule

Equipment Schedule Number 52164553455237USA2 Forming Part of Lease # 52164553455237USA2 between Lessor Hewlett-Packard Financial Services Company and Lessee BRISTOL CCH GROUP LLC

QTY.	TEM VO	DESCRIPTION	UNIT/PRICE	PEXTENDED PRICE
1	3051875	ACER V206HQL ABD 20" LED WIDE	88.46	88.46
		Mfg#: UM.IV6AA.A02		
1		Contract: MARKET	6.27	6.27
1 (384345	STARTECH USB 2.0 A/B CAB 15FT	0.21	O.C.
	I	Mfg#; USB2HAB15 Contract: MARKET		,
	500047	INTERMEDIATE CUSTOM TAG	10.00	100.00
10	500817	Mfg#: INTERMD CSTM TAG		
	1	Contract: MARKET		
1	1531460	APC BACK-UPS ES 60UT 350VA GREEN UPS	41.70	41.70
· ·		Mfg#: BE350G		
	ł	Contract: MARKET	493,58	493.58
1	3435594	HP SB 600 MINI G1 I3-4160T 500GB 4GB	493,56	400.00
- 1		Mfg#: K1K21UT#ABA Contract: MARKET		
	0445499	LVO TS TP E545 A-5350 320GB 4GB W8	482.07	3,374.49
7	3145422	Mfg#: 20B20011US		
		Contract: MARKET		
10	2086051	LOGI B100 USB OPT BLK MOU	8.43	84.30
, ,		Mfg#: 910-001439		
	ì	Contract: MARKET	555.58	1,111.16
2	3262311	HP SB 1910-48G SWITCH	555,50	,,,,,,,,
		Mfg#; JE009AS#ABA Contract: MARKET		
1	3198605	(AND SEE	440,37	880.74
2	3198003	Mfg#: E3T29UT#ABA	1	1
		Contract: MARKET		j

Shipping	187.22
Total Amount	6,367.92

The described items constitute all the Equipment covered by the above referenced lease.

Lessee (initial): X



Lease Agreement Number 52164553455237USA2

Schedule B to Business Lease Agreement

Lessee (initial):

Authorization Agreement for Direct Paymen	ts (ACH Debits)			
As a condition to Hewlett-Packard Financial Ser Agreement"), Lessee hereby enters into this Au Direct Payments, the undersigned hereby auth- initiate debit entries to the account identified be same to the Account for:	thorization Agree	ement for Direct Pay: ackard Financial Serv	ments. By executing ices Company and i	this Authorization Agreement for ts assignees (collectively "HPFS") to
X (a) the Total First Payment required un				
X (b) any periodic lease payments and any to and under the Lease Agreement.				
The undersigned further represents and warrar is a business account and is not an account use whatsoever, that Lessee will enter into a new A five (5) business days of the closing of the Acco	ed for personal or Authorization Agre	household purposes eement for Direct Pa	s. and telle the Acco	UNE 15 CLOSED FOR ANY FEASON
Name of DFI	<u> </u>	-		
DFI's Routing Number (9 digits only)	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
Account number				
Branch	City		State	Zip
This authorization will remain in full force of this Authorization Agreement for Direct opportunity to act upon such termination.	and effect until Payments in suc	Lessee provides HP	FS with written no manner as to affor	tification of Lessee's termination d HPFS and DFI a reasonable
Signature of Duly Authorized Representative	of Lessee			Date
Phone Number		Federal Tax Identif	ication Number	
Please attach voided check to this authorizati	ion			
Important Notification about ACH Debits				•
HPFS will automatically debit the Account for probabits are implemented as to this Lease Agree will continue to receive invoices from HPFS that for the amount(s) described above once ACH of	ement. Lessee mu at will be labeled a	ist remit all invoices as "For Notification P	received from FFF3	DA fileli 162Dective age agei repoce



Lease Agreement Number 52164553455237USA2

Delivery and Acceptance Certificate

Hewlett-Packard Financial Services Company ("we", "us" or "our") and BRISTOL CCH GROUP LLC ("you" or "your") are parties to the Business Lease Agreement (the "Lease") identified by the Business Lease Agreement Number specified above. The Business Lease Agreement and its exhibits together comprise a Lease that is being accepted and commenced pursuant to this Delivery and Acceptance Certificate. All capitalized terms used in this Delivery and Acceptance Certificate without definition shall have the meanings ascribed to them in the Lease.

- LEASE ACCEPTANCE. You hereby acknowledge that the Equipment described in the Schedule A or if different, the Equipment described
 in the attached invoice or other attachment hereto, has been delivered to the Equipment Location specified below, inspected by you and
 found to be in good operating order and condition, and has been unconditionally and irrevocably accepted by you under the Lease
 evidenced by the Business Lease Agreement as of the Acceptance Date set forth below.
- 2. LESSEE ACKNOWLEDGEMENTS. You hereby agree to faithfully perform all of your obligations under the Business Lease Agreement and reaffirm, as of the date hereof, your representations and warranties as set forth in the Business Lease Agreement. You hereby acknowledge your agreement to pay us Lease payments, as set forth in the Schedule, plus any applicable taxes, together with all other costs, expenses and charges whatsoever which you are required to pay pursuant to the Business Lease Agreement, in each instance at the times and in the manner set forth in the Business Lease Agreement, respectively.

LESSEE
BRISTOL CCH GROUP LLC
8Y:
Name and Title

*State of Connecticut
Annual Report of Long-Term Care Facility
CSP-7 Rev. 6/95

General Information and Questionnaire Accounting Basis

Name of Facility	License No.	Report for Year Ended	Page of
Bristol CCH Group LLC of Bristol,		9/30/2015	7 37
1/b/a Countryside Manor of Bristol	2285	The state of the s	
The records of this facility for the p	seriod covered by this	s report were maintained on the following basi	
☑ Accrual ☐ Cash ☐	Modified Cash		
Is the accounting basis for this	Widding Cash		
	Yes	☐ No If "No," explain.	
previous period?			
provious parte			
Independent Accounting Firm		Address (No. & Street, City, State, Z	in Code)
Name of Accounting Firm		4 Corporate Drive, Shelton, C	T 06484
1 DHL & S 2 Marcum LLP		555 Long Wharf Drive, New F	Iaven, CT 06511
2 Marcum LLP 3 Dopkins & Co.		200 International Dr. Buffalo,	NY
4			
Services Provided by This Firm (d	'escribe fully)		
1 Audit & Year End Financials: \$14,			\$ 14,000
2 Medicare cost report Preparation			\$ 2,600
3 Key Bank Audit: Disaflowed	.pismoneu		\$ 1,912
. Key Bank Addit. Disanowed			\$ -
4			Charge for Services Provided
			\$18,512
Are Those Charges Reflected in the Expe	enditure Portion of This R	eport? If Yes, Specify Expense Classification and Line	No.
_			
	Pg 15, Line1d		
Legal Services Information Name of Legal Firm or Independent	ent Attorney		Telephone Number
1 Goldman Gruder & Woods	an Anothoy		203-899-8900
2 State of CT Probate		,	860-584-6230
3 Murtha Cullina/schiff		•	860-240-6000
4 Shipman & Goodwin			860-251-5000
5			
Address (No. & Street, City, State	, Zip Code)		
1 200 Connecticut Avenue, N	orwalk, CT		
2 111 N. Main Street, Bristol,	, CT		
3 185 Asylum Street, Hartfor	d, CT		
4 One constitution Plaza, Ha	rmora, C1		
Services Provided by This Firm (describe fully)		
			\$ 7,094
i A/R Collections: Disallowed			S 120
2 Conservatorship hearing:Disallo	2.250(D)'HI) Co. (of State & Audit letter \$811 (allowed)	S 14,061
	3,250(Disanowed), Sec c	Totale & Andre letter 5017 (minutes)	S 198
4 Employee issues: Disallowed			\$ -
5			Charge for Services Provided
			\$21,473
	I'm Paris gard	Parate 16 Ver Specify Expense Classification and Line	
	enditure Portion of This	Report? If Yes, Specify Expense Classification and Line	
☑ Yes ☐ No	Pg 15, Linele		

State of Connecticut Annual Report of Long-Term Care Facility CSP-8 Rev. 9/2002

Schedule of Resident Statistics

Paristol CCH Group LLC of Bristol, dNah Countryside Manner of Bristol Total All Countryside Manner of Provided In Figures in 36	Name of Facility			License No.	ło.			Report for Year Ended	ear End	eq	Page] _	of
Total Period 10/1 Thru 6/30 Period 7/1 Thru 9/30 CCNH RHNS Total CCNH RHNS Specify Total CCNH RHNS Specify Total CCNH RHNS RHN	Rrietel CCH Group L.L.C of Bristol. d/b/a Countryside Mano	r of Bristo			2285)	09/30/15				37
Certified Bed Capacity Total All CCNH RHNS Total All RHNS CONH RHNS (Specify) Total CCNH RHNS Total Number of Residents Strate Strate Strate Strates Str	A Land to the land					Per	iod 10/	Thru 6/30		Perio	d 7/1 Th	ru 9/30	
Certified Bed Capacity Levels Levels Level Reserved Level Level Reserved Level Reserved Reserved Level Reserved		Total AII	Total	Total	Total				_				•
A. On last day of PREVIOUS report period. 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 90 </td <td></td> <td>Levels</td> <td>Level</td> <td>Level</td> <td>1</td> <td>Total</td> <td></td> <td>RHNS (Spec</td> <td></td> <td></td> <td>NET RED</td> <td></td> <td>ecify)</td>		Levels	Level	Level	1	Total		RHNS (Spec			NET RED		ecify)
A. On last day of PREVIOUS report period	1. Certified Bed Capacity					3	-		<u>.</u>	5	. 8		
B. On last day of THIS report period	On last day of PREVIOUS report period	8	90			8	g,			R R	2	-	
Number of Residents 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 84 <td>On last day of THIS report period</td> <td>90</td> <td>90</td> <td></td> <td></td> <td>8</td> <td>8</td> <td></td> <td>_</td> <td>g</td> <td>06</td> <td></td> <td></td>	On last day of THIS report period	90	90			8	8		_	g	06		
A. As of midnight of PREVIOUS report period	Nur	•			••••	-		<u></u>					
B. As of midnight of THIS report period. 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 87 <td>As of midnight of PREVIOUS report period</td> <td>84</td> <td>84</td> <td></td> <td></td> <td>84</td> <td>84</td> <td></td> <td>+</td> <td>2</td> <td>84</td> <td>$\frac{1}{1}$</td> <td></td>	As of midnight of PREVIOUS report period	84	84			84	84		+	2	84	$\frac{1}{1}$	
Total Number of Days Care Provided During Period 3,480 3,480 3,480 2,703 2,703 2,703 777 77 A. Medicare	As of midnight of THIS report period	87	87			90	90			87	. 87		,
A. Medicare	1						•						
B. Medicaid (Conn.)	A. Medicare	3,480	3,480			2,703	2,703			777	777		
C. Medicaid (other states)	B. Medicaid (Conn.)	24,348	24,348			17,834	17,834		9	_	5,514		
D. Private Pay	Medicaid (other states)									-			
E. State SSI for RCH	Private Pay	3,551	3,551			2,774	2,774			777	777		
F. Other (Specify) Managed Care 157 157 157 157 157 23,445 23,445 23,445 23,445 23,445 23,445 23,445 23,445 23,445 23,445 23,445 23,445 23,445 23,445 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>													
G. Total Care Days During Period (3A thru F) 31,536 31,536 31,536 31,536 31,536 31,536 31,536 32,445 23,445 23,445 23,445 8,091 8,091 8091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 8,091 <td>Other (Specify)</td> <td>157</td> <td>157</td> <td></td> <td></td> <td>134</td> <td>134</td> <td></td> <td></td> <td>23</td> <td>23</td> <td></td> <td></td>	Other (Specify)	157	157			134	134			23	23		
Total Number of Days Not Included in Figures in 3G 146 146 146 116 116 116 30 For Which Revenue Was Received for Reserved Beds 146 146 146 146 30 A. Medicaid Bed Reserve Days B. Other Bed Reserve Days 31,682 31,682 31,682 31,682 31,682 8,121 8,121 8,121 8,121 8,121	Total Care Days During Period (3A thru F)	31,536	31,536			23,445	23,445		8	_	8,091		
Beds 146 146 146 116 116 116 30 A. Medicaid Bed Reserve Days B. Other Bed Reserve Days 31,682 31,682 31,682 31,682 8,121 8,121 8,121 8,121 8,121	Total Number of Days Not Included in Figures in for Which Revenue Was Received for Reserved			-									
A. Medicaid Bed Reserve Days 146 146 146 146 116 116 116 116 30 B. Other Bed Reserve Days B. Other Bed Reserve Days (3G + 4A + 4B) 31,682 31,682 31,682 31,682 8,121 8,121 8,121 8,121 8,121	Beds									•			
B. Other Bed Reserve Days 31,682 31,682 31,682 31,682 31,682 31,682 31,682 31,681 8,121	A. Medicaid Bed Reserve Days	146	146			116	116			8	30	+	
Total Resident Days (3G + 4A + 4B) 31,682 31,682 8,121 8,121	Other Bed Reserve Days									-			
		31,682	31,682			23,561	23,561		-	_	8,121		

State of Connecticut Annual Report of Long-Term Care Facility CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facil	lity			Licen	se No.				Report	for Year	Ended		Page	of
Bristol CCH	Group	LLC of	f Bristol, d/b/a								0.100.10			37
Countryside	Manor	of Bris	tol		2285						9/30/2	2015	9	- 3/
			in the certified be		pacity dur	ing th	те герог	t year	? .			yes . 🗹	NO	
11 1155	, provi		f Change		Cl	nange	in Bed	S		С	apacity A	fter Change		
		1 lace 0			Lost			Gaine	d					
	1	77710	(Specify)		LUST									
Date of		RHNS			(0)	(2)		(2)	(2)	CCNIU	RHNS	(Specify)	Reason for	r Change
Change	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCIVII	KIIIV	(оргону)	7.44.551	
						_	-							
	 						 			-				
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5 If there	wae ant	, change	in certified hed o	anaci	ity during	the r	eport ye	ar (as	reporte	d in iten	n 4 above) provide the num	oer of	:
J. Hilliere	was anj Exit in	AVC for	90 days following	o the	change.			•	•					
KESID	ENI D	A 13 101	90 days follown	ig inc	Ontingo.									-
			Ol to D	:.	nt Dave					C	CNH	RHNS	(Spec	cify)
			Change in R							<u> </u>	J1 11 1			
						_				<u> </u>				
										1				
4th char	nge													
6 Number	of Res	idents a	nd Rates on Septe	mber	30 of Co	st Ye	ear							
			Medicare		Med	icaid					Self-Pay		Other State	e Assisted
	Item		CCNH	(CCNH	R	HNS	C	CNH	R	HNS	(Specify)	R.C.H.	ICF-MR
No. of I		fs	8	-	73					6			This at the said to the said	and in Vitalian Column
Per Die			2002/2014	機械		級統	美丽湖	變變	2.	(A.F.)				2000年第
a. One			581,07		226,47			<u> </u>	57.00	<u> </u>		376,55		
b. Two			581.07		226,47	T		.	36,00			376.55		
c. Thre														
1	rms,	, C								l				
		of Physi	cal Therapy Trea	ment	s					TO	DTAL	CCNH	RHNS	(Specify)
1		care - Pa									3,334	3,334	a and anish translation (23.74)	TOTAL A PRODUCTION OF
			clusive of Part B)							SALAN VERSION		20012822	1000
	1. M	aintenar	ce Treatments							_	270	270	} -	
			e Treatments								7.012	7,912	-	
	. Othe	<u>r</u>								+	7,912 11,516	11,516	 	
E). Tota	Physica	al Therapy Treat	ment	<u>s</u>					5048435	THE THE ASSE		SERVICED.	730/2019
			ch Therapy Treats	nems						39242	583	583	1	
<u> </u>	A. Med	icare - Pa	clusive of Part B	`									建棉装料	
i			nce Treatments	,							10	10	<u> </u>	
			e Treatments										<u> </u>	
 	C. Othe		-						•••••		1,766	1,766		
Ī). Tota	l Speech	Therapy Treatn	ients						Maria Andrew	2,359	2,359	g serrang was us known	2000年高月6年末
9. Total N	lumber	of Occu	pational Therapy	Trea	tments									
	A Med	icare - P	art B							77-28-28-28	3,751	3,751	1 150076 2000	是共和共的
]	B. Med	icaid (E	xclusive of Part E)						1000	285	285	2 MARTINE N. II	1965/44/1964
	1. <u>N</u>	1aintena	nce Treatments							+-	463	100	 	
			ve Treatments		 -					+-	8,123	8,123	1	
	C. Othe	J Oans	ational Therapy	Tron	tments					1	12,159	 		
1	\cup . $Iota$	и Оссир	ваона: тиегару	AICH	CILICILIO							1		

State of Connecticut Annual Report of Long-Term Care Facility CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	İ	Report for Year	Ended	Page	of	
Bristol CCII Group LLC of Bristol, d/b/a Countryside	228	,	9/30/20	015	10	37	
Manor of Bristol	<u> </u>	, Yes	□ No				
Are time records maintained by all individuals receiving cor	npensation? i	<u>⊼1 162</u>	Total Cost ar	d Hours			
	CCNH	Hours	RHNS	Hours	(Specify)	Hours	
A. Salaries and Wages*	CONT.	de la chiera			接触性的語		
Salaries and wages* Operators/Owners (Complete also Sec. I					80 20 20 24 80		
of Schedule AI)	7117431 (14 Hannas	7,777,777,777					
2. Administrator(s) (Complete also Sec. III		NAME OF STREET	的影響的影響	医排放器		医性神经原	
of Schedule A1)	72,857	1,611					
3. Assistant Administrator (Complete also Sec. IV						4 (
of Schedule A1)							
4. Other Administrative Salaries (telephone	\$4Y2.4Y8.Y8	海线加强		的學術學	SCALEA		
operator, clerks, receptionists, etc.)	155,342	7,583			and the second s	12 500 500 500 500	
5. Dietary Service	7.76.144.27145.2		列的形式的图	的社会思想的	A CONTRACTOR		
a. Head Dietitian			ļ			 	
b. Food Service Supervisor	49,229	2,066					
c. Dietary Workers	280,576	21,712	#1546 <u>2</u> 72602(100	*************	201 300001110000000	M10200000	
6. Housekeeping Service	10 150	2 167	T. C.		4748363848	<u>Markatika</u>	
a. Head Housekeeper	47,152	2,157 15,386					
b. Other Housekeeping Workers	159,416	13,360	8/05/5/9/00/2012	5/4 W 15/04/8	WAR STANFORM	273 2724	
7. Repairs & Maintenance Services	53,188	2,048	Statement and Art	NAME OF STREET	Name Transmit Co.	25 Dillion at a reserve	
a. Engineer or Chief of Maintenance	35,771	2,050					
b. Other Maintenance Workers	ENGLISH NUMBER	Marie	20040000000	A CONTRACTOR			
8. Laundry Service a. Supervisor	THE PERSON NAMED IN COLUMN	A TOTAL SECTION 2	3-11-11-11-11-11-11-11-11-11-11-11-11-11				
b. Other Laundry Workers	53,079	3,879					
9. Barber and Beautician Services							
10. Protective Services					are on sometime to become	errore de les les	
11. Accounting Services							
a. Head Accountant			ļ	<u> </u>	 	 	
b. Other Accountants	- construction of the contract of the	Company of the State of the Sta	wile o-means in commence	Operation and	PERSONAL STREET	200000000000	
12. Professional Care of Residents	12 Completely						
a. Directors and Assistant Director of Nurses	190,851	3,687		- 475-254 655 A.S.	440-004824906200	THE STATE OF	
b. RN		114511		14.00	是加州沿海流	<u>e la antistar</u>	
1. Direct Care	479,163			 			
2. Administrative**	273,831	11,084		SVS FIGURE PRINTS	VERY CONSTRUCTION	1225	
c. LPN	652,508	335-25-25-25-25-25		-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	2.000 - 100 L R 201 CELL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1. Direct Care	032,300	25,410					
2. Administrative**	1,263,032	79,583			· · · · · · · · · · · · · · · ·		
d. Aides and Attendants	416,225						
e. Physical Therapists f. Speech Therapists	61,678	1 2 2 2 2					
f. Speech Therapists g. Occupational Therapists	203,289						
h. Recreation Workers	151,945						
i. Physicians	180 440 649	多级性独立	10.00 17.00	2000			
1. Medical Director				ļ	<u> </u>	<u> </u>	
2. Utilization Review				<u> </u>	· · · · · · · · · · · · · · · · · · ·		
3. Resident Care***		in the second control of the form of the second	on the activities for any state of the	e vármosovaní sklosti	S LEGINARISM CHERN	1 3540 AGAMAN 13	
4. Other (Specify)					NAME OF STREET		
				ļ		 	
j. Dentists						 	
k. Pharmacists				 		 	
I. Podiatrists	95,189	4,25	1			1	
m. Social Workers/Case Management	95,18	4,23					
n. Marketing	V 000000000000000000000000000000000000		5 Aug 1975 Au				
o. Other (Specify)	#5550 100 100 100 100 100 100 100 100 100	A CHERRINGENALE	CONTRACTOR OF THE PROPERTY OF	n commenced the	Commence of the Control of the Contr	- Description of the	
A-13. Total Salary Expenditures	4,694,32	222,58	0	1	T		

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

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

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

Schedule of Other Salaries and Wages (Page 10)	S CCNH	Hours CCNH	\$ RHNS	Hours RHNS	S (Specify)	Hours (Specify)
Position	L Service (Service)	PERMIT AND DE				
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	1		1.148.49 - 10.85			N-80/10.
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				7 No. 189		
				37.60.0		
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			1, 1619 1 161	1000		
		Survival and	1 to 17 17 17 17		3 3 5 5	
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.1	
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		And the second second	esta tarangan da ing	a - 112, 94.5	New York Grand	100
	ant <mark>i</mark> se enjertile je je s <u>≛nie ziake</u> ne i santilektronio je KAF sua se		Control Control	N 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	umizare skylik	机式装置
	「他のは、他のは発音を必要する。 「このは、このは、このは、このは、このは、このは、このは、このは、このは、このは、		Table State State State State	100 CONT.	1. 444 . A. 4. 454 A.	(10 miles)
		1 14 No. 44 14 14 14 14 14 14 14 14 14 14 14 14		7 (17 27 27 27 2	27 Sec. 1876	3 80.1 48.05
					0	-
Total	\$ -		<u> </u> \$	1. 1. 25 t. 25 t. 2	\$	

Schedule of Physician: Other Fees (Page 13)	S CCNH	Hours CCNH	S RHNS	Hours RHNS	S (Specify)	Hours (Specify)
Service	1.7 5 5 5 5 5	Fire Control		reducative for		A MINIST
	Paragram is the second	nacinal de la companya de la company	er and a fet grantfet	Medical Company	70-80-00-00-00	Restriction
	1.74 A. A. M. M.		SET STATE THE SET OF	and the comment of the	agrangi, shi garet	HAVE A FIRE
Medical Staff Meetings	\$ 100		distributed by	delation of a	trong the service	As to the disease
Wiedical Start Weetings	Report Statement	用工程的 [2]	大学的企业 的	200		
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			Spanish maketilin	(3%, 60, 2%, 2%, 2% for the con-	and the second of the second o	20 VOTO 1/2/200
					(1865)	The Control of the
	CARTACLARICA NA	265 X 25 X 25 X 25	国际公司的		美华的大学	3451833
	n i de la compania del compania de la compania del compania de la compania del compania del la compania del	1782/BD2 672/9917	AN HOPE WILLIAMS	NEW WORLD	Qeeconomic	Jan 3 684 18
	1 State of the Control of the Con-	Terror and the second of the	Broad Section 186	255 (304) 1140 V	9.175.24.227.047	South Passing
	E NEW HOTELS	100-100 min 150 min	2.504.000.000.000.000.000.00	man Carte Start Co. Co.	50 No. 2011 751 75	1611.3 1.951.5
	Constant Constant	STATE AND STATE	A MARKET STATE	equality features	general states	40 % (b. 144.5680)
	3 中/ Fac () 建建设计	1.学生活动的	网络新沙总统			
		VEEX.000.04	10.00-1048 M	1000年度 梅香		[4][c]乌谷(\$P)
	5 DU 36 - DU 10 10 166	The state of the s	S	165 246 \$ 7.8	\$ -	
Total	\$ 100	PARAMETER STATE	Ψ ₁	P. Sawara Sawara	1.7	.1

chedule of Other Fees (Page 13)	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
ervice	A companie y sale de la comp		· "我们是我们,		響家特別的	
경기는 경기를 보고 있습니다. 그런 그는 사람들은 사람들은 사람들은 사람들은 사람들은 다른 사람들은 사람들이 되었다. 그런 사람들은 사람들은 사람들은 사람들은 사람들은 기계를 보고 있습니다. 그런 사람들은 기계를 보고 있습니다. 그런	. Partito percent de la constanta de la consta	100000	CONTRACTOR	SENSE SENSE		
	17 (1 to 14) Applicant	Marijanja provinstva sa	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aller Carto	two marks.	11010000
	NEW YORK	1000,0000,000000	1. 100 (00000 ft sin 14)	Contract (Section)		400
			year of a Spanish for	11.45E/4 4 10e/		
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일본 이번 이 경우의 문화를 가고 있었다. 그 그들은 이 학교를 가고 있다.	1 W. 24 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. Rt 1981-51	Maria de la compansión de	1000	1 1 1 1 1 1	
		Market State of State St		2002 May 12 19 19 19 19 19 19 19 19 19 19 19 19 19		
	14. 35. d Ab	1250 F	19-15 2 Helio			4
	** \$ 44.55 F. 19	1.451.110.0				The section of
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Podol	\$ -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ -	201	S.1141	1977. Jan 8

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-11 Rev. 10/2005

Schedule A1 - Salary Information for Operators/Owners; Administrators,

Assistant Administrators and Other Related Parties*

			יטיד	Tropication of the state of the					Doors	90
Name of Facility				License No.		Report for	Report for Year Ended		- L	5
Remoder CCH Group LLC of Bristol, d/b/a Countryside Manor	istol, d/b/a	Countrys	ide Manor		2285		9/3	9/30/2015	11	37
oi uristoi										
		Salary Paid		,						
	,		<u> </u>	Fringe Benefits and/or Other		Total	Line Where	•	Total	
Name	CCNH	RHINS	Specify)	Payments (describe fully)	Full Description of Services Rendered	Hours Worked	Claimed on Page 10	Name and Address of All Other Employment**	Hours	Received
Section I - Operators/Owners										
					<u></u>					
Not Applicable										
									_	
Section II - Other related parties of Operators/Owners									<u>.</u> , - -	
employed in and paid by facility (EXCEPT those who						<u></u>			•	-
may be the Administrator or										
Assistant Administrators with are identified on Page 12).										
Not Applicable										
									- -	<u></u>
							<u></u>		· · · ·	
	11 15.0	1 1 1 1	- fill inform	nation is provided.	I be additional sheets if required.	if required.				

^{*} 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.

State of Connecticut
Annual Report of Long-Term Care Facility
CSP-12 Rev. 10/2005

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

				t	Administrators and Onior reciared a disco	110 CE	ח זיייומני		1	٠
Name of Facility (as licensed)				License No.		Report for	Report for Year Ended	•	Page	io
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor	tol, d/b/a Co	untrysidı	Manor		2285		9/30	9/30/2015	12	37
on the first of the	Š	Salary Paid							_	
				Fringe Benefits			-			_
				and/or Other		Total	Line Where		Total	
Z				Payments	Full Description of	Hours	Claimed on	Name and Address of All	Hours	Compensation
Nation 1	CCNH	RFINS	(Specify)	(describe fully)	Services Rendered	Worked	Page 10	Other Employment**	Worked	Received
Contion III . Administrators***										
Section III - Administration				Health & life	Day to day operations		•	Northbridge Health Care		
Erica Roman (10/1/2014-				insurances,	or the nursing nome	1 531	A2	A2 Bridgeport, CT	702	42,150
5/29/2015)	6/,511			Haylon Lancs	Day to day operations	_				
				nealul & IIIC	of the nursing home				-	
# 1/ C 1/	25.100			Davroll Taxes	facility.	384	Pg 16, Lm13			
Joseph Colaci (6/1/15-9/12/15	33,400			Health & life	Day to day operations					
-				insurances,	of the nursing home		_ _ _			•
Joseph Colaci (9/13/15-9/30/15)	5,346			Payroll Taxes	facility.	08	A2			
, J										
Section IV - Assistant										
Administrators										
			 -							
				-				****		
									-	
						-				
			1	4 (herithout I to a distinct leavest from the	nanired				

^{*} 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.

CSP-13 Rev. 9/2002 **B.** Report of Expenditures - Professional Fees of Report for Year Ended Page License No. Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside 37 13 9/30/2015 2285 Manor of Bristol Total Cost and Hours Hours (Specify) RHNS Hours **CCNH** Hours Item *B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1) 1. Dietitian.... 63 9,774 2. Dentist..... 144 6,796 3. Pharmacist..... 4. Podiatrist..... Physical Therapy a. Resident Care..... b. Other..... 14 1,145 6. Social Worker..... 7. Recreation Worker..... r en real 8. Physicians 31 a. Medical Director (entire facility)...... 24,000 2000年第5章 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) 100 See Attached Schedule 9. Speech Therapist 36 6,837 a. Resident Care..... b. Other..... 10. Occupational Therapist 1,064 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

289

B-13 Total Fees Paid in Lieu of Salaries 49,716 * 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

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

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

Name of Facility		License No.	_	Report for Y	ear Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Count of Bristol	tryside Manor	2285		9/30/	2015	14	37
Name & Address of Individual	Full Expla	anation of Service		to Owners, rs, Officers	Expla	nation of Re	lationship
Health Drive, 85 Barnes Road, Suite 207, Wallingford, CT 06492		tal Consulting		Ø			
Omnicare, Knotter Drive, Cheshire, CT 06410		nacy Consultant		Ø		<u></u>	· · · · · · · · · · · · · · · · · · ·
Dr. Steven Zebrowski, 120 West Main Street, Plainville, CT		dical Director		V			
Vista Behavioral Health, LLC, 152 Simsbury Road, Avon, CT 06001		niatric Services	Ò	Ø.			
Swallowing Diagnostics, 21 Waterbille Road, Avon, CT		eech Therapy		Į.			
Athena Health Care, 135 South Road, Farmington, CT 06032		l Service Fill-in	Ø.		Common Own	ers	
Pinnacle Rehab Staffing LLC, PO Box 8317, Clearwater, FLA		Therapy Placement Fee		V			
Onward Healthcare, PO Box 27421, New York, NY	Sp	eech Therapy		Image: square of the square of			<u></u>
							·
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		•					
						<u></u> ,	
·		,					
			. 🗆				
						•	
							. 4* 8.01
	-						

^{*} Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

Annual Report of Long-Term Care Facility CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

nme of Facility	License No.	R	eport for Yea	ar Ended	Page	of
istol CCH Group LLC of Bristol, d/b/a Countryside	2285		9/30/2	015	15	37
Item			Total	CCNH	RHNS	(Specify)
Administrative and General			erenging er sa		a de la companya de	
a. Employee Health & Welfare Benefits				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
1. Workmen's Compensation	\$	6	359,582	359,582		
2. Disability Insurance	9	\$				
3. Unemployment Insurance	,	ß	81,203	81,203		
4. Social Security (F.I.C.A.)		5	351,812	351,812		
5. Health Insurance		\$	799,489	799,489	aller of the second and the second a	
6. Life Insurance (employees only)		茶碗			3500	
(not-owners and not-operators)		\$ _		<u></u>		
7. Pensions (Non-Discriminatory)		\$	51,585	51,585	40.000 possible	ASSESSMENT NAMES OF THE PARTY O
(not-owners and not-operators)		**************************************				
8. Uniform Allowance		\$				
9. Other (Specify)		\$				
See Attached Schedule		35555		表生。此次多		
b. Personal Retirement Plans, Pensions, and		\$				
Profit Sharing Plans for Owners and		E-Walley				
Operators (Discriminatory)*	•	Service a				
Operators (Diserminatory)						
c. Bad Debts*	••	\$	55,405	55,405		
d. Accounting and Auditing		\$	18,512	18,512		
T 1 (a ' I and I be fully described o	n Page 7)	\$	21,473	21,473		
f. Insurance on Lives of Owners and		\$				
Operators (Specify)*		le State				
0.000 0.11		\$	41,849	41,849		
g. Office Suppliesh. Telephone and Cellular Phones		-				
		\$	43,714	43,714		
1. Telephone & Pagers		\$	2,139	2,139		
2. Cellular Phones		\$				
i. Appraisal (Specify purpose and						
attach copy)*		Ì		Section 1		
Toyon (fugnahica tax	.7	\$	ENGLAGISM AT THE ASSESSMENT	September 200 and 100		
j. Corporation Business Taxes (franchise tax	Page 22)	4			1277	
k. Other Taxes (Not related to property - See	1 450 44)	\$	250	250	2.7.000	
1. Income*		\$				
2. Other (Specify)		Ψ!	1991			i dipakting
See Attached Schedule		\$	592,806	592,806	e los canones rathern comment	200 April 200 Ap
3. Resident Day User Fee		\$	2,419,819	2,419,819		

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

Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol 9/30/2015

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	(Specify)
rescription			
가는 사람들은 사람들이 되었다. 그는 사람들이 되었다. 			
사용 보통 기계를 보고 있는 것이 가장 하고 있다면 되었다. 			
	्र विकासितीयम् । १८८८ । १ जिल्लामा स्थापना स्थापना ।		
			1200.33
		선생님이는 시간한 등 보고 있었다. 제공한 단점 (1217년 등 11일 년)	1 409 to 140 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7 (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
			Section 1
Cotal	\$ -	\$	\$ -

Schedule of Other Taxes
Description

CCNH RHNS (Specify)

Total

CCNH RHNS (Specify)

Specify

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

Name of Facility	License No.		Report for Y	ear Ended	Page	of
ristol CCH Group LLC of Bristol, d/b/a Countryside			. 0.20.12	015	16	37
Aanor of Bristol	2285		9/30/2	CCNH	RHNS	(Specify)
Item		<u> </u>	Total		KIINS	(Specify)
	als Brought Forwar	d:	2,419,819	2,419,819	XVADENCE I NO DESCRI	76% (TS / AUT / A / S
1. Travel and Entertainment		Φ.				
1. Resident Travel and Entertainment		\$	0.540	2 742		<u>-</u> .
2. Holiday Parties for Staff		\$	3,743	3,743	<u></u>	
3. Gifts to Staff and Residents		\$	11,264	11,264		
4. Employee Travel		\$	1,505	1,505		
5 Education Expenses Related to Seminars	and Conventions	\$	2,689	2,689		
6. Automobile Expense (not purchase or de	preciation)	\$			<u> </u>	
7. Other (Specify)	*****	\$				
See Attached Schedule					Partie de la company	700-700-700
m Other Administrative and General Expenses					er account that	
1 Advertising Help Wanted (all such expen	ses)	\$	1,800	1,800	<u> </u>	
2 Advertising Telephone Directory (all suc	h expenses)***	\$				
3. Advertising Other (Specify)***		\$	32,126	32,126		Maria Carago
See Attached Schedule			100000000000000000000000000000000000000	Service All	11,525,000	
4. Fund-Raising***		\$	1	<u> </u>		
5. Medical Records		_\$				
6 Barber and Beauty Supplies (if this service	ce is supplied	\$			terrensminister Militari	
directly and not by contract or fee for ser	vice)***					
7. Postage	*****	\$		4,338		
* 8. Dues and Membership Fees to Profession	nal	\$	6,379	6,379		
Associations (Specify)	•			500		
See Attached Schedule						
8a. Dues to Chamber of Commerce & Other No	n-Allowable Org.***	\$	450	450		
9. Subscriptions		4	75	75		
10. Contributions***		9	3			
See Attached Schedule				10.00		
11. Services Provided by Contract (Specify of	nd Complete	9	3			
Schedule C-2, Page 21 for each firm or	individual)					
12. Administrative Management Services**			288,612	288,612		
12. Administrative Management Services			163,352	163,352		
13. Other (Specify)		•				
See Attached Schedule	P/05	—	2,936,152	2,936,152	1,000	
C-14 Total Administrative & General Expenditu	1 0		·		1	

^{*} 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	(Specify)
Description			
	10 1. (2. 793)	egest the light to	
		[\$15 \$00 \$00 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1	to the public section of
		Market	18.0399633
		新加州·西南市	
Total Other Travel and Entertainment	\$	\$	\$
1 of all Other Praver and Entertainment			

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
The state of the s	\$ 32,126	fort dry feet 1 1/2	
Promotional			(34) (1) (4) <u>(4</u>
	394 SACE NO	environ de later	
	200 6-55 8	No state of	45 I T 1 22 I
	1739-1539-14	a mark const	
	\$ 32,126	\$ 7.7	\$
Total Other Advertising	02,100		,

Schedule of Dues

Deficience of Data	CCNH	RHNS	(Specify)_
Description	使长期和分析	0.547.555	
	\$ 5,309		9-10-14-15-14-14-14-14-14-14-14-14-14-14-14-14-14-
CT ACHCA	\$ 960	基金的基金数	
CURASpan AANAC	\$ 110		
AANAC			
	学的智慧是	· 图 中海 医肾	
			2.5022.50.733-24.5
	NO SERVICE	(1) E. S. 各种种的。	大連報告が2000年で 1980年の2000年で
		加多斯 医巨豆	
Total Dues	\$ 6,379	\$\$\$\$ - <u>-</u>	\$

Schedule of Contributions

T. d.	CCNH	RHNS	(Specify)
Description	Street Bright Street	CHI NY SUBBERLI NI VE	5,355 XX VYYST
[4] \$ 13 P.	7 (8 9) (4 Carlotte 18 h	AND THE PROPERTY OF THE PARTY.	The second secon
	用為新聞的經濟時間		
	million de l'approprié de l'el		Sec. 14. 55 2004
	. (2), 150, 약(독, 1026) 1 원. 1 : 1 : 10 (독교 (대) 1 전 (대) 1 년 (대) 1 전 (대	one of the second of the con-	Section 2 (1987) All the Land Control
1000000000000000000000000000000000000	1 35 (55 TALL) A.	打造整查 <u>程或符</u>	
	\$1.5050000000000000000000000000000000000	美国新疆外门部	声等的指挥的
	L. Statistical (1994) (A. H. M.)	er tragger, was a progression. Market artists of the first state	- ar _ 2000 1000 1000
C. I. C. L.	包: \$ 学程》中,于自己	3	3 3 48 350 11 4 4 1
LORI CORTIONS			

Schedule of Other Administrative and General

m tall	CCNH	RHNS	(Specify)
Description	\$ 3,014		
Lobbying Fees	\$ 2,067	Madaya o	
Licenses	\$ 9,695	Proceedings	1074638157
Bank Charges	\$ 16,682		
Payroll Processing Fees		to a program of the control of the	
Employee Physicals and Background checks	\$ 15,476	and the second second	
Medicaid Applications	\$ 1,750		5 1 - 1.1 37 8 1 5 1 5 8 5 1 1 1 1 1 1 1 1 1 1 1 1 1
Temp Help - A/R	\$ 945	Tight shift of the second	
Temp Help:- Administrator Fill-in	\$ 35,481		
Data Processing Fees	\$ 23,949		
compliance consulting	\$ 54,293		
Compliance consuming	100		
Total Other Administrative and General	\$ 163,352	\$ -	\$
Total Other Administrative and General			

State of Connecticut

Annual Report of Long-Term Care Facility

CSP-17 Rev. 10/97

Schedule C-1 - Management Services*

License No.	Report for Year Ended	Page of
2285	9/30/2015	17 37
Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
\$393,714	Contract Attached to a Prior Year	See Below
\$62,994	Indirect 16%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
\$28,761	Admin/Gen - Other Exp	Pg 16, Line 12
	Cost of Management Service \$393,714 \$259,851 \$62,994 \$70,869	Cost of Management Service Service Say3,714 Contract Attached to a Prior Year \$259,851 Admin/Gen 66% \$62,994 Indirect 16% \$70,869 Direct 18%

^{*} 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.

. State of Connecticut

Annual Report of Long-Term Care Facility

CSP-18 Rev. 9/2002

C. Expenditures Other Than Salaries (cont'd) - Dietary Basis for Allocation of Costs

(See Note on Page 5)

				age 3		t for Ve	ear Ended	Page	of	f
Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside		License No.		Report for Year Ended			1 450	02	•	
	anor of Bristol		2285			9/30/	2015	18] 37	1
	Item		Т	otal	CC	NH	RHNS	(Specif)
2.	Dietary		张 高级							
	a. In-House Preparation & Service			era e a como de la com	X-0.5					
	1. Raw Food	\$		189,807	1	89,807				.
	2. Non-Food Supplies	. \$		17,009		17,009				
	3. Other (Specify)	\$		23	MATERIA GALL	23		THE STATE OF THE S		
	Dishes = \$23			(5) (7)	221					
	b. Purchased Services (by contract other	\$		- · · · · ·						Constitution (Constitution (Constitution (Constitution (Constitution (Constitution (Constitution (Constitution
	than through Management Services)				A 62 168					
	(Complete Schedule C-2 att. Page 21)									15. 黄色
	c. Management Services**	\$		62,994	,	62,994				
	d. Other (Specify)	\$			44-04-0-0-0		an market seem week.			
					1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2016 2016 2016			
L					500			開始協		
2E.	Total Dietary Expenditures (2a + b + c + d)	\$				269,833				====
2F.	Dietary Questionnaire		Total		CCNH		RHNS	RHNS (Specify)
G.	Resident Meals: Total no. of meals served pe	r day:*		259		259		l		
H.	Is cost of employee meals included in 2E?		✓ Yes ☐ No			n+				
I.	Did you receive revenue from employees?	O . D		Yes	☑	No				
J.	Where is the revenue received reported in the	Cost Re	eport?	(Page/I	ine ne	em)				
K.	Is cost of meals provided to persons other that employees or residents (i.e., Board Members, Guests) included in 2E?		V	Yes		No	If yes, specify cost. = \$33979)79
L.	Is any revenue collected from these people?			Yes	V	No	If yes, specif	y amou	nt.	
M.	Where is the revenue received reported in the	Cost R	eport?	(Page/I	ine Ite	em)				
N.	Is cost of food (other than meals, e.g., snacks monthly staff meetings, board meetings) provemployees included in 2E?	at		Yes	V	No	No If yes, specify cost.			
O.	Is any revenue collected from employees?		☐ Yes			No	If yes, specify amount.			
P.	Where is the revenue received reported in the	e Cost R	eport?	(Page/I	Line It	em)				

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

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

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

Name of Facility	License	No.	Report for Y	ear Ended	Page of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285	9/30/	2015	19 37
Item		Total	CCNH	RHNS	(Specify)
 Laundry a. In-House Processing* Bed linens, cubicle curtains, draperies, 	Lbs.				·
gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$		·		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
3. Personal clothing of residents washed, ironed, and/or processed.***	Amt. \$ Lbs. Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.	11,295	11,295		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services** d. Other (Specify) Supplies = \$5,119	\$	5,119	5,119		
3E. Total Laundry Expenditures (3a+b+c+d)	\$	16,414	16,414		
 3F. Laundry Questionnaire G. Is cost of employee laundry included in 3E? H. Did you receive revenue from employees? I. Where is the revenue received reported in the G 	Cost Repo	☐ Yes ☐ Yes ort?	☑ No ☑ No (Page/Line	If yes, spec If yes, spec ten)	
J. Is Cost of laundry provided to persons other the employees or residents included in 3E?		☐ Yes	☑ No	If yes, spec	
K. Did you receive revenue from these people?L. Where is the revenue received reported in the	Cost Repo	☐ Yes ort?	✓ No (Page/Line	If yes, spec tem)	ify amount.

^{*} 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)

Nam		License No.	Repo	rt for Year E	nded	Page	of
Brist	ol CCH Group LLC of Bristol, d/b/a	2205		0.12.0.12	015	20	37
Coun	tryside Manor of Bristol	2285	 1	9/30/2		RHNS	(Specify)
	Item			Total	CCNH	KHINS	(Specify)
1.	Housekeeping	Sq. Ft. Serviced					
	a. In-House Care	by Personnel			20.400		
	 Supplies - Cleaning (Mops, 	Amt.	\$	20,429	20,429		
	pails, brooms, etc.)						
	b. Purchased Services (by contract other	Sq. Ft. Serviced					
	than through Management Services)	by Personnel					
	(Complete Schedule C-2 att.	Amt.	\$				
	Page 21)				<u> </u>		
	c. Management Services*	******	\$				
	d. Other (Specify)		\$				
							X777
4E.	Total Housekeeping Expenditures (4a +	- b + c + d)	. \$	20,429	20,429	anthoniaes airtigi. Me ii 18	OCHONOMORIANION
5.	Resident Care (Supplies)**						
	a. Prescription Drugs***						- The State of Carlon
	1. Own Pharmacy		\$				
	2. Purchased from		- \$	169,298	169,298	HERENGE STEELE STEELE	
	Omni Care						NAME OF THE OWNER.
	b. Medicine Cabinet Drugs		. \$	17,465	17,465		
	c. Medical and Therapeutic Supplies		. \$	168,587	168,587		
	d. Ambulance/Limousine***		\$		en visita (circles of final circ	arangariyan (S	e og skippertrædelsk till til
	e. Oxygen						a in the plant age.
	1. For Emergency Use		. \$				
	2. Other***		. \$	43,177	43,177		
	f. X-rays and Related Radiological		\$	23,047	23,047		
	Procedures***	<u> </u>					10月期10日
	g. Dental (Not dentists who should be in	cluded under	\$				
	salaries or fees)		_		Casmot et al l'alo		4 Company
	h. Laboratory***		\$	11,094	11,094	<u> </u>	
-	i. Recreation		\$	14,761	14,761		<u> </u>
	j. Other (Specify)****		\$	124,683	124,683		
	See Attached Schedule				選集: 2000年 現代: 4200年	T	
5K	11/ 15/10	5i)	\$	572,112	572,112		

^{*} 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.

Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol 9/30/2015

Schedule of Other Resident Care

Ddadlon	CCNH	RHNS	(Specify)
Description			
Management Fee Direct	\$ 70,869		
Oxygen Concentrator Rentals	\$ 152		
Cable TV Fees	\$ 5,086		
Medical Equipment Rental-Other	\$ 9,956		
Physical Therapy Supplies	\$ 26,844		
Occupational Therapy Supplies	\$ 8,222		
Medical Equipment Rental-Medicaid	\$ 3,554		
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		District Address of the	。 [1] [1] [2] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
	원 경기 교육을 가지하는데 보는데 1920년 1일 경우 1일 전 1920년 - 1920년 1일 전 19		
	2008 (1908) (1908) (1909) (1909) (1909) (1909) 11 (1908) (1909) (1909) (1909) (1909) (1909) (1909)		
	(4) (15) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		
	\$ 124,683	\$	\$ -
Total Other Resident Care	The state of the s	3 . V . 1	

State of Connecticut Annual Report of Long-Term Care Facility CSP-21 Rev. 10/2001

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

Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			_						-	_
The state of the s	l/b/a Countryside Man	or of Bristol		2285	9/30/2015	2015			21	37
	A STATE OF THE STA	Related ** to	** to		The state of the s					
		Owners, Operators, Officers	perators,				Fotal Cost/	Total Cost/Page Ref.***	*	
Name of Individual or	Address	Yes	Ž,	Explanation of Relationship	Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
sing	25 Norton Place, Plainville, CT 06062		5		Rubbish Removal	17,378	-		23	ęŧ.
_	P.O.Box 31513, Hartford, CT 06150		5		Pharmacy Supplies & Services	179,605			20	5a2
	Philadelphia, PA 19170- 0351				Payroll services	12,646			16	1m13
Compass Enterprises	89 Birch Street, Southington, CT		5		Snow removal	21,831			22	ef.
	2070 West Street, Southington, CT		5		Landscaping	11,293			22	19
Harmony Health	430 Boston Street, Suite 104, Topsfield, MA 01983		7		Compliance consulting	34,293			16	m13
							9			
					<i>2</i>					

^{*} List all contracted services over \$10,000. Use additional sheets if necessary.

^{**} Refer to Page 4 for definition of related.

^{***} Please cross-reference amount to the appropriate page in the Annual Report (Pages 16, 18, 19, 20 or 22).

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

Name of Facility	License No.	Report for Ye	ear Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a		ľ	9/30/2015		22	37
Countryside Manor of Bristol	2285	T (1		RHNS	<u> </u>	ecify)
Item		Total	CCNH	Killio	(0)	COTTY
6. Maintenance & Operation of Plant	_		00.000			
a. Repairs & Maintenance		98,868	98,868			
b. Heat	<u>\$</u>	74,248	74,248			
c. Light & Power	\$	74,050	74,050	<u>.</u>	 	
d. Water		20,586	20,586		 	
e. Equipment Lease (Provide detail of	n page 6)\$	17,398	17,398		ļ	
f. Other (itemize)	\$	117,919	117,919			an and a margin of
See Attached Schedule				Windstein	\$16500	
6g. Total Maint. & Operating Expense (6	6a - 6f)\$	403,069	403,069			
7. Depreciation (complete schedule page	23*)					
a. Land Improvements		3			ļ. —	
b. Building & Building Improvement	S	3			<u> </u>	
c. Non-Movable Equipment			21,308			
d. Movable Equipment		49,061	49,061			
*7e. Total Depreciation Costs (7a + b + c	+ d)	70,369	70,369			
8. Amortization (Complete att. Schedule	Page 24*)					
a. Organization Expense		ß			_	
b. Mortgage Expense		B				
c. Leasehold Improvements		77,478	77,478	ļ		
d. Other (Specify)		\$			_	
*8e. Total Amortization Costs (8a+b+c	+ d)	\$ 77,478	77,478			
	ty less					
9. Rental payments on leased real proper real estate taxes included in item 10b.		\$ 336,334	336,334			
10. Property Taxes		s				
a. Real estate taxes paid by owner		\$ 102,325	102,325			
b. Real estate taxes paid by lessor	****************	`- 	 			
c. Personal property taxes	0 + 10)					
11. Total Property Expenses (7e + 8e +	9 + 10)	Φ 010,740	1		<u> </u>	

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

Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol 9/30/2015

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 11,293		
Rubbish Removal	\$ 18,466		
Snow Removal	\$ 37,886		100
Supplies	\$ 49,049		
Exterminating	\$ 1,225		
			Province of
		And The Control of th	
		24 1158 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Total Other Repairs and Maintenance	\$ 117,919	\$	\$

State of Connecticut Annual Report of Long-Term Care Facility CSP-23 Rev. 10/2006

				Depreciation Schedule	rtion Sc	hedule		,		5	d.
Name of Facility			I	License No.			Report for Year Ended	nded		rage _	ö
Paristol CCH Cronn I.I.C of Bristol, d/b/a Countryside Manor of Bristol	e Manor of B	ristol			2285		3/6	9/30/2015		23	37
				Historical			Accumulated			***	
				Cost Exclusive of	Less	Cost to Be	Depreciation to Beginning of	Method of Computing	Useful	Depreciation	
Prongrey Item				Land	Value	Depreciated	Year's Operations	Depreciation	Life	for This Year	Totals
A. Land Improvements										·	
1. Acquired prior to this report period			-								
2. Disposals (attach schedule)											
	schedule)		ľ	ACTION OF THE SECTION OF THE PROPERTY.	SALE STREET, S	ATTOCK TO A CONTROL OF THE ACT OF	出来の意思を記述する人となる。	2000年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の			
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							.,,,,,				
 Acquired prior to this report period 											
2. Disposals (attach schedule)					-						
3. Acquired during this report period (attach schedule)	schedule)		Ĭ		E TANK AND	20120100100181181191019191	対の他になるのとなる。 できる はんかん かんかん かんかん かんかん かんかん かんかん かんかん かんか		の影響が作品が		Constant of the second
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1	schedule)			5,187		5,187		S/L	Various	1/3	は、
1											21,307
	Is a mileage logbook maintained?		Date of Acquisition	Historical Cost	Less		Accumulated Depreciation to	Method of			
	Yes	≥	Year	Exclusive of Land	f Salvage Value	Cost to Be Depreciated	Beginning of Year's Operations	Computing Depreciation	Useful Life	Depreciation for This Year	Totals
D. Movable Equipment 1. Motor Vehicles (Specify name, model and year of each vehicle)								ord.			
b.											
C.											T
đ,								Total Charles	27 September 17	2. 12. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	
2. Movable Equipment			174117								Kil
a. Acquired prior to this report period		6	2014	655,983	3	655,983	546,089	S/L	Various	40,83%	
b. Disposals (attach schedule)			Signal State of the Control of the C		September 1985	TO SEE STATE OF THE SECOND SEC	200万年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	San concentration of the	最高を変える。		
c. Acquired during this report period		o	2012	31 038	- V	31.938	-	S/L	Various	100	1
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3. Subtotal											70,368
E. Total Depreciation	200 Telephone 1000	TO SECTION	A CARLES AND	A STATE OF THE STA	CANAL CONTRACTOR OF THE CANAL	Contraction of the contraction o	Man District and American Control of the Control	****			

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Schedule of Land Improvements Acquired during this report period

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			<u> </u>
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		rovements	rovements

^{*}Ties to Page 23, Line A3

Schedule of Building Improvements Acquired during this report period

sencanie or remains unbrov	ements Acquired during this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:			<u> </u>	1 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Total additions for Building	Improvements	.	1 Mary Saut Mary	
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Total deletions for Building	Tourseasonionie	\$ -		\$

Total deletions for Building Improver
*Ties to Page 23, Line B3

Schedule of Non-Movable Equipment Acquired during this report period

Schedule of Non-Movable Equ	ipment Acquiren nuring this report period		Useful	
Acquisition Date	Description of Item	Cost	Life	Depreciation
Additions:	1000	east of the	15	\$ 173
an-15	gas furnace	\$ 5,187	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	是是是自己的人。 第二章	景色的 泰加斯拉克	<u> </u>	
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adronotto Domaino, la catalio di manda	Lie Parismont	\$ 5,187	3425	\$ 173
Fotal additions for Non-Wiova	ble Equipment			
Deletions:		50 N N 384 N S	1111111111	7 134 19 3793
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esperiment in the contract of		<u> </u>	35 m 1 5 m	1 2 2 2
			Table 1	<u> </u>
Total deletions for Non-Mov	ble Equipment	\$ -	10.00	\$

^{*}Ties to Page 23, Line C3

^{**}Ties to Page 23, Line A2

^{**}Ties to Page 23, Line B2

^{**}Ties to Page 23, Line C2

equisition Date	Description of Item	Cost	Useful Life	Depreciatio
dditions:				Tion to sold factor
Oct-14	TV-resident room	\$ 978	5	\$ 98
lov-14	wound surface mattress	\$ 3,109	5	\$ 311
lov-14	dryer burner.	\$ 1,474	10	\$ 74
lov-14	electric toaster	\$ 592	10	\$ 30
eb-15	wound surface mattress	\$ 3,222	5	\$ 322
	dryer burner	\$ 995	10	\$ 50
eb-15	ultra care bed	\$ 2,027	15	\$ 68
/lar-15	2 channel radio	\$ 1,433	- 5	\$, 143
[un-15	mattresses	\$ 1,191	5	\$ 119
Aug-15	bladder scanner	\$ 6,625	7	\$ 473
Sep-15		\$ 9,205	10	\$ 460
Sep-15	quick move transfer aid	\$ 1,087	10	\$ 54
Sep-15	wall guards and end caps	φ 1,00 <i>r</i>	10	
		<u>a jelija de ledija Byrdila i kadi</u> Jenganan ladi separah	1 1 2 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	114 35.176 146 3.1869.3
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			生物和主义的	图中心影响
			文化的科技	
Total additions for Mo	wahla Copinment	\$ 31,938		\$ 2,20
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^{**}Ties to Page 23, Line D2b

Bristol CCII Group LLC of 9/30/2015

Schedule of Leasehold Improvements Acquired during this report period

	provements Acquired during this report period Description of Item	Cost	Useful Life	Depreciation
Acquisition Date	Description of Item	T		
Additions:	The state of the s	1947 J. 1 C. 1 (1)		
		\$ 4,402	8	\$ 275
Jan-15	sidewalks	\$ 952	15	S 32
Oct-14	fan motor	\$ 769	10	\$ 38
Oct-14	sliding door	\$ 6,600	10	\$ 330
Dec-14	flooring	\$ 1,173	15	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mar-15	wooden door	\$ 4,520	10	
Mar-15	flooring		15	
May-15	water pump		5	
Jun-15	fire caulking	\$ 2,745		3, 213
			2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
有效的 网络拉克斯斯斯斯			1 15 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			100000000000000000000000000000000000000	. N
		A 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
				1
Total additions for Lease	hold Improvements	\$ 23,745		\$ 1,301
Deletions:				
Deictions.		医 医乳管 医多次		
The state of the s				
Total deletions for Lease	 A. E. San San San San San San San San San San	S -		\$ -

^{*}Ties to Page 24, Line C3
**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility CSP-24 Rev. 10/2006 State of Connecticut

Amortization Schedule*

Bristoi CCH Group LLC of Bristot, db/a Countryside Manor of Bristoi CCH Group LLC of Bristot during this report period Date of Accumulated Amortization Amort to Acquired Internation Amortization Amortizatio	Name of Facility		License No.		Report for Year Ended	r Ended		Page	of
Accumulated Accumulated Accumulated Accumulated Amortization Accumulated Amortization Accumulated Amortization Amortizati	Bristol CCH Group LLC of Bristol, d/b/a Countrysi Rristol	ide Manor of	228	35		9/30/2015		24	37
Pate of Acquisition	2.5 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.0 ¢.5 ± 1.				Accumulated				
Trem		Date of			Amort. to				
Item h Year n Amortized Amortization** % for This Year To 1. 2. 3. Subtotal. 6.79,804 4.172,204 6.79,804 5.177 4.172,204 6.79,804 5.177 4.172,201 4.172,204 6.79,804 5.177 4.172,201 5.177 5.177 4.172,201 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 5.177 <td></td> <td>Acquisition Mont</td> <td>- Amortizatio</td> <td></td> <td>Degimme of</td> <td></td> <td>Rate</td> <td>Amortization</td> <td></td>		Acquisition Mont	- Amortizatio		Degimme of		Rate	Amortization	
Organization Expense 1. 2. 3. Subtoral. Mortgage Expense 1. 2. 2. 3. Subtoral. Leasehold Improvements and Other (Specify) 1. Acquired prior to this report period (2. Disposals (attach schedule)) 2. Disposals (attach schedule) 3. Acquired during this report period (3. Acquired schedule) 3. Acquired during this report period (3. Acquired schedule) 3. Acquired schedule) 3. Acquired schedule) 4. Acquired schedule) 5. Disposals (attach schedule) 6. 2015 Various (3.745 (5.177) 7. Disposals (attach schedule) 7. Disposals (attach schedule) 8. Acquired schedule) 9. 2015 Various (3.745) 8. Acquired Manoritzation 1. Acquired Manoritzation 9. 2015 Various (3.745) 1. Acquired Manoritzation 1. Acquired Man	Ifem				Operations		%	for This Year	Totals
1. 2. 2. 3. 4. 4. 4. 4. 4. 4. 4									
Subtotal	1.								
Subtotal. Mortgage Expense Mortgage Expense 1. 2. 3. 5. Subtotal. Leasehold Improvements and Other (Specify) 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period 9 2015 Various 23,745 81 Var 76,177 Subtotal. Total Amortization Subtotal.	7.								
Subtotal Mortgage Expense Adortgage Expense Additional			日本の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の				電影の数字	建一种工作,	
Mortgage Expense Mortgage Expense Property of the control of the cont		地のでは、一般のでは、					200000000000000000000000000000000000000	されている こうしゅう かんしゅう かんしゅ かんしゅう かんしゅう かんしゅう かんしゅ かんしゅ かんしゅ かんしゅ かんしゅ かんしゅ かんしゅ かんしゅ	
1. 2. 3. Subtotal. Leasehold Improvements and Other (Specify) 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4. Disposals (attach schedule) 5. Disposals (attach schedule) 6. Disposals (attach schedule) 7. Disposals (attach schedule) 8. Acquired during this report period (attach schedule) 9. 2015 Various Various Var 1,301 Var 1,301 Var 1,301 Var Var 1,301 Var 1,301 Var 1,301 Var 1,301 Var Var 1,301 Var									
2. 2. Subtotal. Subtotal. Acadimed Improvements and Other (Specify) Acadimed Description (Speci									
3. Subtotal Acquired prior to this report period (attach schedule) 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. <td>2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	2.								
Subtotal Leasehold Improvements and Other (Specify) 4 2014 Various 1,172,204 679,804 s/l s/l var 76,177 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 4 2015 Various 23,745 5/l 7/l 1,301 Subtotal 5. Disposals (attach schedule) 5 2015 Various 23,745 5/l 7/l 7/l Subtotal 70tal Amortization 7 70tal Amortization 7 70tal Amortization 7 7	3.						Charle Constitution (Charles	SUBSECTION CONTRACTOR	
Leasehold Improvements and Other (Specity) Other (Specity) Fig. 177 Various 1,172,204 679,804 s/l Var 76,177 1. Acquired prior to this report period 2. Disposals (attach schedule) 3. Acquired during this report period 2. Disposals (attach schedule) 4. Acquired during this report period 5. Acquired during this report period 6. 2015 Various 73,745 8/l 7/l 7/l <td>B-4 Subtotal</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	B-4 Subtotal								
Other (Specify) Other (Specify) 9 2014 Various Various 1,172,204 679,804 s/l var 76,177 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 9 2015 Various 23,745 x/l x/r	C. Leasehold Improvements and								
1. Acquired prior to this report period 9 2014 Various 1,172,204 679,804 s/l 679,804 s/l s/l var 70,17/l 2. Disposals (attach schedule) 3. Acquired during this report period (attach schedule) 6 2015 Various 23,745 s/l 8/l Var 1,301 s/l Subtotal	Other (Specify)							ţ	
2. Disposals (attach schedule) 4. Disposals (attach schedule) 5. Acquired during this report period (attach schedule) 6. Disposals (attach schedule) 7. Disposals (attach schedule) 8. Disposals (attach schedule) 8. Disposals (attach schedule) 8. Disposals (attach schedule) 9. Disposals (attach schedule) 8. Disposals (attach schedule) 9. Disposals	1. Acquired prior to this report period	6	_	1,172,204	679,804	s/I	Var	76,177	
3. Acquired during this report period (attach schedule) 2015 Various 23,745 s/1 Var 1,301 Subtotal Total Amortigation 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301 1,301	2. Disposals (attach schedule)						AND PROPERTY OF THE PARTY OF TH		
(attach schedule) 9 2015 Various 23,745 s/l s/l Var 1,301 s/l Subtotal Total Amortization s/l s/l <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>									
Subtotal				23,745		s/1	Var	1,301	
Total Amortization	Sub								77,478
									11,478

* 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.

State of Connecticut Annual Report of Long-Term Care Facility

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility			License No.		Report for Year Ended	r Ended		Page	Jo
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of	ide Mano	r of	2285	35		9/30/2015		24A	37
C. Leasehold Improvements									
(Specify)	6	9 2014	Various	1,172,204	679,804 s/l	s/1	varion	76,177	
7 Disposals (attach schedule)									
3 Acquired during this report period	6	9 2015	Various	23,745		s/I	variou	1,301	
7 7 0::1+0+0	はいる。	医型基础		1454					77,478
C. Other (Specify)						·			
1.	-								
2.				Harry Market Market		のでは、別のできることである。 では、これでは、これできる。 できることできる。	THE STATE OF THE PARTY OF THE P		
C-4 Subtota							型 建		Straight Said Charles Consider Straight Straight Said
Total A coninsed prior to this report period	6	2014	Various	1,172,204	679,804 s/l	s/I	Var	76,177	
Total Dissocial									
Total Disposais Total Agained during this report period	6	9 2015	Various	23,745		s/I	Var	1,301	
Total Acquired duting the report portrain									

State of Connecticut Annual Report of Long-Term Care Facility CSP-25 Rev. 9/2002

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

Name of Facility	License No.	I	Report for Year Ende	ed		Page	of
Bristol CCH Group LLC of Bristol, d/b/a	2205			9/30/2015		25	37
Countryside Manor of Bristol	2285			575072010			
11. Property Questionnaire							
Part A					,	If "Yes," compl	ete Part B
			5 L. 15 L. 40	☑ Yes	1 3 37 -	If "No," comple	
Is the property either owned by the	he Facility or leas	ed from	n a Related Party*?		•	11 110, 00	
*16 aumor or operator of this fa	cility is related by far	mily, ma	arriage, ownership, abilit	y to control or it is considered			
business association to any person	or organization from	wnom t	officings are reason, then	R 13 Constants			
a related party transaction. Description			Total				
1. Date Land Purchased	-						
Date Structure Completed	<u> </u>						
3. If NOT Original Owner, Dat	e of Purchase		08/27/03				
			08/27/03				
111 1D 10 14	,		90			45. 7 N 5 8 1	
Total Licensed Bed Capacity Square Footage							
7. Acquisition Cost				BIZTERWEN	94.00g		
a. Land			400,000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
b. Building			2,320,000			10 Table 2	
Part B - Owner and Related P	arties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mor	tgage
1. Financing			The second secon				
a. Type of Financing (e.g.,	fixed, variable)		HUD				
b. Date Mortgage Obtained			03/29/12				
c. Interest Rate for the Cos			3.22%				
d. Term of Mortgage (num			21				
e. Amount of Principal Bo	rrowed		2,976,000				
f. Principal balance outstar	nding as of 9/30/2	2015	2,617,711			THE COLUMN TO SERVE THE TRUMBER OF	arronista estre assessa Assa Nel
Complete if Mortgage was							
During Current Cost Y	/ear					Eggs Manager	A SERVICE
g. Type of Financing (e.g.,	fixed, variable)					ļ <u>.</u>	
h. Date of Refinancing							
i. New Interest Rate							
i. Term of Mortgage (num	ber of years)					ļ <u>.</u>	
k. Amount of Principal Bo							
Principal Outstanding o	n Note Paid-Off			<u> </u>		<u></u>	
Part C - Arms-Length Lea	ases for Real Pro	perty	Improvements Onl				
Name and Address of	Lessor	Pre	operty Leased	Date of Lease	Term of Lease	Annual Amor	unt of Lease
				 		 	
				 		 	
				 		 	
				<u> </u>		-	
		 		<u> </u>			

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.

State of Connecticut Annual Report of Long-Term Care Facility CSP-26 Rev. 6/95

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

Name of Facility	License No.		Report for Yea	ır Ended	-	Page	of
Bristol CCH Group LLC of Bristol, d/b.	/a 2285	-		9/30/2015		26	37
Countryside Manor of Bristol Iter			Total	CCNH	RHNS	L	ecify)
12. Interest							-
A. Building, Land Improv	ement & Non-Movable						
Equipment							
1. First Mortgage	*****************	\$	Core postulisance resolutionale	CHARLES SALES SALE	55/455758475050	5444554	upaka ika ka
Name of Lender		Rate	200				e de la composition della comp
Address of Lender							
2. Second Mortgage		\$	Company and the second state of the second sta	150550000000000000000000000000000000000	Union weeks considerable	15-28-0215	
Name of Lender		Rate					
Address of Lender						State of	
3. Third Mortgage		\$		inora invalida mai (1886)	172015 10 10 10 10 10 10 10 10 10 10 10 10 10	S CONTRACTOR	(((Caranta de la Caranta d
Name of Lender		Rate	1000 TO THE RESERVE T				
Address of Lender				FI 51	100 TO 10		
4. Fourth Mortgage		\$		and constitution of the state of		6 03.080 8145000	(400)3152,220/145
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information	ation						
1. Original Loan Am	ount		8				es a solution section 17 e
2. Loan Origination	Date						
	xpense						
12 B7. Total Building Interest E			5				<u>.</u>
12 DI. Tom Diming And Store	1		(Carı	y Subtotals	forward to	next pag	ge)

*State of Connecticut Annual Report of Long-Term Care Facility CSP-27 Rev. 6/95

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

Name of Facility	License No.		Report for Y	ear Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285			9/30/2015		27	37
Item		<u></u>	Total	CCNH	RHNS	(Spec	cify)
Helli	Subtotals Brought	Forward:	 				
12. C. Movable Equipment							
1. Automotive Equipme	ent	. \$			Strain, again an Aire, 1997 tha by Color M. Krit.	rako ettisi va e	nostranistralis
A. Item	Rate	Amoun					
Lender	 -						
						viete in the	
Address of Lender						en ur ur variation Significant	
					KE KATAN	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
2. Other (Specify)		Amoun) 				
A. Item	Rate	Amoun	(明) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		1.000 1.000		
T 1				1000			
Lender							
Address of Lender							
Address of Dender							
B. Item	Rate	Amoun	t			lo in	
Lender							10.00
	<u> </u>						
Address of Lender			72 a. 1 7 5 5 7 1 1 1				
	1.T. 4					300000000000000000000000000000000000000	35 C 20 CM 35
12. C. 3. Total Movable Equi			\$				
Expense (C1 + 2)	(Spacify)		\$ 119,790	119,790		<u> </u>	
12. D. Other Interest Expense Vender Interest = (\$10,213); Line of 0	(Specyy) Credit Interest = \$100.0	 605: Kev	Ψ				
Bank Term Loan Interest & Fees = \$	29,398	, · · · ·		国 2.3 4			
13. Total All Interest Expense		D)\$	119,790	119,790			
14. Insurance							
a. Insurance on Property	(buildings only)	• •	\$ 79,013	79,013			
h Insurance on Automob	iles	••	\$				
c. Insurance other than P	roperty (as specified	above)					
1. Umbrella (<i>Blanket</i>	Coverage)	···	\$			<u> </u>	<u></u> -
2. Fire and Extended			\$		<u> </u>	 	
3. Other (Specify)	,	•••	\$				
							in descrip
14d. Total Insurance Expendit	ures (14a+b+c)		\$ 79,013				
15. Total All Expenditures (A	-13 thru C-14)		\$ 9,771,595	5 9,771,595			

D. Adjustments to Statement of Expenditures

lame	of Fa	cility		Jic	ense No.	Report for Yes	ar Ended	Page	of
ristol	CCH	Group	LLC of Bristol, d/b/a Countryside Manor of		2285	9/30/	2015	28	37
risto	· ·			- 1	Total	-			•
	_				Amount of				
	Page		Item Description		Decrease	CCNH	RHNS	(S	pecify)
No.	No.					Page A security			
age	<u> 10 - S</u>	alarie	s and Wages	\$	ter in the second	ANGROSON SERVICES SERVICES	Marie 1 Control Services (Services Control		-
1.			Outpatient Service Costs	\$		•			
2.			Salaries not related to Resident Care	\$	203,289	203,289			
3.	10	A12g	Occupational Therapy	9		123,179			
4.	Var		Other - See attached Schedule	P	123,179	123,175	25/05/2011/05/25	200m, 500	特殊领别
	13 - F	rofes.	sional Fees		多数的影响的第三人称单数		Salar Sa	198 to 70 d.c.	4[17/4]42 (4/3/0-22/4/
5.			Resident Care Physicians **	\$	1.064	1.064			
6.	13	B10a	Occupational Therapy	\$	1,064	1,064			
7.			Other - See attached Schedule	\$			nassieres a	and a	coele de la coele
age	s 15 &	2 16 -	Administrative and General			WEAR CERSIONS	A THE SELECTION OF THE SE	宣誓3599	are in the second second
8.		Γ.	Discriminatory Benefits	\$		55.405		 -	
9.	15		Bad Debts	\$	55,405	55,405			
10.	15	1d&e	Accounting & Legal	\$	25,174	25,174		-	
11.	30		Telephone	\$					
12.	15	1h2	Cellular Telephone	\$	1,779	1,779	ACTUATION OF THE PARTY OF THE P	HW155	voltero asid
13.	T		Life insurance premiums on the life		100 S TO	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	500 (200 (60 ft) 100 ft	1000	Carlos Harris
	1		of Owners, Partners, Operators	\$			ļ	ļ	
14.	16	13	Gifts, flowers and coffee shops	\$	11,264	11,264		70:22/celf3	rerocci n avegi
15.		<u></u>	Education expenditures to colleges or		To the same				
	<u> </u>		universities for tuition and related costs						
			for owners and employees	\$	(100)	(100))	SECTION.	inerra Gibbaro
16.	+-	 	Travel for purposes of attending		140 P. 100 M				
10.	'		conferences or seminars outside the				14.24.41.5		
			continental U.S. Other out-of-state						
			travel in excess of one representative	\$					
1.0	┼	-	Automobile Expense (e.g. personal use)	. \$					
17			3 Unallowable Advertising *			32,126		T	
18	. 16	m2& 1j&k)							
19	. 15	&2	Income Tax / Corporate Business Tax		250	250	<u> </u>	┼	
20			Fund Raising / Contributions	. \$				-	
21		m12	Unallowable Management Fees	. \$	160,195		I		
	18	2c		9		1	1		
	20	5j		9	43,690	43,690		-	
22		1 3	Barber and Beauty		Ď			↓	
$-\frac{22}{23}$		Vai			69,202	69,202		an serve skar	er i dese valoritation
			ry Expenditures			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	一种 医基础		A 1997 (1997)
24		2a1	Meals to employees, guests and others						
2.	1.) [241	who are not residents	,	\$ 33,979	33,979)		
D.	10	Laur	dry Expenditures		Verviews				有种类的
			Laundry services to employees, guests	_					
25). 1!	9 3d	and others who are not residents		\$				
						(多限量	
_			sekeeping Expenditures		サンプルナイン 立立 (本書)			是 受 20 清 清 55	
20	5. 2	0 40	Housekeeping services to employees		\$	1.020-20-20-20-20-20-20-20-20-20-20-20-20-	OG CONTRACTOR OF THE PARTY OF THE		The second second
<u> </u>			and others who are not residents		\$ 799,33	1 799,33	1	1 -	
			Subtotal (Items 1 - 26)	φ /99,33	Carry Subtotal			

* All except "Help Wanted".

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

Schedule of Other Salaries Adjustment

Y in a Daf	Description	CCNH	RHNS	(Specify)
Tine Kei	Description			#1 <u>=4_31</u>
		FE-175 45	18 - N. D. 18 1982	a father
春秋 遺迹物			18 14 15 11 11 11 11	3 A 19 A 19 A
44 30 43			Traffic Land Agentina Traffic Land March	Transfer of the
			The second second	
121.2	Community Coordinator & Marketing Salaries & Benefits	123,179		
1202			to a long to the least	
<u> </u>			NAME OF THE	1000
19 65 65		171-18-68-8	e Not had a wife a	11 1 1 1 1 1 1 1
			90.94.7 3	
14 Til. 4.			Range Benderasi	-
			A SECTION OF STATE	
Act to			1345 Z Z 1286 1	
11 Sec. 25				
		Arthur Arthur	美国家要求的责任	
		. At 3 to 1830 1934	America and Asia	
		a rosa di Pari	- VA-11 (150 (2) (3)	
			0.2 (0.5 %) VE 84.6 (0.5 %)	
		774	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
l ov Solovice	Adinetment	\$-123,179] \$	\$
	1262	Line Ref Description 12b2 Community Coordinator & Marketing Salaries & Benefits 12b3 Marketing Salaries & Benefits Prescription	12b2 Community Coordinator & Marketing Salaries & Benefits 123,179	Tine Ref Description 12b2 Community Coordinator & Marketing Salaries & Benefits 123,179 12b2 Community Coordinator & Marketing Salaries & Benefits

Schedule of Fees Adjustments

	- · · · ·	Description	CCNH	RHNS	(Specify)
Page Ref	Line Rei	Description	使10.000和16.50。	O'ESWITE I'E	数据的图象
基验的多数		The title of this property of the control of the second second second second second second second second second		age digest yalkest.	<u> स्वत्राच्या शहर श</u> हरू
4.03, 37,053.00	医鸡蛋蛋白质	表情思想是自己的人,是是一次表情的一种人,但是一个人,就是一个人的人。 第二十二章		COMPANY STATE OF THE	Tarabasa (1996)
5.47 (200) 32 (200)	37-7-245-9-9		graphic gardaist	erstavial karnostis er	
45. S. 1. C. 40.	a SE CE a SECONO A		多是国的国际	(c) (g) (c) (c) (d)	
	<u> Maria</u>		5721 S. V - 2 (5.8) \$	1975年4月16日	
10.46%。2.54	产品。		10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10.00 (10	Canada San 14 c	e But with
524,3454,66			Company of the Compan	55 NESS ALIGNE (ATTACK)	
7	The second of th			941-21/28 (T. P. 1800)	23,7 - 0 - 133,6V
9:05-13:1 20:00 (C.) 1 1:00 (G.) 1	A CONTRACTOR OF THE		以特别的性性		Profession Control
MS714-51-51-Ve	19 / 10 / 18 / 19 / 19 / 19 / 19 / 19 / 19 / 19		\$	\$	\$
Total Othe	r Fees Adj	ustments. The engine management was a second and the second and th			·

Schedule of Other A&G Adjustments

16	(Specify)	RHNS	CCNH		ef Description	r. D.C	
16 M13 Lobbying Fees 3,014 16 M13 medicaid applications 1,750 16 M13 Compliance Consulting 54,293	49 197 EVE	基格的基础等	450	21、有效的基本是有10人的主义的专行的企业。			
16 M13 Lobbying Fees 3,014 16 M13 medicaid applications 1,750 16 M13 Compliance Consulting: 54(293)	进行 机在成型泵		9.695				16
16 M13 medicaid applications 1,750 16 M13 Compliance Consulting 54(293)		CONTRACTOR OF THE STATE OF THE				M13	16
16 M13 medicaid applications 16 M13 Compliance Consulting 54/293	an Table Killing	SE TO BESSELL				M13	16
16 M13 Compliance Consuming		60000000000000000000000000000000000000		of the first of the second of			16
g 60 200 g		Talan disenting the first of the second seco	34,293		Compliance Consulting	M13	16
# co.202 \$		Virginia (19. 1994) (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	2, 1550 - 5,490 -	のできる。 は、1980年 - 1980年 - 198		AL TENERS	er fine pie
# co.202 \$	Production of the second	13.0,440,780.4				7.00	60 10 1 1 1 W
# co.202 \$						er (jejsvogser) Januari engligt	<u>eligibilita a la </u>
# co.202 \$			5872 PW				
# KO 202 \$		医特别人的				- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
# KO 202 \$							
# KO 202 \$		7.1.45					
# KO 202 \$							
# KO 202 \$			satisfies and the				Professional States
# KO 202 \$	Angelon (September 2015)	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11.00				
1	- l		4 50 000	'이 <u>네. 그렇게 그렇게 하게 하고 있는 것이</u> 말했다.			
Total Other A&G Adjustments	- \$	<u> </u>	\$ 69,202		Adjustments	r A&C AC	Total Oth

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

			D. Adjustments to Statement	t of Expen	aitures (c	conta)		<u> </u>
Name	of Fa	cility	Lic	ense No.	Report for Y	ear Ended	Page	of
Bristol	CCH (Group	LLC of Bristol, d/b/a Countryside Manor of	2285	9/30/	2015	29	37
Bristol		— т	<u></u>	Total	7/30/	2013		1
1	_			Amount of				
	Page	1	The statement of the st	Decrease	CCNH	RHNS	(Spe	ecify)
No.	No.	No.	Item Description		799,331	101110	(C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			Subtotals Brought Forward \$	799,331	199,331 Exilyanesis	Transcon Commen	AND THE PROPERTY OF THE PARTY O	V 17 (7)
	<u> 20 - R</u>	esider	nt Care Supplies***	160.209	169,298			All provided and reasons.
27.	20		Prescription Drugs\$	169,298	109,296			
28.			Ambulance/Limousine\$ X-rays etc. \$	23,047	23,047			
29.	20		21 14 Jb, 0001111111111111111111111111111111111		11,094			
30.	20		Laboratory\$	11,094	9,000			
31.	20		Medical Supplies\$	9,000				· · ·
32.	20		Oxygen (non emergency)\$		43,177		<u> </u>	
33.	20		Occupational Therapy\$		8,222			
34.	Var		Other - See Attached Schedule \$	9,956	9,956	GRADO CON CONTRACTO	ton Atti	
Page	22 - N	<u> Aainte</u>	enance and Property	200000000000000000000000000000000000000		Residential and	26.50 W 54.5 (20.50 17.5)	
35.			Excess Movable Equipment Depreciation		2.655	5451516201421394	SEE KINDSON	
	Var	Var	See Attached Schedule\$	3,655	3,655	NERVEDORANI (ED	CAVASTES.	AUXIONE DE
36.			Depreciation on Unallowable	3 5 6 6 6 6	ESS DEFINED A		Hans	and the nace
			Motor Vehicles\$			TENNESSAMPLEN (SEM	#N-8010/ALA	BRANCH TEN
37.			Unallowable Property and Real	0.000	22,30,545,612			
			Estate Taxes\$				 	
38.			Rental of Building Space or Rooms \$					
39.			Other - See Attached Schedule \$	eminoraciones comprehendos (15%)	Constitution of the Consti	\$6000000000000000000000000000000000000	2000000000	SHOULK TON
Page	27-1	กรนาด	ınce		4 3 4 3 E 5 E	第6号是特别的 <u>特</u>	45000000	FASTANTISE 2
40.		l	Mortgage Insurance		<u> </u>		 	
41.		<u> </u>	Property Insurance \$	SOURCES PROVINCES (AND AND AND AND AND AND AND AND AND AND	10000014004440004	THE COURT SECTION	100/2000/00	vacavious alam
Othe	r - Mi	scella	neous				(BASES	WINEY LIE
42.			Research or Experimental Activities \$		1 106			
43.	20	5j	Radio and Television Revenue		1,486		╄	
44.			Vending Machine Revenue		<u> </u>	ļ		
45.			Purchase Discounts and Allowances	3	<u> </u>		 	
46.		1	Duplications of functions or services	S Comment of the comment		e gracericines accelera	a (ACCOMPAGE)	iau laege gaat
47.			Expenditures made for the protection,				14000	100
			enhancement or promotion of the				MINNE	
1		1	providers interest	5				
48	. 30	ĮV5	Interest Income on Accounts Rec	ß		o care management of \$120	n biárcoseacios	sangahaska
49		1	Other (include personnel and other		100			40 福建 福 6 富
			costs unrelated to resident care) - See			668-40-55		en state of the
			Attached Schedule	ß		an a made a consequencial for the Otto	o Parazantano	zieka z inpetrio A Sipir
Not	$\frac{1}{For p}$	rofit	Providers Only			200-100-00-00-00-00-00-00-00-00-00-00-00-		
50	 _	Var	Building/Non Movable Eq. Depreciation					
"	' '"'	'"'	Unallowable Building Interest -					
			See Attached Schedule	\$	<u> </u>			
51	Tota	d Am	ount of Decrease (Items 1 - 50)	\$ 1,078,266	1,078,266	<u> </u>	<u> </u>	···

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

Schedule of Other Ancillary Costs

D Def	Lina Daf	Description	CCNH	RHNS	(Specify)
Page Ref	5i	Medical Equipment Rental	9,956		
20					
			73090 431	1,0496 N 376	
					30 - 31 - 32 - 32 - 32 - 32 - 32 - 32 - 32
			41 - 3 A		
			1 (3 1) 14 (4) (4) - 10 12 (4) (4) (4)		
			20.34 3.4 (March 1974)		
				No. of the Control of	
			1.12 . military 1.1 14 . military 1.2 mj		S4-13
		y Costs	\$ 9,956	s -	\$ -

Schedule of Excess Movable Equipment Depreciation

	-utuston	CCNII	RHNS	(Specify)
Page Ref Line Ref Desc	veable Equipment Depreciation-carryforward	3,655		
22 7d Mov	veable Equipment Depreciation-carry for vara	100	attigrately also be	N (14.0
	기를 보고 있는 사람들은 사람들은 사람들이 되고 있다. 사람들은 사람들 <u>의 사람들이 되는 것이 없다. 그리</u>	3 6 6 6 3 6 5		2.00
7 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3			4 757 MM	42 (27.62)
		FAR VIAR		17 E 19 7 E 1
		13. 14. Bur 1. Pa	San Nair Pha	0.53,500
			\$ 1 × 4 × 4 × 6	1.2 Mar. s
			200	THE STREET
New State of the Control of the Control		<u> </u>	Great Section	
(Alaska) a van (a. 1500 m.) (a. 1600 film) (b. 1600 mayahi van (a. 1600 film) (a. 1600 film)				
		11. At 17. 17	0.540 to 100	
		AND CONTRACTOR	The State	940,920
grandity was the first that the first of		3,655	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000 1 20 100

Schedule of Other Property Adjustments

age Ref Line Ref Description			
		110 EVA 1 129 40 1	
		110 EVA 1 129 40 1	16/31/2006/03 16/31/46/03 5 G
		110 EVA 1 129 40 1	1665.186 C. 2 G
	\$1000 (5)	1.2	
	みたがおきてきたた	14 (1) 19 (c) 19 (c)	AND STREET, NA
	Contraction of		15 May 15 17
그리고 하는 하는 내가 되었어요? 그 사내 그들은 남자 전문을 가는 것이 되었다. 그는 학자 가는 하는 하는 사람들이 나를 가장하는 것이 되었다. 그 사람들은 그는 다른 사람들이 가득하는 것이 되었다.			建 能等第
#입니다 이 사람들은 그 전에 가장 보고 있다. 항상 사람들이 가장 가장 그 사람들이 보다 있는 그를 보고 하는 것이다. 그를 보고 있는 것이다. 하는 것이다. 그를 보고 있다. 그를 보고 있다.	ABBERT N. S.	1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	PARTICIPATE STR
	MARY 10	\$4165 <u>\$200</u>	\$982B3
	(2) \$ (a)	国际 的 (大大学)	A COLUMN
	rane marks.	PR 6 (0.00) 199	F61.V (\$ 11)
	100 34 24 17 20 1	1000 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1 100 1	50 SAC
	医铁铁体		16899
	Alben 1997	FYMAS HINGS	1886-455
	e in the second	7	DESCRIPTION
Fotal Other Property Adjustments	100 MARCH		10,000 M

Schedule of Other Adjustments

			CCNH	RHNS	(Specify)
Page Ref		Description	CONTRACTOR		質性の場合
4.0				traje, the in Traje.	79 - N. 19 -
			5.01 (\$10.42		75 - 24 THE T
er fartiger	. 0.0 (0.00)		, ki wilifa (si		
	7 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		A TOTAL MALE		-31.26
				. non-14 1	
物数は続け			<u>- </u>	17(a) 1.50	
79 14 to 1 to 2			1 1	1925 1 1 10 10 10	7.00
	1100		2. 1. 4		
				4.1 (A. 14.1)	
					1.0
			\$ -	\$	\$
Total Oth	er Adjustn	ents	L	·	

Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol 9/30/2015

Schedule of Unallowable Building Interest

Dage Def Line Def	Description	CCNH	RHNS	(Specify)
Page Ref Line Ref				
<u>a di didi base Siliti.</u> KOMBOTA MANDA				1877, 887,
				a bi Layen a A garage
	- [대학교 학교 : 대학교 : 10] - 12 : 12 : 12 : 12 : 12 : 12 : 12 : 12			(4 × (4) <u>1</u> 1
Total Unallowable I	hilding Interest	\$ -	\$ -	\$ -

F. Statement of Revenue

	F. Statement of Rever					Dago	of
ame of Facility	License No.		Report for Ye	ear Ended		Page	OI
ristol CCH Group LLC of Bristol, d/b/a	2285	١		9/30/2015		30	37
ountryside Manor of Bristol		Ť	Total	CCNH	RHNS	(Spec	ify)
	Care Payanya	1	THE STREET	217 105171246745	i de la companya de		扩展
Resident Room, Board & Routine	Care Revenue	\$	10,566,734	10,566,734			
1. a. Medicaid Residents (CT only	/	\$	(5,026.213)	(5,026,213)			
b. Medicaid Room and Board C	Contractual Allowance **	<u>\$</u>	(5,020,215)	(030-09-7			-
2. a. Medicaid (All other states)		\$					
b. Other States Room and Board	d Contractual 7 mo mane	\$	940,775	940,775			
3. a. Medicare Residents (all inclusions)	13176/	\$	28,437	28,437	<u>.</u>		
b. Medicare Room and Board C	Olitiactuai i ilio iranee	\$	2,184,304	2,164,429	19,875		
4. a. Private-Pay Residents and Ot		\$	(78,179)	(78,179)			
b. Private-Pay Room and Board	l Contractual Allowance **	4	(16,177)	705 010 110 110		ATE 1 2 2 2 2	
I. Other Resident Revenue	•			THE CASE OF THE PARTY.	Market Charles and Co.	Ni capatanana	17-01-17-0200-
1 a Prescription Drugs - Medicar	·e	\$	120,157	120,157			
b. Prescription Drugs - Medicar	re Contractual Allowance **	Φ	(120,137)	(120,157)			
o Prescription Drugs - Non-Me	edicare	\$	82,932	82,932		<u> </u>	
d Prescription Drugs - Non-M	edicare Contractual Allowance **	\$	(82,932)	(82,932)			
2 a Madical Supplies - Medicare		\$				<u> </u>	
h Medical Supplies - Medicare	e Contractual Allowance **	\$					
a Madical Supplies - Non-Med	icare	\$					
d Medical Supplies - Non-Mer	dicare Contractual Allowance **	\$					
2 a Dhygigal Therany - Medicare		\$		532,086			
b. Physical Therapy - Medicare	e Contractual Allowance **	\$	(85,431)	(85,431)		ļ	
Dhysical Therapy - Non-Mer	dicare	\$	155,008	155,008			
d Dhysical Therapy - Non-Me	dicare Contractual Allowance **	\$	(155,008)	(155,008)			
d. Physical Therapy Medicare	uloure Communication	\$	179,435	179,435			
4. a. Speech Therapy - Medicare	Contractual Allowance **	\$	(120,605)	(120,605)			
b. Speech Herapy - Wedleard	icare	\$	33,223	33,223			<u> </u>
c. Speech Therapy - Non-Med	icare Contractual Allowance **	\$	(33,223)	(33,223)			
d. Speech Therapy - Non-Med	dicare	\$		521,091			
5. a. Occupational Therapy - Med	Jierro Contractual Allowance **	\$		(371,827)			
b. Occupational Therapy - Ivie	dicare Contractual Allowance **	_ ` \$	141,721	141,721			
c. Occupational Therapy - Not	n-Medicare	4					
d. Occupational Therapy - Not	n-Medicare Contractual Allowance **		(11,7,2)	,	1		
6. a. Other (Specify) - Medicare		9	(18,693	(18,693)	7		
b. Other (Specify) - Non-Medic	care		9,251,914				
III Total Resident Revenue (Section	I.thru Section II.)	_ 4	7,231,711				ent (Mark At)
IV. Other Revenue*		9		<u> </u>	**************************************	EI CALLEGE	<u>artistications</u>
 Meals sold to guests, employed 	es & others						
Rental of rooms to non-resider	nts	_	\$			 	
3. Telephone	***************************************			-			
4. Rental of Television and Cable	e Services		\$	 -	<u> </u>	+	
5. Interest Income (Specify)	***************************************		\$	-	-		
6. Private Duty Nurses' Fees			\$	 	+	_	
7. Barber, Coffee, Beauty and G	ift shops		\$	1.00		+-	
8. Other (Specify)			\$ 1,964			_	
V Total Other Revenue (1 thru 8)			\$ 1,964				
			\$ 9,253,878				

^{*} 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	CCNH	RHNS	(Specify)
Page Ref Description			
	a e grafage e		
		<u> </u>	
			1 to 1 to 1
		.	¢
Total Other Resident Revenue - Medicare	\$ - 1	<u> </u>	9

Schedule of Other Non-Medicare Resident Revenue

Page Ref Description \$ (1) N/A Retroactives	NH RHNS	(Specify)
	8.693)	
	Park All Carrier	
	1.85 P 6.1819/2015	The Market
	Service Services	R Straight Art
[25] [12] [15] [15] 전경 20 [15] [15] [15] [15] [15] [15] [15] [15]		
	8 (03) \$ -	- s

Interest Income

Interest income	Account			
	Balance	CCNH	RHNS	(Specify)
Page Ref Account		推過加速器	gata batan	
	ALCONOMIC TO SERVE	Charles Control		
	on State of All			
	a a speciment of the second	10.54891		
	1 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (2.1) 2 (100 C 100 M 10 M 10 M 10 M 10 M 10 M 10		
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		C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$ -2	\$ -
Total Interest Income	a ligado pod ostava o objekto si i	3Ψ;	1 -	<u> </u>

Schedule of Other Revenue

		CCNH	RHNS	(Specify)
ige Ref D	escription	學是學家的學習		
		\$ 1,964		principal di di se Lagradio di di
В	ad Debt Recoveries			国的支撑
			STATE OF STATE	
May a Side Co				DYAN E
		<u>gara, ja rogazea</u> Pirotes, kasaroa	1. (4.3) (2.3) (2.5)	1 1 1 1 1 1 1
200		Father 1 60 A Ne.	<u>. Alambiana (h. 1919).</u> 18 Augustia - Alamania	
		The state of	ngi cibio di twa Y Tanana Mari	3.3
		#1 [074]9474 d		1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(1.1. 11 (f. 12)				1000000
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		es et en en el facti En et en el factione en el		4.4.35
				11 11 15
3 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>				
		Tanaki (**)		Saus S.E.
J. M.	사용 경험 경험 등 사용 전환 전 보고 있는 것이 되었다. 그는 것은 그런 그런 그는 그 그 그리고 그 그 그리고 그를 보고 있다. 그리고 있는 것은 그리고 그는 것이 되었다. 그는 그를 가는 것은 것은 것이 되었다.		STORY STATE	5 Mg . No.
1.727751				14.4
		7.0		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		6 1.064	\$ -	\$ -
tal Other	Revenue	\$ 1,964	\$	- P

G. Balance Sheet

lame of Facility	License No.	Report for	r Year Ended	Page		of
ristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285		9/30/2015	31		37
ounti fisiae il more de la companya	Account				Amount	
ssets		- "				
Commont Accate					1	10 922
1. Cash (on hand and in banks)				. 5		10,822 570,517
Current Assets Cash (on hand and in banks) Resident Accounts Receivable	e (Less Allowance f	or Bad Debt	s)	··\\$		· · · ·
3 Other Accounts Receivable (1	Excluding Owners o	r Related Pa	rties)	. φ		13,899
4 Inventories		<u></u>				135,753
5 Dronoid Evnenses				·· 3		
a. Prepaid Insurance		13	5,753			
b				-		
c.						
				Φ	<u> Transportation</u>	ereconsure.
6. Interest Receivable			*****************	\$	-	
7. Medicare Final Settlement R	eceivable					6,692
8. Other Current Assets (itemize	2)			··· \$		0,022
A/R Related Parties			6,692			
A/R Related 1 artics						
				¢	en la company	837,683
A-9. Total Current Assets (Lines Al	thru 8)			Ψ		<u> </u>
B. Fixed Assets				2		
1. Land				\$		
2. Land Improvements	*Historical Cost		Net	Ψ		
	Accum. Deprecia			\$		<u> </u>
3. Buildings	*Historical Cost		Net	l'		
	Accum. Deprecia		81,928	\$		438,667
4. Leasehold Improvements	*Historical Cost		43,261) Net	1		,
	Accum. Deprecia		73,119	\$		150,113
Non-Movable Equipment	*Historical Cost.		23,006) Net			20 .,
	Accum. Deprecia			\$		83,49
6. Movable Equipment	*Historical Cost.		678,679 (05, 193) Not	- 1'		02,
	Accum. Deprecia		595,183) Net	<u></u>		
7. Motor Vehicles	*Historical Cost.		 Net	17		
	Accum. Deprecia	ition				
8. Minor Equipment-Not Depr	eciable					
O. Hillor Edwibing and				\\$		12,75
				1		
9 Other Fixed Assets (itemize)forward AJE		9,275			
	rryforward AJE		9,275 3,480			685,03

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

		•
015	978 4	88 88 198 198 198 198 196 196 196 196 196 196
2	4,265 \$ 5	2, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,
1 1 1 2014	₽ Va	7.72 6.514 8 6.514 8 7.617 5 7.617 5 7
Vs Patient Roon 2013	7,237	
age Fumiture 1 2008	68 \$	4 5 5 7 5 7 4 4 7 5 5 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
e Furniture Herit 1008 .	38 S	4
Heritage Furniture Heritage Furniture Heritage Furniture TVS Patient Roams TVS-Favient Rooms TVS-Favie	11,804 \$	1, 12, 4 \$ 1, 12, 4 \$ 1, 13, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10
ge Furniture Heritag 2007	10,789 S 5	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
2004/2005 Field Audit Done Construction Heritage Funiture Adjustment 2 2006 2007	727 \$	73 654 73 5 508 5 508 5 508 5 73 5 74 74 74 74 74 74 74 74 74 74 74 74 74 7
Field Audit Done on ment 2	850 \$ 5	51 8 51 8 51 5 51 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
2004/2005 Fleid 2004/2005 Audit Adjustment 1 Adjustt	\$ 008	180 180 180 180 180 180 180 180 180 180
2004) Audit A	4	מן מי מו מי
Prior Owner Basis	Add Back S (65,165)	\$ (64.12) \$ (64.
	Original Disallow Adjustment Cost Term	Deprece Deprec
š	5	888888

reabte Equipment Carryrorward Schedule

side Moveable Equipment Carryforward Schedule

G. Balance Sheet (cont'd)

Name	of	Facility	License No.	Report for Year Ended		Page		of
		H Group LLC of Bristol, d/b/a le Manor of Bristol	2285	9/30/2015		32		37
			Account			Aı	mount	
				Total Brought Forward:	\$		1,5%	22,714
C.	Lea	sehold or like property record	ded for Equity Purpose	es.				
•	1.	Land		**************	\$		4:	81,847
		Land Improvements	*Historical Cost	•				
		·	Accum. Depreciatio		<u> \$</u>			
	3.	Buildings	*Historical Cost					20 520
		_	Accum. Depreciatio	n (897,261) Net	18		1,4	22,739
-	4.	Non-Movable Equipment	*Historical Cost					
		• •	Accum. Depreciation	n Net	\$			
	5.	Movable Equipment	*Historical Cost					
			Accum. Depreciation	n Net	\$			
	6.	Motor Vehicles	*Historical Cost	••	1			
			Accum. Depreciation		\$			
	7.	Minor Equipment-Not Depre	eciable	•••••••••••••	. \$			04.500
C-8	To	tal Leasehold or Like Proper	ties (C1 thru 7)		<u> \$</u>		1,9	04,586
D.	Inv	estment and Other Assets						
	1.	Deferred Deposits			1\$			
	2.	Escrow Deposits			. \$		<u></u>	
		Organization Expense	*Historical Cost	••				
i			Accum. Depreciation	on Net				0.5.0.00
	4.	Goodwill (Purchased Only).		•••••	. \$			25,968
	5.	Investments Related to Resi	dent Care (itemize)		. \$			
					一級		11.14	
1					3	Section 1		
	6.	Loans to Owners or Related	Parties (itemize)		\$	end West votes Seri	gigra : Went Signification	orda irraeda e 10
		Name and Address	Amount	Loan Date				
<u> </u>								
					S			
-	7.	Other Assets (itemize)	*************		. \$		TANDA CONTRACTOR	3,619
	,.	Project Development		3,619				
D-8		otal Investments and Other A	Issets (Lines D1 thru	7)	\$	·		329,58
F 0	$\frac{T}{T}$	otal All Assets (Lines A9 + E	$310 + \hat{C8} + \hat{D8}$)		. \$		3,	756,88

^{*} 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 Fac	ility	×× 0 . 60 . 1 . 1 . 10 . 1	License No.	Report for Ye	ar Ended		Page		of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285	9/3	0/2015		33	[.	37	
Country state in			Account			T		ount	
Liabilities	_		TIOOUTH			1			
A.	Cu	rrent Liabilities							
1	1.	Trade Accounts Payable.				\$		771	,678
	2.	Notes Payable (itemize)				\$		1,980	,845
	_,	Related Party		165,		T. S.			
		Line of Credit		1,815,	845				
İ							en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co		
							9.1949.83		
	3.	Loans Payable for Equipr	nent (Current portion	on) (itemize)		\$			
		Name of Lender	Purpose	Amount					
	-								
									4
					Ì				
								10 a 2 a 1	
,									
	4.	Accrued Payroll (Exclusi	ve of Owners and/o	r Stockholders onl	y)	\$		152	,347
	5.	Accrued Payroll (Owners	\$,				
	6.	Accrued Payroll Taxes Pa		_	3	,898			
	7.	Medicare Final Settlement Payable							
	8.	Medicare Current Financing Payable							
	9.	Mortgage Payable (Curre	ent Portion)	<u></u>		\$			
	10	. Interest Payable (Exclusion	ve of Owner and/or	Related Parties).		\$		4	,207
		. Accrued Income Taxes*.				\$			
	12	. Other Current Liabilities	(itemize)			\$		184	1,005
		,							
		Acc'd Operating Expenses		2	28,566				
		Acc'd Expense - Sales Tax			1,068				
		Provider Taxes Due		15	54,371			Brokenson Brokenson	
								17.50 年度的 15.60 万里安	脂氢
A-13	3. To	otal Current Liabilities (L	ines A1 thru 12)			. \$		3,096	5,980

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

⁽Carry Total forward to next page)

^{**} Interest Bearing - Do Not Include in Return on Equity Calculation.

Countryside manor acct #2170 as of 9/30/15

\$ (30,980.94) IBNR-health insurance (\$10,223.79) acct'g \$1,840.28 Food rebate \$14,551.66 mgmt fee adustment (\$1,937.00) payroll mgmt fee (\$1,337.00) water (\$479.21) office supplies

\$ (28,566.00)

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year	Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/20	015	34	37 .
Country state of Disco-	Account			An	nount
	Trootine	Total Broug	ht Forward:		3,096,980
Liabilities (cont'd)					
B. Long-Term Liabilities					:
Loans Payable-Equipmen	t (itemize))	
Name of Lender	Purpose	Amount	Date Due		
		-			
·					
			4		
			§		
			Special		
			i designa	riginal and the	erani
			in to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of		State County
2. Mortgages Payable				}	
3. Loans from Owners or Re				6	245,410
Name and Address of Lender	Amount	Loan I			
Name and Address of Lender	Timount		I Indian		
	245,410				
	245,410		Tr. Carlotte		
			3		
			No.		
			22	al all all all a	
			Page 1	and the state of	
				1974 (1977)	470.057
4. Other Long-Term Liabili	ties (itemize)		2		470,056
Due to Related Party		470,056	17-16-16-16-16-16-16-16-16-16-16-16-16-16-		
			i i		
			National Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Property of the Prope		
B-5. Total Long-Term Liabilities	(Lines B1 thru 4)			\$	715,466
C. Total All Liabilities (Lines A	√ -13 + B-5)			\$	3,812,446

State of Connecticut Annual Report of Long-Term Care Facility CSP-35 Rev. 6/95

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

Name of Facility	License No.	Report for Yea	r Ended	Page	•	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/	/2015	35		37
Country state 17411102	Account			Aı	nount	
A. Reserves						
1. Reserve for value of leased l	and		\$	<u> </u>	48	1,847
2. Reserve for depreciation val	ue of leased buildin	gs and appurtena	ances			
to be amortized			\$		1,42	2,739
 Reserve for depreciation val 			1.			
4. Reserve for leasehold real p	roperties on which f	air rental value	is based\$			
5. Reserve for funds set aside a	ns donor restricted	************	s)		
6. Total Reserves			\$	}	1,90)4,586
B. Net Worth 1. Owner's Capital						
2. Capital Stock				S	<u> </u>	
3. Paid-in Surplus				<u> </u>	(90)4,998)
4. Treasury Stock	***************************************			<u> </u>		
5. Cumulated Earnings	····			<u> </u>	(5.	37,430)
6. Gain or Loss for Period	10/1/20	14 thru	9/30/2015	\$	(5	17,717)
7. Total Net Worth	**************			\$	(1,9	60,145)
C. Total Reserves and Net Worth				\$	(55,559)
D. Total Liabilities, Reserves, an	d Net Worth		····	\$	3,7	56,887

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year E	nded	Page	· ·	of
Bristol CCH Group LLC of Bristol, d/b/a		9/30/2015		36		37
Countryside Manor of Bristol	2285	9/30/2012	<u> </u>		nount	
	Account	200/20/2014		\$	(1,490),923)
A. Balance at End of Prior Period as s	shown on Report of	09/30/2014		\$		3,878
B. Total Revenue (From Statement of	Revenue Page 30	Daga 27)		\$		1,595
C. Total Expenditures (From Stateme	ent of Expenattures .	Page 27 j		\$		7,717)
D. Net Income or Deficit				<u>\$</u>		8,640)
E. Balance		******************		Ψ		
F. Additions						
Additional Capital Contributed	i (itemize)	2.045				
Change in SWAP Value		2,045				ant is
Prior year excess rent ad	ljustment	30,989				
AJE reclass of excess rer	it adjustment	16,647				
2. Other (itemize)		. 570				
Acc Depr leasehold carr	yforward adjustm	ent 560			Posts	
						192
expense adjustment (acc	counting)	2,693				
expense adjustment (ins	urance)	(4,439)	•			(4)
^				φ.	ter en en en	18,495
F-3. Total Additions				. Φ		10,455
G. Deductions				6		
Deductions Denuctions Denuctions Denuctions Denuctions Denuctions Denuctions Denuctions Denuctions	ors/Partners (Specify	(*)	A 011nt	· Φ		
Name and Address (No., Cit	y, State, Zip)	Title	Amount	+		
					4-41-46	
					30.25	No.
2. Other Withdrawings (Specify	/)	*********	· · · · · · · · · · · · · · · · · · ·	. \$	kaaranta waliowi	eggi Fen X
Purpose		Amou	nt			
Tupose					· 第四	
				\$		
3. Total Deductions	00/3	0/15		\$	(1,9	60,14
H. Balance at End of Period	0373	0,10				

State of Connecticut Annual Report of Long-Term Care Facility CSP-37 Rev. 9/2002

I. Preparer's/Reviewer's Certification

report and am famient Federal and State el as to the possible de regulations. All rutomatically removes ther services perforents to statement of e	Other (Specify) Certification iliar with the applicable regulations governing it te issued field audit reports for the Facility and e inclusion in this report of expenses which are non-reimbursable expenses of which I am aware ved in the State rate computation system) as a rmed by me are properly reported as such in this expenditures). Further, the data contained in this
RHNS rer/Reviewer report and am familent Federal and State el as to the possible de regulations. All rutomatically remove ther services perforents to statement of elements.	Other (Specify) Certification iliar with the applicable regulations governing it te issued field audit reports for the Facility and e inclusion in this report of expenses which are non-reimbursable expenses of which I am aware ved in the State rate computation system) as a rmed by me are properly reported as such in this expenditures). Further, the data contained in this
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report and am famient Federal and State el as to the possible de regulations. All rutomatically removes ther services perforents to statement of e	iliar with the applicable regulations governing to the issued field audit reports for the Facility and e inclusion in this report of expenses which are non-reimbursable expenses of which I am award ved in the State rate computation system) as a rmed by me are properly reported as such in this expenditures). Further, the data contained in this
	ovided to me, by the Facility.
e Ch	Date Signed 2/12/16
.i •	Phone Number (860) 751-3900
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Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/13.