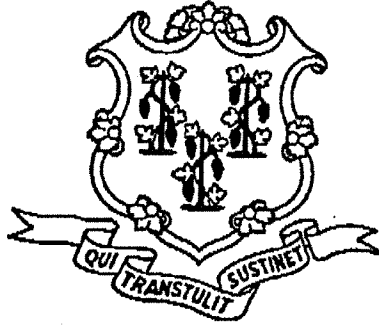


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	
Address (No. & Street, City, State, Zip Code) 1660 Stafford Avenue Bristol, CT 06010	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2285	RHNS	(Specify)	Medicare Provider No. 07-5415001
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Medicaid Provider Numbers:	CCNH 2285	RHNS	ICF-MR
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For Department Use Only

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



**MYERS AND
STAUFFER** LLC
CERTIFIED PUBLIC ACCOUNTANTS

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

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule 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
B. 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
C. 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. 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. 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

General Information

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2017	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol [facility name] for the cost report period beginning October 01, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) <i>Robert Powers</i>		Date 2-9-18	Signed (Owner) <i>[Signature]</i>		Date 2-9-18
Printed Name (Administrator) Robert Powers			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) <i>Kina Scoping</i>	Comm. Expires 6/30/21	
Address of Notary Public 505 Pensew Hill Rd Portland, CT 06480					

(Notary Seal)

State of Connecticut
Department of Social Services
 25 Sigourney Street, Hartford, Connecticut 06106

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 1660 Stafford Avenue Bristol, CT 06010				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/9/2018		
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) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

Phone No. of Facility 860-583-8483	Report for Year Ended 09/30/17	Page 2	of 37
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Name of Facility (as shown on license) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	Address (No. & Street, City, State, Zip) 1660 Stafford Avenue Bristol, CT 06010
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License Numbers:	CCNH 2285	RHNS (Specify)	Medicare Provider No. 07-5415001
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Type of Facility (Check appropriate box(es))			
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)	

Type of Ownership (Check appropriate box)						
<input type="checkbox"/> PROPRIETORSHIP	<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROFIT CORP.	<input type="checkbox"/> NON-PROFIT CORP.	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> TRUST

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

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

Administrator		
Name of Administrator Brett Stewart	Nursing Home Administrator's License No.:	001706

Other Operators/Owners who are assistant administrators (full or part time) of this facility.	
Name	License No.:

Not Applicable

**BRISTOL CCH GROUP, LLC
OWNERSHIP DETAIL**

Owner	Current Ownership
LAWRENCE G. SANTILLI	61.2499%
CONSERVATORS FOR LAWRENCE E. SANTILLI (11)	19.7501%
VALERIE CHAKALOS SANTILLI (21)	1.0000%
MAHANEY FAMILY LIMITED PARTNERSHIP(24)	2.0000%
JOHN B. NOCERA, JR	5.0000%
RUSSELL C. SCHWARTZ (27)	1.0000%
MICHAEL E MOSIER	2.0000%
MARYBETH HAUSER	1.0000%
DEBRA M SOUCEY	1.0000%
CHRISTINE WARD	1.0000%
KARYN IANNACCONI	2.0000%
DOROTHY ROSSETTI	1.0000%
TERESA SKINNER	2.0000%
TOTALS	100.0000%

General Information and Questionnaire
Corporate Owners

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2017	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each

Not Applicable			

Names of Stockholders Owning at Least 10% of Shares			

General Information and Questionnaire Related Parties*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2017	Page 4	of 37		
Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 						
Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 						
If "Yes," provide the Name/Address and complete the information on Page 11 of the report.						
If "Yes," provide the following information:						
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
		Yes	No %**			
1660 Stafford Ave, LLC	1660 Stafford Ave, Bristol, CT 06010	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lease of Real Property	Pg 22, 9 and 10b, Pg 27, ln 14a	\$512,784
Laurel Ridge Health Care Center	642 Danbury Road Ridgefield, CT 06877	<input checked="" type="checkbox"/>	>98%	Bank fees	Pg 16 Ln m13	\$6,100
Miscellaneous Facilities	various	<input checked="" type="checkbox"/>	>98%	Interfacility Loans	Pg 33, A2	
Athena Health Care	135 South Road, Farmington, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Workers Comp Captive	Pg 15, ln 1a	\$400,692
Athena Health Care	135 South Road, Farmington, CT	<input checked="" type="checkbox"/>	<50%	see attached		
Northbridge Health Care	2875 Main Street, Bridgeport, CT 06606	<input checked="" type="checkbox"/>	>98%	Legal fees	Pg 26, Ln 12A1	\$450
Procure LTC Pharmacy of CT LLC	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="checkbox"/>	>50%	pharmacy services	Pg 20 5a2	\$16,733
		<input type="checkbox"/>				
		<input type="checkbox"/>				

* Use additional sheets if necessary.

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

Cost year 2017

Countryside Manor
RELATED PARTIES QUESTIONNAIRE
PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included In Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care Associates	135 South Road Farmington, CT 06032	X	>50%	Marketing, Insurance, Lobbying, Payroll Employee Relations, Legal Gift Certificates, MDS Fill-in, office supplies Maintenance & Repairs	Pg 13, Pg 15, 1d, 1e & 1g Pg 16, m37 & M13, Pg 16, L2, pg 27, 12D Pg 13, B5 & B11, Pg 22, 6A	\$94,888	\$94,888
Athena Health Care Insurance	135 South Road Farmington, CT 06032		X	Health Insurance	Pg 15, Line 1a5	\$896,697	\$896,697
Athena Health Care Systems 401(k) plan	135 South Road Farmington, CT 06032		X	Facility Participates in a multi-facility 401 (k) plan			
Athena Health Care Associates	135 South Road Farmington, CT 06032	X	>50%	Management fees	Pg 16 line 12, pg 18 Line 2c and pg 20 line 5j	(\$55,103)	\$149,092

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

Not Applicable: No Non-Nursing Home Cost Centers

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2017		Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No					
Pitney Bowes	<input type="checkbox"/>	<input type="checkbox"/>	07/24/12	Annual renewal	\$436	\$436	
LEAF, PO Box 742647, Cincinnati, OH 45274-2647	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10/13/16	50 months	\$9,852	\$9,033	
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	08/09/13	60 months	\$3,980	\$3,980	
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/09/14	60 months	\$1,751	\$1,751	
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total ***
							\$15,200

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



RENTAL AGREEMENT

1720A Crete Street, Moberly, MO 65270
Phone: 800-662-3759, Fax: 800-426-2626

CUSTOMER LEGAL NAME: Athena Health Care Associates Inc
Tax ID#: 050454035
Telephone No: 2037299889

Billing Address: 135 South Road, Farmington, CT 06032
Equipment Location (if other than Billing Address): 135 South Road, Farmington, CT 06032

EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)

Table with columns: Unit Quantity, Description of Equipment, Make and Type, Model Number, Serial Number. Includes a summary table for rental terms: BASE TERM IN MONTHS (50), TOTAL NUMBER OF RENTAL PAYMENTS (2 @ \$0.00 followed by 48 @ \$772.00), and a breakdown of costs: (a) Advance Payment: \$0.00, (b) Security Deposit: \$0.00, (c) Documentation Fee: \$95.00, Total due a + b + c =: \$95.00.

TERMS AND CONDITIONS

In this agreement ("Rental"), "we," "our," and "us" refers to LEAF Capital Funding, LLC and "you" and "your" refer to the Customer. You agree to rent the Equipment from us upon the following terms and conditions:
1. RENTAL PAYMENTS AND TERM: The Rental is enforceable on you upon your execution. The term of the Rental shall commence on the date the Equipment is delivered to you ("Rental Commencement Date").
2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment.
3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, rental, possession, delivery or return of Equipment.
4. RENTAL EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Rental of your election to return the Equipment, this Rental will renew on a month-to-month basis at the same monthly Rental Payment until you provide us with at least 90 days notice and return the Equipment.
5. LATE FEES AND CHARGES: If any amount is not paid within five (5) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.
6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.
7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition ("Risk Period").
8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment.
9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Rental, any guaranty or any license relating to the Equipment, you will be in default.
10. ASSIGNMENT: You have no right to sell or assign the Equipment or Rental.
11. ARTICLE 2A: You agree this Rental is a "finance lease" as defined in Article 2A of the Uniform Commercial Code.
12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
13. CHOICE OF LAW: THIS RENTAL WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.
14. MISCELLANEOUS: This Rental is the parties' entire agreement and can be amended only in writing signed by both parties.

ACCEPTED BY CUSTOMER: Athena Health Care Associates Inc
Print Name: Britt Stewart
Title: Administrator
E-Mail Address: administrator@compyside.com
Date: Oct 13, 2016

PERSONAL GUARANTY: Undersigned guarantees that Customer will make all payments and perform all other obligations under the Rental when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Customer or the Equipment. Undersigned also waives all suretyship defenses and notification if the Customer is in default and consents to any extensions or modifications granted to Customer. Undersigned will pay us all expenses (including attorneys' fees) we incur in enforcing our rights against undersigned or Customer. If more than one person signs this guaranty, each agrees that his/her liability is joint and several. Undersigned authorizes us and our affiliates to obtain credit bureau reports and make inquiries regarding undersigned's personal credit. You consent to jurisdiction in the State or Federal courts in Pennsylvania and expressly waive any right to a trial by jury.

SIGNED X Print Name: E-Mail Address:

Accepted by: LEAF CAPITAL FUNDING, LLC By: Title: Date:



SCHEDULE A TO RENTAL AGREEMENT (EQUIPMENT DESCRIPTION)

Rental Application No.: 377292

Table with 5 columns: QNT, Equipment Description, New/Used, Make, Model, Serial Number

Location: 135 South Road, Farmington, CT 06032

- 9 Xerox WC 3655 Copier System New
1 Xerox WC 7970 Color Copier System New

Table with 2 columns: Equipment Description, Serial Number. Lists Xerox models and their serial numbers.

CUSTOMER: Athena Health Care Associates Inc

LEAF CAPITAL FUNDING, LLC

BY: [Signature]
PRINT NAME: Brian Stewart
TITLE: Administrator
DATE: Oct 13, 2016

BY:
PRINT NAME:
TITLE:
DATE:



SCHEDULE A TO RENTAL AGREEMENT
(EQUIPMENT DESCRIPTION)

Rental Application No.: 377292


QNT	Equipment Description	New/Used	Make	Model	Serial Number
-----	-----------------------	----------	------	-------	---------------

Location: 135 South Road , Farmington, CT 06032

9	Xerox WC 3655 Copier System	New			
1	Xerox WC 7970 Color Copier System	New			

CUSTOMER: Athena Health Care Associates Inc

LEAF CAPITAL FUNDING, LLC

BY: 

BY: _____

PRINT NAME: Byron Stewart

PRINT NAME: _____

TITLE: Administrator

TITLE: _____

DATE: Oct 13, 2016

DATE: _____

GUARANTY

THIS GUARANTY, dated as of October 13, 2016 ("Guaranty"), is made by Countryside Manor Inc., an organization having its principal place of business at 1660 Stafford Ave, Bristol, CT 06010 ("Guarantor").

In order to induce LEAF Capital Funding, LLC ("LEAF") from time to time to enter into or extend certain financial accommodations with, or forebear from exercising rights and remedies against, Athena Health Care Associates Inc ("Customer"), Guarantor guarantees to LEAF the payment and performance of the Obligations, as defined below. Guarantor acknowledges that LEAF is relying upon this Guaranty in providing financial accommodations to Customer. If more than one entity executes this Guaranty, the liability of each such Guarantor hereunder shall be joint and several.

Section 1. Guaranty of Payment and Performance. Guarantor guarantees to LEAF the prompt payment and/or performance of all indebtedness, obligations and liabilities of Customer at any time owing to LEAF, whether now existing or hereafter arising, direct or indirect, matured or unmatured, primary or secondary, certain or contingent, or acquired by or otherwise created in favor of LEAF, including without limitation any and all rent, loan, purchase or other installment payments, principal balances, taxes, indemnities, liquidated damages, accelerated amounts, return deficiency charges, casualty value payments, all interest, late charges and fees, collection expenses, attorneys' fees for enforcement and other costs, which may at any time be payable to LEAF, together with all claims for damages arising from or in connection with the failure to punctually and completely pay or perform such obligations, whether or not such obligations are from time to time reduced or extinguished and thereafter increased or incurred (collectively the "Obligations"). This Guaranty is a guaranty of payment and performance, and not a guaranty of collection, and Guarantor hereby undertakes and agrees that if Customer does not or is unable to punctually and completely pay or perform any Obligations for any reason, Guarantor shall (i) punctually pay any such Obligations requiring the payment of money which Customer fails to pay promptly, as and when due, in each case, as an Obligation for payment due directly from Guarantor to LEAF and without any abatement, reduction, setoff, defense, counterclaim or recoupment, and (ii) punctually perform any and all Obligations not requiring the payment of money for the benefit of LEAF, as an Obligation for performance due directly from Guarantor to LEAF. Guarantor shall be deemed to be primarily liable for each Obligation and not merely as a surety thereof. This Guaranty is a continuing one and will be effective and binding upon Guarantor regardless of how long before or after the date hereof any Obligation may have arisen or will arise. The obligations of Guarantor hereunder shall be absolute and unconditional, irrespective of any circumstances which might constitute a legal or equitable defense or discharge of his or her obligations hereunder or which otherwise limit enforceability against the Guarantor by LEAF.

Section 2. Representations, Warranties and Covenants.

2.1 Guarantor represents and warrants to LEAF, knowing that LEAF is relying thereon, as follows:

(a) Guarantor is an entity duly organized, validly existing and in good standing under the laws of the jurisdiction of its organization and has full power and authority to enter into and perform its obligations under this Guaranty.

(b) The execution, delivery, and performance by Guarantor of this Guaranty have been duly authorized by all necessary action on the part of Guarantor, are not inconsistent with its organizational documents, do not and will not contravene any law or governmental rule, regulation or order applicable to Guarantor, and do not and will not contravene any provision of, or constitute a default under, any indenture, mortgage, contract or other instrument to which Guarantor is a party or by which it is bound. This Guaranty will constitute the legal, valid and binding agreement of Guarantor, enforceable in accordance with its terms.

(c) There are no actions, suits or proceedings pending or, to the knowledge of Guarantor, threatened against or affecting Guarantor in any court or before any governmental commission, board or authority which, if adversely determined, will have a material adverse effect on the ability of Guarantor to perform its obligations under this Guaranty.

(d) The balance sheet and statement of income of Guarantor heretofore delivered to LEAF have been prepared in accordance with

generally accepted accounting principles and fairly present the financial position of Guarantor on and as of the date thereof and the results of its operations for the period or periods covered thereby. Since the date of such balance sheet, there has been no material adverse change in the financial condition of Guarantor.

(e) As of the date hereof, and after giving effect to this Guaranty and the contingent obligations contained herein, Guarantor is solvent and has assets which, when fairly valued, exceed its liabilities. The performance of the obligations of Guarantor hereunder will not cause Guarantor to exceed its ability to pay its debts as they mature, and this Guaranty is made without any intent to hinder, delay or defraud either present or future creditors, purchasers or other interested persons.

2.2 Commencing on the date hereof and until all of the Obligations are satisfied in full, Guarantor shall furnish to LEAF: (i) within 120 days after the close of each fiscal year of Guarantor occurring after the date hereof, an audited balance sheet of Guarantor at and as of the end of such fiscal year, together with an audited statement of income of Guarantor for such fiscal year, all prepared in accordance with generally accepted accounting principles consistently applied, and (ii) from time to time, such other information as LEAF may reasonably request with respect to the financial or business condition of Guarantor.

Section 3. Waiver of Precondition, Suretyship Defenses. Guarantor hereby waives against LEAF as a precondition for payment hereunder each of the following: any demand for payment, filing of claims with any court, and proceedings to enforce any provisions of the Obligations or this Guaranty, any right to require a proceeding first against the Customer or any party whatsoever or to exhaust any security for the Obligations, and all protests, presentment, notice (including, without limitation, notice of acceptance of this Guaranty by LEAF) or demand whatsoever. Guarantor hereby covenants that by its agreement under this Guaranty it shall not be discharged from its obligations hereunder or with respect to the Obligations except by payment in full of all amounts due and to become due with respect to the Obligations and this Guaranty and performance and discharge of all the Obligations, and only to the extent of any such payment, performance and discharge. Without limiting the generality of the foregoing, the obligations of Guarantor hereunder and LEAF's rights to enforce same shall not be in any way affected by (i) any insolvency, bankruptcy, liquidation, reorganization, dissolution, winding up or other proceeding involving or affecting Customer, Guarantor or others; (ii) any change in the ownership of Customer; and (iii) any failure on the part of any other party whether or not without fault on its part to perform or comply with any of the terms of the Obligations or this Guaranty or any other instrument. Guarantor hereby waives any defenses which Guarantor may have or assert against the enforcement of this Guaranty or any obligation based upon suretyship principles or any impairment of collateral.

Section 4. Relation with Customer, Release of Collateral. LEAF may, without notice to Guarantor, deal with the Customer in the same manner and as freely as if this Guaranty did not exist and shall be entitled among other things, without loss of right hereunder, to grant Customer such extensions of time to perform any act or acts as may seem advisable to LEAF at any time and from time to time without terminating, affecting or impairing the validity of Guarantor's obligations hereunder. No compromise, alteration, amendment, modification, extensions, renewal, release of collateral, failure to acquire or maintain a lien upon collateral or other change of or waiver, consent or any action or delay or admission or failure to act in respect of any liability or obligation under or in respect of the Obligations shall in any way alter or affect the obligations of Guarantor hereunder.

Section 5. Debt Subordination. All debts and liabilities, present and future of the Customer to the Guarantor ("Subordinated Debt") are hereby subordinated to the payment and performance of the Obligations, and all monies received by the Guarantor or its representative, successors or assigns thereon, shall be received as trustee for LEAF and shall be paid over to LEAF, and the Guarantor further agrees, upon any liquidation or distribution of the assets of the Customer, to assign to LEAF upon its request all claims on account of the Subordinated Debt and all security therefore, to the end that LEAF shall receive all dividends and payments on such Subordinated Debt until payment and performance in full of all the Obligations has occurred. This Guaranty shall constitute an assignment of

the Subordinated Debt in the event the Guarantor shall fail or refuse to execute and deliver such other or further assignment of such claims and security as LEAF may request. Guarantor shall not demand or accept any payment of, or otherwise cancel, set-off or otherwise discharge any part of, the Subordinated Debt without the prior written consent of LEAF, provided, however, that for so long as there is no default hereunder or in connection with the Obligations or the Subordinated Debt, Guarantor may receive and Customer may pay (but not prepay, whether or not permitted or contemplated by the terms of the Subordinated Debt) principal and/or interest or other scheduled installment payments of Subordinated Debt from Customer. Upon the request of LEAF, Guarantor shall deliver to LEAF a certified statement of the outstanding Subordinated Debt, specifying in detail the time at which permitted payments of Subordinated Debt were made, if any, and such other information as LEAF may request.

Section 6. Waiver of Subrogation. Guarantor hereby irrevocably waives any and all rights it may have to enforce any of LEAF's rights or remedies or participate in any security now or hereafter held, and any and all such other rights of subrogation, reimbursement, contribution or indemnification against the Customer, or any other person having any manner of liability for Customer's obligations to LEAF, whether or not arising hereunder, by agreement, at law or in equity.

Section 7. Events of Default. Each of the following events shall constitute an Event of Default under this Guaranty: (i) if there exists any event or condition which, with notice and/or the passage of time, would constitute a default under any document, agreement or instrument evidencing an Obligation (including any default relating to Guarantor or this Guaranty); (ii) Guarantor fails to perform or observe any covenant, term or condition or breaches any representation or warranty contained in this Guaranty and such failure shall continue unremedied for a period of fifteen days after written notice from LEAF to Guarantor stating the failure; or (iii) there is a liquidation, bankruptcy, assignment for the benefit of creditors or similar proceeding affecting the status, existence, assets or obligations of Customer or any Guarantor or other party liable to LEAF in respect of the Obligations, (each of the foregoing being hereinafter referred to as a "Default"), then the Obligations of Customer shall, at the sole option of LEAF, be deemed to be accelerated and become immediately due and payable by Guarantor for all purposes of this Guaranty, and Guarantor shall (Y) immediately pay directly to LEAF all such Obligations for the payment of money owing to LEAF by reason of acceleration or otherwise (including without limitation, any rent, liquidated damages, principal or interest payments or balances, fees, other installments or any other accrued or unaccrued amounts with respect to such Obligations), irrespective of whether a Default exists relating to Customer, and notwithstanding any stay, injunction or other prohibition preventing acceleration of any Obligations against Customer, and (Z) promptly perform all other Obligations. Guarantor shall be liable, as principal obligor and not as a surety or guarantor only, for all attorneys' fees and other costs and expenses incurred by LEAF in connection with LEAF's enforcement of this Guaranty, together with interest on all amounts recoverable under this Guaranty, compounded monthly in arrears, from the time such amounts become due and payable until the date of payment at the lesser of LEAF's then current late charge rate of interest or the highest rate permitted by applicable law. If LEAF is required to return any payment made to LEAF by or on behalf of Customer, whether as a result of Customer's bankruptcy, reorganization or otherwise, Guarantor acknowledges that this Guaranty covers all such amounts, notwithstanding that the original of this Guaranty may have been returned to Guarantor and/or otherwise canceled. No remedy provided for herein is intended to be exclusive but each shall be cumulative and in addition to any other remedy referred to above or otherwise available at law or in equity.

Section 8. Miscellaneous.

8.1 This Guaranty is in addition to and not exclusive of the guaranty of any other guarantor and of any and all prior guarantees by and of the Guarantor of the obligations of the Customer to LEAF. Guarantor waives all right to trial by jury in any litigation relating to this Guaranty or the transactions contemplated hereby.

8.2 Guarantor hereby irrevocably submits itself to jurisdiction in the Courts of the Commonwealth of Pennsylvania and to jurisdiction in the United States District Court for the Eastern District of Pennsylvania with respect to any matter, suit or proceeding arising out of this Guaranty or the transactions contemplated hereby. Guarantor agrees that service of process may be duly made upon it by registered or certified mail (return

receipt requested) at the address of Guarantor set forth herein or at such other address as Guarantor shall from time to time designate by notice to LEAF similarly given.

8.3 This Guaranty shall, with the exception of laws relating to choice of law, be governed by and construed in accordance with the laws of the Commonwealth of Pennsylvania, without regard to the principles regarding the choice of law. This Agreement shall be binding upon Guarantor and its successors and assigns. LEAF may, at any time and without the consent of, or notice to, Guarantor, assign all or any portion of its rights hereunder to any other party to which all or any portion of the Obligations are transferred, assigned or negotiated (an "Assignee"). Guarantor shall promptly execute and deliver to LEAF or its Assignee such additional documents, instruments and assurances as LEAF deems necessary in order to acknowledge and confirm, for the benefit of LEAF or its Assignee, all of the terms and conditions of all or any part of the Obligations or this Guaranty and LEAF's or Assignee's rights with respect thereto.

8.4 This Guaranty contains the entire agreement between Guarantor and LEAF relating to the subject matter hereof. A photocopy, printed electronic image or facsimile of this Guaranty that includes copies of the signature of Guarantor shall be legally admissible under the "best evidence" or other similar rule of evidence and shall be treated as an original document and proof of the agreement between the parties.

IN WITNESS WHEREOF, the undersigned has caused this Guaranty to be executed as of the date set forth above.

GUARANTOR: Countryside Manor Inc

BY: [Signature]

PRINT NAME: Brett Stewart

TITLE: Administrator

GUARANTOR'S TAX ID#: 270058394

General Information and Questionnaire
Accounting Basis

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 DHL & S	4 Corporate Drive, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive, New Haven, CT 06511
3	200 International Dr, Buffalo, NY
4	

Services Provided by This Firm (*describe fully*)

1 Audit & Year End Financials	\$ 20,600
2 Medicare cost report Preparation	\$ 2,700
3	\$ -
4	\$ -
	Charge for Services Provided
	\$23,300

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

- Yes No **Pg 15, Line1d**

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman Gruder & Woods	203-899-8900
2 State of CT Probate/Marshall	860-584-6230
3 Schiff Harding	
4 Shipman & Goodwin/Creed	860-251-5000
5 Murtha Cullina	860-240-6000

Address (*No. & Street, City, State, Zip Code*)

- 1 **200 Connecticut Avenue, Norwalk, CT**
 2 **111 N. Main Street, Bristol, CT**
 3
 4 **One constitution Plaza, Hartford, CT**
 5 **185 Asylum Street, Hartford, CT**

Services Provided by This Firm (*describe fully*)

1 A/R Collections:Disallowed	\$ 6,598
2 Conservatorship hearing:Disallowed	\$ 880
3 Key Bank Loan Modification: Disallowed	\$ 450
4 General matters: Disallowed	\$ 31,465
5 Audit letter & Sec of State filing:\$567 allowed; Misc fees: \$1020 Disallowed	\$ 1,607
	Charge for Services Provided
	\$41,000

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

- Yes No **Pg 15, Line1e**

Schedule of Resident Statistics

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			09/30/17				8	37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period.....	90	90			90	90			90	90			
B. On last day of THIS report period.....	90	90			90	90			90	90			
2. Number of Residents													
A. As of midnight of PREVIOUS report period.....	85	85			90	90			85	85			
B. As of midnight of THIS report period.....	86	86			85	85			86	86			
3. Total Number of Days Care Provided During Period													
A. Medicare.....	3,139	3,139			2,411	2,411			728	728			
B. Medicaid (Conn.).....	25,768	25,768			18,926	18,926			6,842	6,842			
C. Medicaid (other states).....													
D. Private Pay.....	2,094	2,094			1,826	1,826			268	268			
E. State SSI for RCH.....													
F. Other (Specify) Managed Care	99	99			99	99							
G. Total Care Days During Period (3A thru F).....	31,100	31,100			23,262	23,262			7,838	7,838			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days.....	55	55			39	39			16	16			
B. Other Bed Reserve Days.....	20	20			16	16			4	4			
5. Total Resident Days (3G + 4A + 4B).....	31,175	31,175			23,317	23,317			7,858	7,858			

Schedule of Resident Statistics (Cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			License No. 2285			Report for Year Ended 9/30/2017			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change.....													
2nd change.....													
3rd change.....													
4th change.....													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	5	75			3		3						
Per Diem Rate													
a. One bed rm.	517.59	232.43			497.00		374.00						
b. Two bed rms.	517.59	232.43			476.00		374.00						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	(Specify)					
A. Medicare - Part B					3,767	3,767							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					593	593							
2. Restorative Treatments													
C. Other					6,969	6,969							
D. Total Physical Therapy Treatments					11,329	11,329							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					868	868							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					41	41							
2. Restorative Treatments													
C. Other					1,205	1,205							
D. Total Speech Therapy Treatments					2,114	2,114							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					5,023	5,023							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					397	397							
2. Restorative Treatments													
C. Other					7,417	7,417							
D. Total Occupational Therapy Treatments					12,837	12,837							

Report of Expenditures - Salaries & Wages

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	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	106,546	2,128				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	145,591	6,307				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	49,137	2,095				
c. Dietary Workers	284,482	22,471				
6. Housekeeping Service						
a. Head Housekeeper	48,474	2,120				
b. Other Housekeeping Workers	171,690	15,449				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,024	2,029				
b. Other Maintenance Workers	33,875	2,021				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	64,158	4,796				
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	206,257	3,784				
b. RN						
1. Direct Care	527,083	15,341				
2. Administrative**	272,592	10,598				
c. LPN						
1. Direct Care	686,985	26,434				
2. Administrative**						
d. Aides and Attendants	1,374,192	82,373				
e. Physical Therapists	428,363	14,025				
f. Speech Therapists	55,364	1,198				
g. Occupational Therapists	198,436	5,459				
h. Recreation Workers	157,019	7,445				
i. Physicians						
1. Medical Director						
2. Utilization Review						
3. Resident Care***						
4. Other (Specify)						
j. Dentists						
k. Pharmacists						
l. Podiatrists						
m. Social Workers/Case Management	140,690	4,422				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	5,011,958	230,495				

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

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285		Report for Year Ended 9/30/2017		Page 11	of 37				
	CCNH	RHNS (Specify)	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered			Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked
Section I - Operators/Owners										
Not Applicable										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										
Not Applicable										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2017		Page 12	of 37			
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Brett Stewart (10/1/16-9/30/17)	106,546		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	2,128	A2			
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2017	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian.....						
2. Dentist.....	9,775	55				
3. Pharmacist.....	579	9				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....						
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	24,000	39				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	215					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) See Attached Schedule	400	4				
9. Speech Therapist						
a. Resident Care.....	4,872	18				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....						
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	9,447	137				
2. Administrative***	10,950	211				
b. LPN						
1. Direct Care	81,061	1,474				
2. Administrative***						
c. Aides.....	28,790	899				
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	170,089	2,846				

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

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Health Drive, 85 Barnes Road, Suite 207, Wallingford, CT 06492	Dental Consulting	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Omnicare, Knotter Drive, Cheshire, CT 06410	Pharmacy Consultant	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Dr. Steven Zebrowski, 120 West Main Street, Plainville, CT	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Vista Behavioral Health, LLC, 152 Simsbury Road, Avon, CT 06001	Psychiatric Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Swallowing Diagnostics, 21 Waterbille Road, Avon, CT	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Athena Health Care, 135 South Road, Farmington, CT 06032	MDS Fill-in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	
Procure LTC	Pharmacy Consultant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common owners:Minority interest	
SDX Dysphagia Experts, 21 Waterville Road, Avon, CT	Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
ProHealth Physicians, 120 West Main Street, Plainville, CT	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
MassTex Imaging, 3 Electronics Ave, Danvers, MA	Speech therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Bristol Hospital Multi-Specialty Group, PO Box 416874, Boston, MA 02241	Physician Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
CT Foot Care Center, PO Box 37, Rocky Hill, CT 06067	Podiatrist	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
HealthDrive Eyecare Group, 888 Worcester Street, Wellesley, MA 02482	Eye Doctor	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Nurse Network, 405 Park Ave, New York, NY	Nurse Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Ready Nurse Staffing, PO Box 301076, Dallas, TX 75303	Nurse Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 400,692	400,692			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 77,490	77,490			
4. Social Security (F.I.C.A.).....	\$ 385,014	385,014			
5. Health Insurance.....	\$ 874,549	874,549			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 39,404	39,404			
8. Uniform Allowance.....	\$				
9. Other (<i>Specify</i>)..... See Attached Schedule	\$				
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$				
c. Bad Debts*.....	\$ 153,173	153,173			
d. Accounting and Auditing.....	\$ 23,300	23,300			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 41,000	41,000			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*.....	\$				
g. Office Supplies.....	\$ 48,794	48,794			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 45,357	45,357			
2. Cellular Phones.....	\$ 1,994	1,994			
i. Appraisal (<i>Specify purpose and attach copy</i>)*.....	\$				
j. Corporation Business Taxes (<i>franchise tax</i>).	\$ 250	250			
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*.....	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$ 589,842	589,842			
Subtotal	\$ 2,680,859	2,680,859			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:					
	2,680,859	2,680,859			
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$	4,794	4,794		
3. Gifts to Staff and Residents.....	\$	7,191	7,191		
4. Employee Travel.....	\$	1,165	1,165		
5. Education Expenses Related to Seminars and Conventions	\$	2,450	2,450		
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify).....	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses).....	\$	8,073	8,073		
2. Advertising Telephone Directory (all such expenses)***	\$	417	417		
3. Advertising Other (Specify)***.....	\$	41,962	41,962		
See Attached Schedule					
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$	312	312		
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$	3,383	3,383		
* 8. Dues and Membership Fees to Professional Associations (Specify).....	\$	9,039	9,039		
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$				
10. Contributions***.....	\$				
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**.....	\$	(34,901)	(34,901)		
13. Other (Specify).....	\$	112,561	112,561		
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$	2,837,305	2,837,305		

* 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)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 41,962		
Total Other Advertising	\$ 41,962	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 85		
CT ACHCA	\$ 5,468		
CAHCF	\$ 3,486		
Total Dues	\$ 9,039	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,662		
Bank Charges	\$ 6,393		
Payroll Processing Fees	\$ 18,321		
Employee Physicals and Background checks	\$ 18,245		
energy audit	\$ 1,697		
Medicaid Application Consulting	\$ 7,500		
Temp Help - Bookkeeping	\$ 945		
Data Processing Fees	\$ 48,798		
Recruitment Fee-Administrator	\$ 9,000		
Total Other Administrative and General	\$ 112,561	\$ -	\$ -

Schedule C-1 - Management Services*

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	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	(\$59,417)	Contract Attached to a Prior Year	See Below
Allocation of Above	(\$39,215) (\$9,507) (\$10,695)	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$4,314	Admin/Gen - Other Exp	Pg 16, Line 12

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2017	18	37
Item	Total	CCNH	RHNS	(Specify)
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food.....	\$ 202,654	202,654		
2. Non-Food Supplies.....	\$ 22,391	22,391		
3. Other (Specify) _____	\$ 220	220		
Dishes = \$220				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**.....	\$ (9,507)	(9,507)		
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 215,758	215,758		
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)
G. Resident Meals: Total no. of meals served per day:*	256	256		
H. Is cost of employee meals included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$44161	
L. Is any revenue collected from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.	
O. Is any revenue collected from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.	
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2017		Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*	Lbs.					
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$					
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.					
	Amt. \$					
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.					
	Amt. \$					
4. Repair and/or purchase of linens.***	Lbs.					
	Amt. \$	9,916	9,916			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$					
c. Management Services**	\$					
d. Other (Specify) Supplies = \$4,883	\$	4,883	4,883			
3E. Total Laundry Expenditures (3a + b + c + d)	\$	14,799	14,799			
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.			
H. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.			
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.			
K. Did you receive revenue from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.			
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					

* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.
 All allocations should add to total recorded in 3E.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.
 *** Pounds of Laundry only required for multi-level facilities.

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2017		Page 20	of 37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	22,830	22,830		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)....	\$	22,830	22,830		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy.....	\$				
2.	Purchased from Omni Care	\$	188,764	188,764		
b.	Medicine Cabinet Drugs.....	\$	16,990	16,990		
c.	Medical and Therapeutic Supplies.....	\$	213,661	213,661		
d.	Ambulance/Limousine***.....	\$	4,203	4,203		
e.	Oxygen					
1.	For Emergency Use.....	\$				
2.	Other***.....	\$	44,476	44,476		
f.	X-rays and Related Radiological Procedures***.....	\$	12,607	12,607		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>).....	\$				
h.	Laboratory***.....	\$	7,913	7,913		
i.	Recreation.....	\$	15,549	15,549		
j.	Other (Specify)**** See Attached Schedule	\$	162,568	162,568		
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	666,731	666,731		

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

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

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

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

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

Name of Facility		License No.	Report for Year Ended	Page of					
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285	9/30/2017	21 37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Full Explanation of Service Provided*	CCNH	RHNS	(Specify)	Pg	Line
		Yes	No						
CT Waste Processing	25 Norton Place, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rubbish Removal	20,307			22	6f
Omnicare/Value Health	P.O.Box 31513, Hartford, CT 06150	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pharmacy Supplies & Services	168,162			20	5a2
ADP	Philadelphia, PA 19170-0351	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payroll services	14,058			16	1m13
Compass Enterprises	89 Birch Street, Southington, CT 2070 West Street, Southington, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Snow removal	16,979			22	6f
Winterberry Gardens	111 Executive Blvd., Farmingdale, NY 11735	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landscaping Pharmacy Supplies & Services	10,672			22	6f
Procare LTC		<input type="checkbox"/>	<input checked="" type="checkbox"/>		16,733			20	5a2
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	130,137	130,137				
b. Heat..... \$	60,716	60,716				
c. Light & Power..... \$	73,887	73,887				
d. Water..... \$	35,000	35,000				
e. Equipment Lease (Provide detail on page 6)..... \$	15,200	15,200				
f. Other (itemize)..... \$	140,284	140,284				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	455,224	455,224				
7. Depreciation (complete schedule page 23*)						
a. Land Improvements..... \$						
b. Building & Building Improvements..... \$						
c. Non-Movable Equipment..... \$	21,048	21,048				
d. Movable Equipment..... \$	41,822	41,822				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	62,870	62,870				
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	71,654	71,654				
d. Other (Specify)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	71,654	71,654				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	352,828	352,828				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	104,858	104,858				
c. Personal property taxes..... \$	17,700	17,700				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	609,910	609,910				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 8,053		
Rubbish Removal	\$ 20,409		
Snow Removal	\$ 20,095		
Supplies	\$ 90,424		
Exterminating	\$ 1,303		
Total Other Repairs and Maintenance	\$ 140,284	\$ -	\$ -

Depreciation Schedule

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		9/30/2017		23	37
A. Land Improvements							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
A-4. Subtotal.....							
B. Building and Building Improvements							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
B-4. Subtotal.....							
C. Non-Movable Equipment							
1. Acquired prior to this report period							
2. Disposals (attach schedule)							
3. Acquired during this report period (attach schedule)							
C-4. Subtotal.....							
D. Movable Equipment							
1. Motor Vehicles (Specify name, model and year of each vehicle)							
a.							
b.							
c.							
d.							
2. Movable Equipment							
a. Acquired prior to this report period							
b. Disposals (attach schedule)							
c. Acquired during this report period (attach schedule)							
D-3. Subtotal.....							
E. Total Depreciation.....							
							Totals
							21,048
							Totals
							41,822
							62,870

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

**Countryside Manor
Leasehold Improvements**

FYE 9/30/17

Posted	Vendor	Description	Amount	Capital Acct	Deprec Years
6/30/2017	CF Stinson LLC	Carpeting	\$ 1,015.00	1942	5
7/31/2017	Write Way Signs & Designs	Interior Signage	\$ 1,426.79	1942	5
		total 5 year	\$ 2,441.79		
10/31/2016	Proline	Garbage Disposal Contactors	\$ 1,061.51	1942	10
11/30/2016	Emerald Resources	Electronic Door Safety Equip	\$ 6,638.24	1942	10
11/30/2016	Emerald Resources	Universal Surface Mount w/ Receivers	\$ 3,639.30	1942	10
12/31/2016	Modern Mechanical	expansion tank	\$ 1,445.00	1942	10
2/28/2017	Inpro	Siding	\$ 3,443.32	1942	10
2/28/2017	Inpro	Corner Guards	\$ 531.28	1942	10
4/30/2017	Sherwin-Williams	Wood Flooring	\$ 2,720.43	1942	10
4/30/2017	Sherwin-Williams	Wood Flooring	\$ 893.34	1942	10
4/30/2017	Inpro	Siding	\$ 1,706.02	1942	10
5/31/2017	The Flying Locksmiths	Fire Door Repair - Deposit	\$ 1,184.21	1942	10
6/30/2017	The Flying Locksmiths	Fire Door Repair - Balance	\$ 1,184.20	1942	10
7/31/2017	Emerald Resources	Door Alarms	\$ 8,467.06	1942	10
7/31/2017	Emerald Resources	Door Alarms	\$ 3,145.83	1942	10
8/31/2017	Reliable Flooring Contractor	Flooring - Kitchen Alcove	\$ 4,390.00	1942	10
		total 10 year	\$ 40,449.74		
11/30/2016	Weld Power Service	Radiator and Cap	\$ 1,499.75	1942	15
11/30/2016	Weld Power Service	Radiator and Cap	\$ 4,926.48	1942	15
12/31/2016	All Trade Industries	Firewall	\$ 5,019.72	1942	15
1/31/2017	Fire Service Group	Drywall Replacement	\$ 1,065.80	1942	15
6/30/2017	Infinity Group	Interior Doors - 50%	\$ 2,733.62	1942	15
6/30/2017	Accurate Commercial Door & Hardware	Interior Doors	\$ 1,155.00	1942	15
6/30/2017	Door Control Inc	Slider Door Repair	\$ 1,392.65	1942	15
7/31/2017	Accurate Commercial Door & Hardware	Interior Doors	\$ 2,984.00	1942	15
9/30/2017	Infinity Group	Interior Doors - 50%	\$ 2,733.62	1942	15
		total 15 year	\$ 23,510.64		
7/31/2017	Modern Mechanical Services	Plumbing Repairs	\$ 7,642.54	1942	20
7/31/2017	Modern Mechanical Services	Boiler Repairs	\$ 1,454.00	1942	20
8/31/2017	Modern Mechanical Services	Plumbing Repairs	\$ 589.17	1942	20
8/31/2017	Modern Mechanical Services	Plumbing Repairs	\$ 589.17	1942	20
		total 20 year	\$ 10,274.88		

Amortization Schedule*

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol			License No. 2285		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal.....									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal.....									
C. Leasehold Improvements and Other (Specify)									
1. Acquired prior to this report period	9	2016	Various	1,229,093	826,561	s/l	Var	68,347	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2017	Various	76,677		s/l	Var	3,307	
C-4. Subtotal.....									71,654
D. Total Amortization									71,654

* 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.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2017	Page 24A	of 37
C. Leasehold Improvements				
(Specify)				
1. Acquired prior to this report period	Various	826,561 s/l	68,347	
2. Disposals (attach schedule)				
3. Acquired during this report period	Various	s/l	3,307	
C-4. Subtotal.....				71,654
C. Other (Specify)				
1.				
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	Various	826,561 s/l	68,347	
Total Disposals				
Total Acquired during this report period	Various	s/l	3,307	

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2017	Page 25	of 37
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11. Property Questionnaire

Part A

Is the property either owned by the Facility or leased from a Related Party*? Yes No If "Yes," complete Part B. If "No," complete Part C.

*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	08/27/03			
4. Date of Initial Licensure	08/27/03			
5. Total Licensed Bed Capacity	90			
6. Square Footage				
7. Acquisition Cost				
a. Land	400,000			
b. Building	2,320,000			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	21			
e. Amount of Principal Borrowed	2,976,000			
f. Principal balance outstanding as of 9/30/2017	2,388,972			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2017			Page 26	of 37
Item		Total	CCNH	RHNS	(Specify)		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
2. Second Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
3. Third Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
4. Fourth Mortgage.....		\$					
Name of Lender		Rate					
Address of Lender							
B. CHEFA Loan Information							
1. Original Loan Amount.....		\$					
2. Loan Origination Date.....							
3. Interest Rate %.....							
4. Term.....							
5. CHEFA Interest Expense.....							
12 B7. Total Building Interest Expense (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2017			27	37
Item	Total	CCNH	RHNS	(Specify)		
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment.....	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify).....	\$					
A. Item	Rate	Amount				
Lender						
Address of Lender						
B. Item	Rate	Amount				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2).....	\$					
12. D. Other Interest Expense (Specify).....	\$	165,602	165,602			
Vender Interest = \$9,646; Line of Credit Interest = \$155,956						
13. Total All Interest Expense (12B7 + 12C3 + 12D).....	\$	165,602	165,602			
14. Insurance						
a. Insurance on Property (buildings only).....	\$	57,092	57,092			
b. Insurance on Automobiles.....	\$					
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage).....	\$					
2. Fire and Extended Coverage.....	\$					
3. Other (Specify).....	\$					
14d. Total Insurance Expenditures (14a + b + c)...	\$	57,092	57,092			
15. Total All Expenditures (A-13 thru C-14).....	\$	10,227,298	10,227,298			

D. Adjustments to Statement of Expenditures

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	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 198,436	198,436		
4.	Var	Var	Other - See attached Schedule.....	\$ 4,326	4,326		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 215	215		
6.			Occupational Therapy.....	\$			
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 153,173	153,173		
10.	15	1d&e	Accounting & Legal.....	\$ 40,413	40,413		
11.	30	IV3	Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 554	554		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 7,191	7,191		
15.	16	L5	Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$ 1,000	1,000		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	\$			
17.			Automobile Expense (e.g. personal use).	\$			
18.	16	m2&3	Unallowable Advertising *.....	\$ 42,379	42,379		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ (134,769)	(134,769)		
	18	2c		\$ (32,671)	(32,671)		
	20	5j		\$ (36,755)	(36,755)		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 13,893	13,893		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 45,873	45,873		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$	303,258	303,258	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol				License No. 2285	Report for Year Ended 9/30/2017	Page 29	of 37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 303,258	303,258		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 188,764	188,764		
28.	20	5d	Ambulance/Limousine.....	\$ 4,203	4,203		
29.	20	5f	X-rays, etc.....	\$ 12,607	12,607		
30.	20	5h	Laboratory.....	\$ 7,913	7,913		
31.	20	5c	Medical Supplies.....	\$ 13,066	13,066		
32.	20	5e2	Oxygen (non emergency).....	\$ 44,476	44,476		
33.	20	5j	Occupational Therapy.....	\$ 3,138	3,138		
34.	Var	Var	Other - See Attached Schedule.....	\$ 81,341	81,341		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 5,443	5,443		
36.			Depreciation on Unallowable Motor Vehicles.....	\$			
37.			Unallowable Property and Real Estate Taxes.....	\$			
38.			Rental of Building Space or Rooms.....	\$			
39.			Other - See Attached Schedule.....	\$			
Page 27 - Insurance							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 5,297	5,297		
44.			Vending Machine Revenue.....	\$			
45.			Purchase Discounts and Allowances.....	\$			
46.			Duplications of functions or services....	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest.....	\$			
48.	30	rv5	Interest Income on Accounts Rec.....	\$ 21	21		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 669,527	669,527		

*** 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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	78,128		
20	5b	E-box	3,213		
Total Other Ancillary Costs			\$ 81,341	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equipment Depreciation-carryforward	5,443		
Total Excess Movable Equipment Depreciation			5,443		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Property Adjustments					

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Other Adjustments			\$ -	\$ -	\$ -

F. Statement of Revenue

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	9/30/2017			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>).....	\$ 12,159,123	12,159,123				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (6,190,776)	(6,190,776)				
2. a. Medicaid (<i>All other states</i>).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (<i>all inclusive</i>).....	\$ 1,020,177	1,020,177				
b. Medicare Room and Board Contractual Allowance **.....	\$ (20,552)	(20,552)				
4. a. Private-Pay Residents and Other.....	\$ 1,473,401	1,473,401				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (97,589)	(97,589)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 134,950	134,950				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (134,950)	(134,950)				
c. Prescription Drugs - Non-Medicare.....	\$ 86,061	86,061				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (86,061)	(86,061)				
2. a. Medical Supplies - Medicare.....	\$ 4,066	4,066				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$					
c. Medical Supplies - Non-Medicare.....	\$ 14,011	14,011				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$					
3. a. Physical Therapy - Medicare.....	\$ 436,465	436,465				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (68,502)	(68,502)				
c. Physical Therapy - Non-Medicare.....	\$ 149,350	149,350				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (149,350)	(149,350)				
4. a. Speech Therapy - Medicare.....	\$ 166,870	166,870				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (119,230)	(119,230)				
c. Speech Therapy - Non-Medicare.....	\$ 46,290	46,290				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (46,290)	(46,290)				
5. a. Occupational Therapy - Medicare.....	\$ 510,030	510,030				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (376,745)	(376,745)				
c. Occupational Therapy - Non-Medicare.....	\$ 165,495	165,495				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (165,495)	(165,495)				
6. a. Other (<i>Specify</i>) - Medicare.....	\$					
b. Other (<i>Specify</i>) - Non-Medicare.....	\$					
III Total Resident Revenue (Section I.thru Section II.).....	\$ 8,910,749	8,910,749				
IV. Other Revenue*						
1. Meals sold to guests, employees & others.....	\$					
2. Rental of rooms to non-residents.....	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services.....	\$					
5. Interest Income (<i>Specify</i>)	\$ 21	21				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (<i>Specify</i>).....	\$ 66,118	66,118				
V. Total Other Revenue (1 thru 8).....	\$ 66,139	66,139				
VI. Total All Revenue (III + V).....	\$ 8,976,888	8,976,888				

* 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

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
NA	Interest on A/R		\$ 21		
Total Interest Income			\$ 21	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 66,118		
Total Other Revenue		\$ 66,118	\$ -	\$ -

G. Balance Sheet

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	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (on hand and in banks).....			\$	(63,867)
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	496,648
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4 Inventories.....			\$	17,983
5. Prepaid Expenses.....			\$	173,754
a. Prepaid Insurance	160,943			
b. Prepaid Health Insurance	8,873			
c. Prepaid expenses	3,938			
d.				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (itemize).....			\$	6,692
A/R Related Parties	6,692			
A-9. Total Current Assets (Lines A1 thru 8)			\$	631,210
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
3. Buildings	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
4. Leasehold Improvements	*Historical Cost.....	1,291,748	\$	407,554
	Accum. Depreciation	(884,194) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	273,119	\$	107,574
	Accum. Depreciation	(165,545) Net.....		
6. Movable Equipment	*Historical Cost.....	772,156	\$	81,633
	Accum. Depreciation	(690,523) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (itemize).....			\$	17,752
Moveable Equipment Carryforward	14,272			
Misc Fixed Asset system Difference	3,480			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	614,513

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	1,245,723
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$	481,847
2. Land Improvements	*Historical Cost.....			
	Accum. Depreciation		\$	
3. Buildings	*Historical Cost.....	2,320,000		
	Accum. Depreciation	(1,051,927)	\$	1,268,073
4. Non-Movable Equipment	*Historical Cost.....			
	Accum. Depreciation		\$	
5. Movable Equipment	*Historical Cost.....			
	Accum. Depreciation		\$	
6. Motor Vehicles	*Historical Cost.....			
	Accum. Depreciation		\$	
7. Minor Equipment-Not Depreciable.....			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	1,749,920
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense	*Historical Cost.....			
	Accum. Depreciation		\$	
4. Goodwill (Purchased Only).....			\$	325,968
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
	Name and Address	Amount	Loan Date	
7. Other Assets (<i>itemize</i>).....			\$	2,500
	Deferred Finance fees	2,500		
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$	328,468
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$	3,324,111

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable.....			\$	1,109,243
2. Notes Payable (<i>itemize</i>).....			\$	3,756,845
Loans				3,756,845
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>).....			\$	
Name of Lender		Purpose	Amount	Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>).....			\$	105,606
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....			\$	
6. Accrued Payroll Taxes Payable.....			\$	5,525
7. Medicare Final Settlement Payable.....			\$	
8. Medicare Current Financing Payable.....			\$	
9. Mortgage Payable (<i>Current Portion</i>).....			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>).....			\$	5,714
11. Accrued Income Taxes*.....			\$	
12. Other Current Liabilities (<i>itemize</i>).....			\$	234,465
Acc'd Operating Expenses				90,688
Acc'd Expense - Sales Tax				72
Acc'd Property Taxes				(6,168)
Provider Taxes Due				149,873
A-13. Total Current Liabilities (Lines A1 thru 12).....			\$	5,217,398

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

(Carry Total forward to next page)

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

G. Balance Sheet (cont'd)

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				5,217,398	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>).....\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable.....\$					
3. Loans from Owners or Related Parties (<i>itemize</i>).....\$ 215,273					
Name and Address of Lender	Amount	Loan Date			
	215,273				
4. Other Long-Term Liabilities (<i>itemize</i>).....\$ 681,638					
<u>Due to Landlord</u>		681,638			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....\$ 896,911					
C. Total All Liabilities (Lines A-13 + B-5).....\$ 6,114,309					

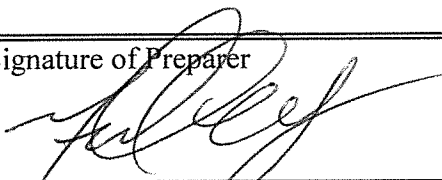
G. Balance Sheet (cont'd)
Reserves and Net Worth

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	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	481,847
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	1,268,073
3. Reserve for depreciation value of leased personal property (<i>Equity</i>) ..			\$	
4. Reserve for leasehold real properties on which fair rental value is based.....			\$	
5. Reserve for funds set aside as donor restricted.....			\$	
6. Total Reserves.....			\$	1,749,920
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	(902,364)
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(2,387,344)
6. Gain or Loss for Period	10/1/2016	thru	9/30/2017	\$ (1,250,410)
7. Total Net Worth.....			\$	(4,540,118)
C. Total Reserves and Net Worth			\$	(2,790,198)
D. Total Liabilities, Reserves, and Net Worth			\$	3,324,111

H. Changes in Total Net Worth

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	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(3,274,253)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	8,976,888
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	10,227,298
D. Net Income or Deficit.....			\$	(1,250,410)
E. Balance.....			\$	(4,524,663)
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
Surplus Cash from Landlord		(18,198)		
2. Other (<i>itemize</i>)				
Prior Year Cost Report Accruals		3,259		
2016 expense adjustment - RICOH lease		(1,012)		
2016 expense adjustment - office supplies		496		
F-3. Total Additions.....			\$	(15,455)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>).....			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>).....			\$	
Purpose		Amount		
3. Total Deductions.....			\$	
H. Balance at End of Period	09/30/17		\$	(4,540,118)

I. Preparer's/Reviewer's Certification

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. <p style="text-align: center;">2285</p>	Report for Year Ended <p style="text-align: center;">9/30/2017</p>	Page <p style="text-align: center;">37</p>	of <p style="text-align: center;">37</p>
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title <p style="text-align: center;">CFO</p>	Date Signed <p style="text-align: center;">2/9/18</p>		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/13.