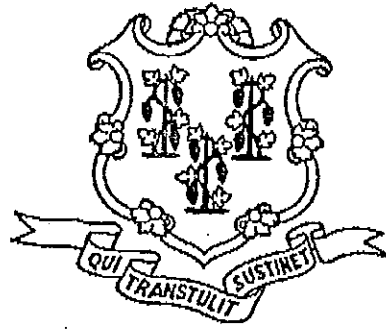
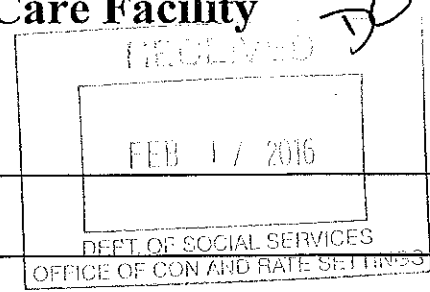


# State of Connecticut



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## Annual Report of Long-Term Care Facility Cost Year 2015



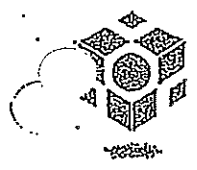
Name of Facility (as licensed) Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	
Address (No. & Street, City, State, Zip Code) 1660 Stafford Avenue Bristol, CT 06010	
Type of Facility  <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

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

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**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 9/30/2015	Page 1	of 37
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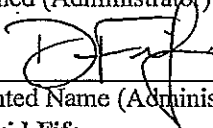
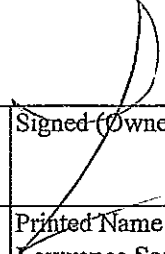
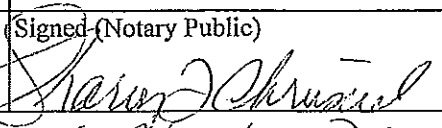
**Administrator's/Owner's Certification**

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, 2014 and ending September 30, 2015, 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) 	Date 2/10/16	Signed (Owner) 	Date 2/10/16
Printed Name (Administrator) David Fife		Printed Name (Owner) Lawrence Santilli	
Subscribed and Sworn to before me:	State of Conn	Date 2/10/16	Signed (Notary Public) 
Address of Notary Public		Comm. Expires 03/31/20	
76 Christine Drive Southington CT 06489			

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 <b>Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol</b>	Period Covered:	From <b>10/1/2014</b>	To <b>9/30/2015</b>	
Address of Facility <b>1660 Stafford Avenue Bristol, CT 06010</b>				
Report Prepared By <b>Athena Health Care Associates, Inc</b>	Phone Number <b>(860) 751-3900</b>	Date <b>2/10/2016</b>		
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. <b>Total Wages Paid</b> ..... \$				
7. Total salaries paid..... \$				
8. <b>Total Wages and Salaries Paid</b> (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 <b>860-583-8483</b>	Report for Year Ended <b>09/30/15</b>	Page <b>2</b>	of <b>37</b>
Name of Facility (as shown on license) <b>Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol</b>		Address (No. & Street, City, State, Zip) <b>1660 Stafford Avenue Bristol, CT 06010</b>		
License Numbers:	CCNH <b>2285</b>	RHNS <b>(Specify)</b>	Medicare Provider No. <b>07-5415001</b>	
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.				
<b>Administrator</b>				
Name of Administrator <b>Joseph Colaci</b>		Nursing Home Administrator's License No.:	<b>001024</b>	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name			License No.:	
<b>Not Applicable</b>				



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

Lawrence G. Santilli, Managing Member	46.2769%
Guardians for Lawrence E. Santilli	18.2501%
Valerie Santilli	1.0000%
Mahaney Family Limited Partnership	2.0000%
John B. Nocera, Jr.	5.0000%
William S. Thomas	10.0000%
Russell C. Schwartz	1.0000%
Michael E. Mosier	2.0000%
Marybeth Hauser	1.0000%
Debra M. Soucey	1.0000%
Christine Ward	1.0000%
Karyn Iannaccone	2.0000%
Dorothy Rossetti	1.0000%
Theresa Skinner	2.0000%
Chakalos Nursing homes, LLC	<u>6.4730%</u>
	100.0000%



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C





### General Information and Questionnaire Individual Proprietorship

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2015	Page 3B	of 37
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If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

Not Applicable

## 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 9/30/2015	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 #	Cost Reported	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	\$514,368	\$514,368
Laurel Ridge Health Care Center	642 Danbury Road Ridgesfield, CT 06877	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bank fees	Pg 16 Ln m13	\$6,690	\$6,690
Shady Knoll Health Care	41 Skokorat Street, Seymour, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Swap Interest payment allocation	Pg 26, Ln 12A1	\$1,510	\$1,510
Athena Health Care	135 South Road, Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Workers Comp Captive	Pg 15, ln 1a	\$359,852	\$359,852
Athena Health Care	135 South Road, Farmington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	see attached			
Litchfield Woods	255 Robert Street, Torrington, CT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	legal fees	Pg 15, line 1e	\$5,077	\$5,077
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				
		<input type="checkbox"/>	<input type="checkbox"/>				

\* Use additional sheets if necessary.

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

Cost year 2015

Countryside Manor  
RELATED PARTIES QUESTIONNAIRE  
PAGE 4

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fees, Legal, Marketing, Insurance, Lobbying Compliance, Gift Certificates, mortgage fees, and interest	Pg 17, Pg 15, 1d, 1e & 1g Pg 16, m3 7 & M13, Pg 27, 12D & 14a, Pg 16, L2, pg 27, 12D	\$519,690	\$276,970
Athena Health Care Associates	135 South Road Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health Insurance	Pg 15, Line 1a5	\$833,767	\$833,767

## 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  9/30/2015	Page  5	of  37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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 9/30/2015		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 checked="" type="checkbox"/>	07/24/12	36 months	\$436	\$436
Itton/Ge Capital, 855 Winding Brook Dr, Glastonbury, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/09/13	36 months	\$12,146	\$12,146
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	08/09/13	60 months	\$3,980	\$3,649
Hewlett Packard Financial Services, PO Box 402582, Atlanta, GA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/09/14	60 months	\$1,751	\$1,167
	<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"/>				
Total ***					\$17,398	

Is a Mileage Log Book Maintained for All Leased Vehicles?  Yes  No  No  
 \* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.  
 \*\* Attach copies of newly acquired leases.  
 \*\*\* Amount should agree to Page 22, Line 6e.

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



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

Dear Customer:

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

1. Please carefully review the enclosed lease documents for the equipment you ordered from CDW. **IF ANY CHANGES NEED TO BE MADE TO THESE DOCUMENTS, PLEASE CALL 1-888-277-5944** and ask for the documentation specialist assigned to your geographic location.
2. Please have an individual authorized to sign legal documents sign, date and initial the documents where indicated.
3. **AN ADVANCE LEASE PAYMENT MAY BE REQUIRED ALONG WITH THE SIGNED DOCUMENTS.** To expedite, please fill out the authorization form (attached to the lease agreement) and attach a copy of a **VOIDED** check. Execution of this form will provide us with authorization to withdraw certain payments from your business account. We will utilize your check number. Upon commencement of your lease agreement, this check will be automatically credited to your account with us. Record the check number, along with the total amount of the total first payment shown on Schedule A which includes the documentation fee of \$100.00, in your check register.
4. **PLEASE FAX THE EXECUTED LEASE, INCLUDING THE SCHEDULES AND EXHIBITS ATTACHED THERETO TO 1-888-277-5945. We will start to process the transaction immediately upon receipt of these documents.**
5. Per the terms of the lease agreement, you agree that you shall be deemed to have irrevocably accepted the equipment under any lease 10 business days after shipment of the equipment to you unless we receive your written rejection prior to the end of the 10-day period. However, you agree to execute and deliver to us a delivery and acceptance certificate upon our request. If a delivery and acceptance certificate is sent to you, when you receive the equipment, please sign such delivery and acceptance certificate and the Schedule A to the lease agreement and return both to us by fax at 1-888-277-5945. "Acceptance Date" means the first business day following the expiration of such 10-day period or such other date set forth in any delivery and acceptance certificate requested by us. The term of the lease shall begin on the Acceptance Date.
6. Your lease agreement requires that you provide proof of all risk replacement cost insurance coverage for the leased equipment, including all rents and other amounts due and owing with respect to such equipment as of the date of payment.
7. You must also always maintain adequate commercial liability insurance coverage on your leased equipment. You must have "Hewlett-Packard Financial Services Company and its assignees" named as an "additional insured(s)" under such liability coverage and upon our request, furnish us with an insurance certificate showing that you have such coverage. The insurance certificate should also include: a) your company name; b) your company address and equipment location; c) the insurance policy period; d) liability coverage amounts; and e) your lease number.

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

Sincerely,  
**Customer Delivery Specialist**  
1-888-277-5944



Lessee (Complete Legal Name): BRISTOL CCH GROUP LLC

Lease Agreement Number: 52164553455237USA2

## Business Lease Agreement

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

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

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

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

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

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

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





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

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

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

LESSEE SIGNATURE HERE AND BELOW\*

BY: \_\_\_\_\_

Print Name and Title of Signatory: Lawrence G Sanblli  
Manager

## Read Carefully Before Signing

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

\* LESSEE (INITIAL) X LGs DATE: 12/9/14

ACCEPTED BY: HEWLETT-PACKARD FINANCIAL SERVICES COMPANY<sup>1</sup>

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## Guaranty

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

GUARANTOR SIGNATURE HERE

BY: X \_\_\_\_\_

Soc. Sec #: \_\_\_\_\_

<sup>1</sup>Authorized to do business in the name of Hewlett-Packard Financial Services Company Inc. in Alabama and New York.



**Schedule A to Business Lease Agreement**

Lease Agreement Number: 52164553455237USA2

Lessee (full legal name): BRISTOL CCH GROUP LLC			
Billing Address: 1660 Stafford Rd, BRISTOL, CT, 06010, UNITED STATES			
Tax ID Number:			
Telephone Number (including area code): 7084488304 Fax Number (including area code):			
Equipment Description: <b>See Attached Annex 1 to this Schedule</b>			
Equipment Location: (if different from Billing Address) 1660 Stafford Rd, BRISTOL, CONNECTICUT, 06010, UNITED STATES			
Vendor Information(name): CDW			
Term: 60 Period: Monthly Payable: Arrears	End-of-Term Option: DOLLAR OUT	Periodic Lease Payment: \$137.24	Tax on Periodic Lease Payment (if applicable): \$ 8.71
Advance Lease Payment: \$	Tax on Advance Lease Payment (if applicable) \$	Documentation Fee: \$100.00	Total First Payment: \$245.95 <small>(The Total First Payment shall include any Advance Lease Payment, the first Periodic Lease Payment, any applicable taxes, and the Documentation Fee.)</small>
<p>The payment of any Advance Lease Payment reflected herein shall be a condition to Lessor's agreement to this Lease and may include either or both of the following: (a) applicable taxes, and/or (b) any other "Down Payment" (defined herein below). "Down Payment" shall mean such amount determined by Lessor required upon the execution of this Lease and shall be credited against the original cost of the Equipment leased under this Lease.</p>			

**Lessee's end of term options:**

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

**1. PURCHASE OPTIONS:** You may purchase the Equipment for the Purchase Price (as defined below) on an "as-is, where-is" basis, without any representations or warranties, including no warranties of merchantability or fitness for a particular purpose. "Purchase Price" means (a) if you have selected a FMV End of Term Purchase Option (as indicated above), the then "Fair Market Value" (as defined below) of the Equipment (plus all applicable taxes), or (b) if you have selected a 10% End of Term Purchase Option (as indicated above), an amount equal to ten percent (10%) of the original Equipment cost (plus all applicable taxes), or (c) if you have selected a \$1.00 End of Term Purchase Option (as indicated above), an amount equal to one dollar (\$1.00) (plus all applicable taxes). "Fair Market Value" means the price that a willing buyer (who is neither a lessee in possession nor a used equipment dealer) would pay for the Equipment in an arm's-length transaction to a willing seller under no compulsion to sell; provided, however, that in such determination: (i) the Equipment will be assumed to be in the condition in which it is required to be maintained and returned under this Lease, (ii) in the case of any installed Equipment, that Equipment shall be valued on an installed basis, and (iii) costs of removal from the current location shall not be a deduction from such valuation. If you and we are unable to agree on the Fair Market Value of the Equipment at least thirty (30) days before Lease expiration, we will appoint an independent appraiser (reasonably acceptable to you and at your expense) to determine the Fair Market Value and such appraiser's determination will be final, binding and conclusive.

**2. RENEWAL OPTION:** You may renew the Lease at the then Fair Market Rental Value. "Fair Market Rental Value" means the amount of periodic rent that would be payable for the Equipment in an arm's length transaction between an informed and willing lessee and an informed and willing lessor, neither under compulsion to lease. Such amount will not be reduced by the costs of removing any Equipment from its current location or moving it to a new location. In the event of such an election, Lessee shall enter into a mutually agreeable renewal agreement with Lessor on or before the last day of the then applicable term confirming the period for which the Lease is to be renewed (the "Renewal Term"), and the amount of Rent and the times at which such Rent is to be payable during the Renewal Term.

**3. EQUIPMENT RETURN OPTION:** You may return the Equipment, at your expense, to a location designated by us on or before the last day of the Lease term. Upon return, the Equipment must be in the same condition as when you first received it (excepting only reasonable wear and tear) and include all original parts, attachments and accessories. For all Equipment to be returned to us, you agree to (a) remove any of your labels, tags or other identifying marks on the Equipment and wipe clean or permanently delete all data contained on the Equipment, including without limitation, any data contained on internal or external drives, discs, or accompanying media, and (b) pack the Equipment in accordance with the manufacturer's guidelines. You must also return to us all copies of any operating system software (including any certificate of authenticity) you received with the Equipment.

**4. AUTOMATIC EXTENSION. IF THE LEASE DOES NOT CONTAIN A \$1.00 END-OF-TERM PURCHASE OPTION, AND YOU FAIL TO DELIVER TO US THE END-OF-TERM NOTICE NOT LESS THAN NINETY (90) DAYS BEFORE THE EXPIRATION OF THE RELEVANT TERM, THEN, WITHOUT ANY ADDITIONAL NOTICE OR DOCUMENTATION, THE THEN RELEVANT TERM SHALL BE AUTOMATICALLY EXTENDED FOR SUCCESSIVE CALENDAR MONTHS WITH RESPECT TO ALL ITEMS OF EQUIPMENT SUBJECT TO THIS LEASE THROUGH THE END OF THE CALENDAR PERIOD FALLING AT LEAST 90 DAYS AFTER THE DATE YOU SHALL HAVE DELIVERED TO US AN END-OF-TERM NOTICE WITH RESPECT TO THIS LEASE AND ALL OTHER PROVISIONS OF THE LEASE SHALL CONTINUE TO APPLY. IF YOU DELIVER SUCH END-OF-TERM NOTICE, BUT SHALL HAVE SUBSEQUENTLY FAILED TO COMPLY WITH ITS OBLIGATIONS ARISING FROM THE ELECTIONS SPECIFIED THEREIN, THEN THE THEN APPLICABLE TERM OF THIS LEASE SHALL, WITHOUT ANY ADDITIONAL NOTICE OR DOCUMENTATION, BE AUTOMATICALLY EXTENDED, FOR EACH CALENDAR PERIOD THAT THE THEN APPLICABLE TERM OF THIS LEASE IS SO EXTENDED, YOU SHALL PAY TO US LEASE PAYMENTS IN AN AMOUNT EQUAL TO THE PERIODIC LEASE PAYMENT IN EFFECT IMMEDIATELY PRIOR TO SUCH EXTENSION AND ALL OTHER PROVISIONS OF THE LEASE SHALL CONTINUE TO APPLY.**

Lessee (initial): LCB



### Annex 1 to the Schedule

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

QTY	ITEM NO.	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	3051875	ACER V206HQL ABD 20" LED WIDE Mfg#: UM.IV6AA.A02 Contract: MARKET	88.46	88.46
1	384345	STARTECH USB 2.0 A/B CAB 15FT Mfg#: USB2HAB15 Contract: MARKET	6.27	6.27
10	500817	INTERMEDIATE CUSTOM TAG Mfg#: INTERMD CSTM TAG Contract: MARKET	10.00	100.00
1	1531460	APC BACK-UPS ES 6OUT 350VA GREEN UPS Mfg#: BE350G Contract: MARKET	41.70	41.70
1	3435594	HP SB 600 MINI G1 I3-4160T 500GB 4GB Mfg#: K1K21UT#ABA Contract: MARKET	493.58	493.58
7	3145422	LVO TS TP E545 A-5350 320GB 4GB W8 Mfg#: 20B20011US Contract: MARKET	482.07	3,374.49
10	2086051	LOGI B100 USB OPT BLK MOU Mfg#: 910-001439 Contract: MARKET	8.43	84.30
2	3262311	HP SB 1910-48G SWITCH Mfg#: JE009AS#ABA Contract: MARKET	555.58	1,111.16
2	3198605	HP SB 405 G1 A4-5000 500GB 4GB W7PW Mfg#: E3T29UT#ABA Contract: MARKET	440.37	880.74

Shipping	187.22
Total Amount	6,367.92

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

Lessee (initial): X LOS



Lease Agreement Number 52164553455237USA2

### Schedule B to Business Lease Agreement

#### Authorization Agreement for Direct Payments (ACH Debits)

As a condition to Hewlett-Packard Financial Services Company entering into the Business Lease Agreement referenced above ("Lease Agreement"), Lessee hereby enters into this Authorization Agreement for Direct Payments. By executing this Authorization Agreement for Direct Payments, the undersigned hereby authorizes Hewlett-Packard Financial Services Company and its assignees (collectively "HPFS") to initiate debit entries to the account identified below ("Account") at the Depository Financial Institution identified below ("DFI") and debit the same to the Account for:

- (a) the Total First Payment required under the Lease Agreement; and
- (b) any periodic lease payments and any other applicable payments of taxes and/or other fees payable by Lessee to HPFS according to and under the Lease Agreement.

The undersigned further represents and warrants that: (a) the undersigned is a duly authorized representative of the Lessee, (b) the Account is a business account and is not an account used for personal or household purposes, and (c) if the Account is closed for any reason whatsoever, that Lessee will enter into a new Authorization Agreement for Direct Payments with respect to a replacement account within five (5) business days of the closing of the Account identified herein.

Name of DFI			
DFI's Routing Number (9 digits only)			
Account number			
Branch	City	State	Zip

**This authorization will remain in full force and effect until Lessee provides HPFS with written notification of Lessee's termination of this Authorization Agreement for Direct Payments in such time and in such manner as to afford HPFS and DFI a reasonable opportunity to act upon such termination.**

Signature of Duly Authorized Representative of Lessee		Date
Phone Number	Federal Tax Identification Number	

**\*\*Please attach voided check to this authorization\*\***

#### Important Notification about ACH Debits

HPFS will automatically debit the Account for periodic applicable payments as set forth above. HPFS will invoice Lessee directly until the ACH debits are implemented as to this Lease Agreement. Lessee must remit all invoices received from HPFS by their respective due date. Lessee will continue to receive invoices from HPFS that will be labeled as "For Notification Purposes Only. We will automatically draft your account for the amount(s) described above once ACH debits are implemented.

Lessee (initial): \_\_\_\_\_



Lease Agreement Number 52164553455237USA2

### Delivery and Acceptance Certificate

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

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

\_\_\_\_\_

\_\_\_\_\_

**LESSEE**

BRISTOL CCH GROUP LLC

BY: \_\_\_\_\_

\_\_\_\_\_  
Name and Title

Acceptance Date: \_\_\_\_\_

**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 9/30/2015	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Cash <input type="checkbox"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," explain.				
<b>Independent Accounting Firm</b>				
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	Dopkins & Co.	200 International Dr, Buffalo, NY		
4				
Services Provided by This Firm (describe fully)				
1	Audit & Year End Financials: \$14,000 allowed		\$	14,000
2	Medicare cost report Preparation: Disallowed		\$	2,600
3	Key Bank Audit: Disallowed		\$	1,912
4			\$	-
			Charge for Services Provided	
			\$18,512	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Pg 15, Line 1d				
<b>Legal Services Information</b>				
Name of Legal Firm or Independent Attorney			Telephone Number	
1	Goldman Gruder & Woods		203-899-8900	
2	State of CT Probate		860-584-6230	
3	Murtha Cullina/schiff		860-240-6000	
4	Shipman & Goodwin		860-251-5000	
5				
Address (No. & Street, City, State, Zip Code)				
1	200 Connecticut Avenue, Norwalk, CT			
2	111 N. Main Street, Bristol, CT			
3	185 Asylum Street, Hartford, CT			
4	One constitution Plaza, Hartford, CT			
5				
Services Provided by This Firm (describe fully)				
1	A/R Collections: Disallowed		\$	7,094
2	Conservatorship hearing: Disallowed		\$	120
3	Key Bank Loan Modification \$13,250 (Disallowed), Sec of State & Audit letter \$811 (allowed)		\$	14,061
4	Employee issues: Disallowed		\$	198
5			\$	-
			Charge for Services Provided	
			\$21,473	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    Pg 15, Line 1e				

**Schedule of Resident Statistics**

Name of Facility	License No.		Report for Year Ended				Page of
	2285		09/30/15				
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30	
1. Certified Bed Capacity							
A. On last day of PREVIOUS report period.....	90	90			90	90	
B. On last day of THIS report period.....	90	90			90	90	
2. Number of Residents							
A. As of midnight of PREVIOUS report period.....	84	84			84	84	
B. As of midnight of THIS report period.....	87	87			87	87	
3. Total Number of Days Care Provided During Period							
A. Medicare.....	3,480	3,480			2,703	777	
B. Medicaid (Conn.).....	24,348	24,348			17,834	6,514	
C. Medicaid (other states).....							
D. Private Pay.....	3,551	3,551			2,774	777	
E. State SSI for RCH.....							
F. Other (Specify) Managed Care	157	157			134	23	
G. Total Care Days During Period (3A thru F).....	31,536	31,536			23,445	8,091	
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds							
A. Medicaid Bed Reserve Days.....	146	146			116	30	
B. Other Bed Reserve Days.....							
5. Total Resident Days (3G + 4A + 4B).....	31,682	31,682			23,561	8,121	

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

Name of Facility <b>Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol</b>				License No. <b>2285</b>			Report for Year Ended <b>9/30/2015</b>			Page <b>9</b>		of <b>37</b>	
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	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	8	73				6							
Per Diem Rate													
a. One bed rm.	581.07	226.47				457.00			376.55				
b. Two bed rms.	581.07	226.47				436.00			376.55				
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments						TOTAL	CCNH	RHNS	(Specify)				
A. Medicare - Part B						3,334	3,334						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments						270	270						
2. Restorative Treatments													
C. Other						7,912	7,912						
D. Total Physical Therapy Treatments						11,516	11,516						
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B						583	583						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments						10	10						
2. Restorative Treatments													
C. Other						1,766	1,766						
D. Total Speech Therapy Treatments						2,359	2,359						
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B						3,751	3,751						
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments						285	285						
2. Restorative Treatments													
C. Other						8,123	8,123						
D. Total Occupational Therapy Treatments						12,159	12,159						



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	9/30/2015	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
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	72,857	1,611				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	155,342	7,583				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	49,229	2,066				
c. Dietary Workers	280,576	21,712				
6. Housekeeping Service						
a. Head Housekeeper	47,152	2,157				
b. Other Housekeeping Workers	159,416	15,386				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	53,188	2,048				
b. Other Maintenance Workers	35,771	2,050				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	53,079	3,879				
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	190,851	3,687				
b. RN						
1. Direct Care	479,163	13,274				
2. Administrative**	273,831	11,084				
c. LPN						
1. Direct Care	652,508	25,418				
2. Administrative**						
d. Aides and Attendants	1,263,032	79,583				
e. Physical Therapists	416,225	12,567				
f. Speech Therapists	61,678	1,257				
g. Occupational Therapists	203,289	5,480				
h. Recreation Workers	151,945	7,487				
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	95,189	4,251				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	4,694,321	222,580				

\* 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 9/30/2015		Page 11	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 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 9/30/2015		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	RFNS (Specify)							
Section III - Administrators***									
Erica Roman (10/1/2014-5/29/2015)	67,511		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	1,531		Northbridge Health Care Center 2875 Main Street Bridgeport, CT	702	42,150
Joseph Colaci (6/1/15-9/12/15)	35,480		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	384	Pg 16, Lm13			
Joseph Colaci (9/13/15-9/30/15)	5,346		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	80	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	9/30/2015	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian.....						
2. Dentist.....	9,774	63				
3. Pharmacist.....	6,796	144				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....						
b. Other.....						
6. Social Worker.....	1,145	14				
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	24,000	31				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify) See Attached Schedule	100	1				
9. Speech Therapist						
a. Resident Care.....	6,837	36				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....	1,064					
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....						
d. Other.....						
12. Other (Specify) See Attached Schedule						
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>49,716</b>	<b>289</b>				

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



### 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	9/30/2015	15	37
Item	Total	CCNH	RHNS	(Specify)
<b>1. Administrative and General</b>				
<b>a. Employee Health &amp; Welfare Benefits</b>				
1. Workmen's Compensation.....	\$ 359,582	359,582		
2. Disability Insurance.....	\$			
3. Unemployment Insurance.....	\$ 81,203	81,203		
4. Social Security (F.I.C.A.).....	\$ 351,812	351,812		
5. Health Insurance.....	\$ 799,489	799,489		
6. Life Insurance (employees only) (not-owners and not-operators).....	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 51,585	51,585		
8. Uniform Allowance.....	\$			
9. Other ( <i>Specify</i> )..... See Attached Schedule	\$			
<b>b. Personal Retirement Plans, Pensions, and        Profit Sharing Plans for Owners and        Operators (Discriminatory)* .....</b>	\$			
<b>c. Bad Debts* .....</b>	\$ 55,405	55,405		
<b>d. Accounting and Auditing.....</b>	\$ 18,512	18,512		
<b>e. Legal (<i>Services should be fully described on Page 7</i>)</b>	\$ 21,473	21,473		
<b>f. Insurance on Lives of Owners and        Operators (<i>Specify</i>)* .....</b>	\$			
<b>g. Office Supplies.....</b>	\$ 41,849	41,849		
<b>h. Telephone and Cellular Phones.....</b>				
1. Telephone & Pagers.....	\$ 43,714	43,714		
2. Cellular Phones.....	\$ 2,139	2,139		
<b>i. Appraisal (<i>Specify purpose and        attach copy</i>)* .....</b>	\$			
<b>j. Corporation Business Taxes (<i>franchise tax</i>).</b>	\$			
<b>k. Other Taxes (<i>Not related to property - See Page 22</i>)</b>				
1. Income*.....	\$ 250	250		
2. Other ( <i>Specify</i> ) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 592,806	592,806		
<b>Subtotal</b>	\$ 2,419,819	2,419,819		

\* 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	9/30/2015		16	37
Item	Total	CCNH	RHNS	(Specify)	
<b>Subtotals Brought Forward:</b>	2,419,819	2,419,819			
<b>l. Travel and Entertainment</b>					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 3,743	3,743			
3. Gifts to Staff and Residents.....	\$ 11,264	11,264			
4. Employee Travel.....	\$ 1,505	1,505			
5. Education Expenses Related to Seminars and Conventions	\$ 2,689	2,689			
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify)..... See Attached Schedule	\$				
<b>m. Other Administrative and General Expenses</b>					
1. Advertising Help Wanted (all such expenses).....	\$ 1,800	1,800			
2. Advertising Telephone Directory (all such expenses)***	\$				
3. Advertising Other (Specify)***..... See Attached Schedule	\$ 32,126	32,126			
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$ 4,338	4,338			
* 8. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$ 6,379	6,379			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 450	450			
9. Subscriptions.....	\$ 75	75			
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**.....	\$ 288,612	288,612			
13. Other (Specify) See Attached Schedule	\$ 163,352	163,352			
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 2,936,152	2,936,152			

\* 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)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 32,126		
<b>Total Other Advertising</b>	\$ 32,126	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT ACHCA	\$ 5,309		
CURASpan	\$ 960		
AANAC	\$ 110		
<b>Total Dues</b>	\$ 6,379	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
<b>Total Contributions</b>	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 3,014		
Licenses	\$ 2,067		
Bank Charges	\$ 9,695		
Payroll Processing Fees	\$ 16,682		
Employee Physicals and Background checks	\$ 15,476		
Medicaid Applications	\$ 1,750		
Temp Help - A/R	\$ 945		
Temp Help - Administrator Fill-in	\$ 35,481		
Data Processing Fees	\$ 23,949		
compliance consulting	\$ 54,293		
<b>Total Other Administrative and General</b>	\$ 163,352	\$ -	\$ -

**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	9/30/2015	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	\$393,714	Contract Attached to a Prior Year	See Below
Allocation of Above	\$259,851 \$62,994 \$70,869	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	\$28,761	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.

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**C. Expenditures Other Than Salaries (cont'd) - Dietary 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 9/30/2015		Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)	
<b>2. Dietary</b>						
<b>a. In-House Preparation &amp; Service</b>						
1. Raw Food.....	\$	189,807	189,807			
2. Non-Food Supplies.....	\$	17,009	17,009			
3. Other (Specify) _____ Dishes = \$23	\$	23	23			
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>						
<b>c. Management Services** .....</b>						
		\$	62,994	62,994		
<b>d. Other (Specify) _____</b>						
		\$				
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$	269,833	269,833		
<b>2F. Dietary Questionnaire</b>		Total	CCNH	RHNS	(Specify)	
<b>G. Resident Meals: Total no. of meals served per day:*</b>		259	259			
<b>H. Is cost of employee meals included in 2E?</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>I. Did you receive revenue from employees?</b>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$33979		
<b>L. Is any revenue collected from these people?</b>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
<b>O. Is any revenue collected from employees?</b>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>						

\* 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 9/30/2015	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. \$	11,295	11,295		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify) Supplies = \$5,119	\$	5,119	5,119		
<b>3E. Total Laundry Expenditures (3a + b + c + d)</b>	<b>\$</b>	<b>16,414</b>	<b>16,414</b>		
<b>3F. Laundry Questionnaire</b>					
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		License No.	Report for Year Ended		Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		2285	9/30/2015		20	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. \$	20,429	20,429		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures (4a + b + c + d)....</b>	\$	20,429	20,429		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy.....	\$				
	2. Purchased from Omni Care	\$	169,298	169,298		
b.	Medicine Cabinet Drugs.....	\$	17,465	17,465		
c.	Medical and Therapeutic Supplies.....	\$	168,587	168,587		
d.	Ambulance/Limousine***.....	\$				
e.	Oxygen					
	1. For Emergency Use.....	\$				
	2. Other***.....	\$	43,177	43,177		
f.	X-rays and Related Radiological Procedures***.....	\$	23,047	23,047		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> ).....	\$				
h.	Laboratory***.....	\$	11,094	11,094		
i.	Recreation.....	\$	14,761	14,761		
j.	Other ( <i>Specify</i> )**** See Attached Schedule	\$	124,683	124,683		
5K.	<b>Total Resident Care Expenditures (5a - 5j).....</b>	\$	572,112	572,112		

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

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

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

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



**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	9/30/2015	21	37					
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	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	17,378			22	6f
Omnicare/Value Health	P.O.Box 31513, Hartford, CT 06150	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pharmacy Supplies & Services	179,605			20	5a2
ADP	Philadelphia, PA 19170-0351	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll services	12,646			16	1m13
Compass Enterprises	89 Birch Street, Southington, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Snow removal	21,831			22	6f
Winterberry Gardens	2070 West Street, Southington, CT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Landscaping	11,293			22	6f
Harmony Health	430 Boston Street, Suite 104, Toppfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance consulting	34,293			16	m13
		<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	9/30/2015			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	98,868	98,868				
b. Heat..... \$	74,248	74,248				
c. Light & Power..... \$	74,050	74,050				
d. Water..... \$	20,586	20,586				
e. Equipment Lease (Provide detail on page 6)..... \$	17,398	17,398				
f. Other (itemize)..... \$	117,919	117,919				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	403,069	403,069				
7. Depreciation (complete schedule page 23*)						
a. Land Improvements..... \$						
b. Building & Building Improvements..... \$						
c. Non-Movable Equipment..... \$	21,308	21,308				
d. Movable Equipment..... \$	49,061	49,061				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	70,369	70,369				
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	77,478	77,478				
d. Other (Specify)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	77,478	77,478				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	336,334	336,334				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	102,325	102,325				
c. Personal property taxes..... \$	24,240	24,240				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	610,746	610,746				

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











**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 9/30/2015		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							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal.....									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal.....									
<b>C. Leasehold Improvements and Other (Specify)</b>									
1. Acquired prior to this report period	9	2014	Various	1,172,204	679,804	s/1	Var	76,177	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2015	Various	23,745		s/1	Var	1,301	
C-4. Subtotal.....									77,478
<b>D. Total Amortization .....</b>									<b>77,478</b>

\* 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	License No.	Report for Year Ended	Page	of
Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	2285	9/30/2015	24A	37
<b>C. Leasehold Improvements</b>				
(Specify)				
1. Acquired prior to this report period	9 2014	679,804 s/l	76,177	
2. Disposals (attach schedule)				
3. Acquired during this report period	9 2015	s/l	1,301	
C-4. Subtotal.....				77,478
<b>C. Other (Specify)</b>				
1.				
2.				
C-4. Subtotal.....				
Total Acquired prior to this report period	9 2014	679,804 s/l	76,177	
Total Disposals				
Total Acquired during this report period	9 2015	s/l	1,301	



**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 9/30/2015	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 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.  
 If "Yes," complete Part B.  
 If "No," complete Part C.

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				
<b>Part B - Owner and Related Parties</b>		<b>1st Mortgage</b>	<b>2nd Mortgage</b>	<b>3rd Mortgage</b>	<b>4th Mortgage</b>
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 9/30/2015	2,617,711				
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>					
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 9/30/2015		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	9/30/2015			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).....	\$	119,790	119,790			
Vender Interest = (\$10,213); Line of Credit Interest = \$100,605; Key Bank Term Loan Interest & Fees = \$29,398						
13. Total All Interest Expense (12B7 + 12C3 + 12D).....	\$	119,790	119,790			
14. Insurance						
a. Insurance on Property (buildings only).....	\$	79,013	79,013			
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)...	\$	79,013	79,013			
15. Total All Expenditures (A-13 thru C-14).....	\$	9,771,595	9,771,595			

### 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	9/30/2015	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 203,289	203,289		
4.	Var	Var	Other - See attached Schedule.....	\$ 123,179	123,179		
<b>Page 13 - Professional Fees</b>							
5.			Resident Care Physicians **.....	\$			
6.	13	B10a	Occupational Therapy.....	\$ 1,064	1,064		
7.			Other - See attached Schedule.....	\$			
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 55,405	55,405		
10.	15	1d&e	Accounting & Legal.....	\$ 25,174	25,174		
11.	30	IV3	Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 1,779	1,779		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 11,264	11,264		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$ (100)	(100)		
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 *.....	\$ 32,126	32,126		
19.	15	1j&k1 &2	Income Tax / Corporate Business Tax...	\$ 250	250		
20.			Fund Raising / Contributions.....	\$			
21.	16	m12	Unallowable Management Fees.....	\$ 160,195	160,195		
	18	2c		\$ 38,835	38,835		
	20	5j		\$ 43,690	43,690		
22.			Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 69,202	69,202		
<b>Page 18 - Dietary Expenditures</b>							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 33,979	33,979		
<b>Page 19 - Laundry Expenditures</b>							
25.	19	3d	Laundry services to employees, guests and others who are not residents.....	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.	20	4d	Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 799,331	799,331		

(Carry Subtotal forward to next page)

\* All except "Help Wanted".

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



**D. Adjustments to Statement of Expenditures (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	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 799,331	799,331		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a1&2	Prescription Drugs.....	\$ 169,298	169,298		
28.			Ambulance/Limousine.....	\$			
29.	20	5f	X-rays, etc.....	\$ 23,047	23,047		
30.	20	5h	Laboratory.....	\$ 11,094	11,094		
31.	20	5c	Medical Supplies.....	\$ 9,000	9,000		
32.	20	5e2	Oxygen (non emergency).....	\$ 43,177	43,177		
33.	20	5j	Occupational Therapy.....	\$ 8,222	8,222		
34.	Var	Var	Other - See Attached Schedule.....	\$ 9,956	9,956		
<b>Page 22 - Maintenance and Property</b>							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 3,655	3,655		
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.....	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 1,486	1,486		
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	1v5	Interest Income on Accounts Rec.....	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
<b>Not For Profit Providers Only</b>							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51. Total Amount of Decrease (Items 1 - 50) .....				\$ 1,078,266	1,078,266		

\*\*\* 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	9,956		
<b>Total Other Ancillary Costs</b>			\$ 9,956	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Moveable Equipment Depreciation-carryforward	3,655		
<b>Total Excess Movable Equipment Depreciation</b>			3,655		

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Property Adjustments</b>					

Schedule of Other Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Adjustments</b>			\$ -	\$ -	\$ -





**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	9/30/2015			30	37
Item			Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>							
1.	a.	Medicaid Residents (CT only).....	\$ 10,566,734	10,566,734			
	b.	Medicaid Room and Board Contractual Allowance **.....	\$ (5,026,213)	(5,026,213)			
2.	a.	Medicaid (All other states).....	\$				
	b.	Other States Room and Board Contractual Allowance **.....	\$				
3.	a.	Medicare Residents (all inclusive).....	\$ 940,775	940,775			
	b.	Medicare Room and Board Contractual Allowance **.....	\$ 28,437	28,437			
4.	a.	Private-Pay Residents and Other.....	\$ 2,184,304	2,164,429	19,875		
	b.	Private-Pay Room and Board Contractual Allowance **.....	\$ (78,179)	(78,179)			
<b>II. Other Resident Revenue</b>							
1.	a.	Prescription Drugs - Medicare.....	\$ 120,157	120,157			
	b.	Prescription Drugs - Medicare Contractual Allowance **.....	\$ (120,157)	(120,157)			
	c.	Prescription Drugs - Non-Medicare.....	\$ 82,932	82,932			
	d.	Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (82,932)	(82,932)			
2.	a.	Medical Supplies - Medicare.....	\$				
	b.	Medical Supplies - Medicare Contractual Allowance **.....	\$				
	c.	Medical Supplies - Non-Medicare.....	\$				
	d.	Medical Supplies - Non-Medicare Contractual Allowance **.....	\$				
3.	a.	Physical Therapy - Medicare.....	\$ 532,086	532,086			
	b.	Physical Therapy - Medicare Contractual Allowance **.....	\$ (85,431)	(85,431)			
	c.	Physical Therapy - Non-Medicare.....	\$ 155,008	155,008			
	d.	Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (155,008)	(155,008)			
4.	a.	Speech Therapy - Medicare.....	\$ 179,435	179,435			
	b.	Speech Therapy - Medicare Contractual Allowance **.....	\$ (120,605)	(120,605)			
	c.	Speech Therapy - Non-Medicare.....	\$ 33,223	33,223			
	d.	Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (33,223)	(33,223)			
5.	a.	Occupational Therapy - Medicare.....	\$ 521,091	521,091			
	b.	Occupational Therapy - Medicare Contractual Allowance **.....	\$ (371,827)	(371,827)			
	c.	Occupational Therapy - Non-Medicare.....	\$ 141,721	141,721			
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (141,721)	(141,721)			
6.	a.	Other (Specify) - Medicare.....	\$				
	b.	Other (Specify) - Non-Medicare.....	\$ (18,693)	(18,693)			
<b>III Total Resident Revenue (Section I.thru Section II.).....</b>			<b>\$ 9,251,914</b>	<b>9,232,039</b>	<b>19,875</b>		
<b>IV. Other Revenue*</b>							
1.	Meals sold to guests, employees & others.....		\$				
2.	Rental of rooms to non-residents.....		\$				
3.	Telephone.....		\$				
4.	Rental of Television and Cable Services.....		\$				
5.	Interest Income (Specify).....		\$				
6.	Private Duty Nurses' Fees.....		\$				
7.	Barber, Coffee, Beauty and Gift shops.....		\$				
8.	Other (Specify).....		\$ 1,964	1,964			
<b>V. Total Other Revenue (1 thru 8).....</b>			<b>\$ 1,964</b>	<b>1,964</b>			
<b>VI. Total All Revenue (III + V).....</b>			<b>\$ 9,253,878</b>	<b>9,234,003</b>	<b>19,875</b>		

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
<b>Total Other Resident Revenue - Medicare</b>		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp Page Ref	Description	CCNH	RHNS	(Specify)
N/A	Retroactives	\$ (18,693)		
<b>Total Other Resident Revenue</b>		\$ (18,693)	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
<b>Total Interest Income</b>			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 1,964		
<b>Total Other Revenue</b>		\$ 1,964	\$ -	\$ -

### 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	9/30/2015	31	37
Account			Amount	
<b>Assets</b>				
<b>A. Current Assets</b>				
1. Cash (on hand and in banks).....			\$	110,822
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	570,517
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	13,899
5. Prepaid Expenses.....			\$	135,753
a. Prepaid Insurance	135,753			
b. _____				
c. _____				
d. _____				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (itemize).....			\$	6,692
A/R Related Parties	6,692			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			<b>\$</b>	<b>837,683</b>
<b>B. Fixed Assets</b>				
1. Land.....			\$	
2. Land Improvements	*Historical Cost..... _____		\$	
	Accum. Depreciation _____	Net.....		
3. Buildings	*Historical Cost..... _____		\$	
	Accum. Depreciation _____	Net.....		
4. Leasehold Improvements	*Historical Cost..... 1,181,928		\$	438,667
	Accum. Depreciation (743,261)	Net.....		
5. Non-Movable Equipment	*Historical Cost..... 273,119		\$	150,113
	Accum. Depreciation (123,006)	Net.....		
6. Movable Equipment	*Historical Cost..... 678,679		\$	83,496
	Accum. Depreciation (595,183)	Net.....		
7. Motor Vehicles	*Historical Cost..... _____		\$	
	Accum. Depreciation _____	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (itemize).....			\$	12,755
Moveable Equipment Carryforward AJE	9,275			
Misc Fixed Asset system Difference	3,480			
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			<b>\$</b>	<b>685,031</b>

\* 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	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	1,522,714
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$	481,847
2. Land Improvements				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
3. Buildings				
	*Historical Cost.....	2,320,000		
	Accum. Depreciation	(897,261)	Net.....	\$ 1,422,739
4. Non-Movable Equipment				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
5. Movable Equipment				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
6. Motor Vehicles				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
7. Minor Equipment-Not Depreciable.....			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$ 1,904,586	
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense				
	*Historical Cost.....			
	Accum. Depreciation	Net.....	\$	
4. Goodwill (Purchased Only).....			\$ 325,968	
5. Investments Related to Resident Care (itemize).....			\$	
6. Loans to Owners or Related Parties (itemize)			\$	
Name and Address	Amount	Loan Date		
7. Other Assets (itemize).....			\$ 3,619	
Project Development		3,619		
D-8. Total Investments and Other Assets (Lines D1 thru 7).....			\$ 329,587	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....			\$ 3,756,887	

\* 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	9/30/2015	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable.....				\$	771,678
2. Notes Payable ( <i>itemize</i> ).....				\$	1,980,845
Related Party					165,000
Line of Credit					1,815,845
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> ).....				\$	152,347
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> ).....				\$	
6. Accrued Payroll Taxes Payable.....				\$	3,898
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> ).....				\$	4,207
11. Accrued Income Taxes*.....				\$	
12. Other Current Liabilities ( <i>itemize</i> ).....				\$	184,005
Acc'd Operating Expenses					28,566
Acc'd Expense - Sales Tax					1,068
Provider Taxes Due					154,371
<b>A-13. Total Current Liabilities (Lines A1 thru 12).....</b>				<b>\$</b>	<b>3,096,980</b>

\* 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.

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

\$	(30,980.94)	IBNR-health insurance
	(\$10,223.79)	acct'g
	\$1,840.28	Food rebate
	\$14,551.66	mgmt fee adustment
	(\$1,937.00)	payroll mgmt fee
	(\$1,337.00)	water
	(\$479.21)	office supplies
\$	(28,566.00)	

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol		License No. 2285	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				3,096,980	
<b>Liabilities (cont'd)</b>					
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> ).....\$ 245,410					
Name and Address of Lender	Amount	Loan Date			
	245,410				
4. Other Long-Term Liabilities ( <i>itemize</i> ).....\$ 470,056					
Due to Related Party		470,056			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....\$ 715,466					
C. Total All Liabilities (Lines A-13 + B-5).....\$ 3,812,446					



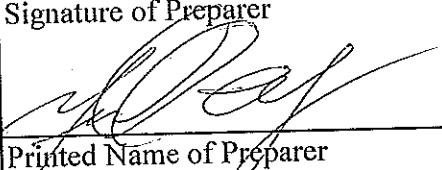
**G. Balance Sheet (cont'd)**  
**Reserves and Net Worth**

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	9/30/2015	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land.....			\$	481,847
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	1,422,739
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.....			\$	1,904,586
<b>B. Net Worth</b>				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	(904,998)
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	(537,430)
6. Gain or Loss for Period	10/1/2014	thru	9/30/2015	\$ (517,717)
7. Total Net Worth.....			\$	(1,960,145)
<b>C. Total Reserves and Net Worth .....</b>			\$	(55,559)
<b>D. Total Liabilities, Reserves, and Net Worth .....</b>			\$	3,756,887

### 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	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$ (1,490,923)	
B. Total Revenue (From Statement of Revenue Page 30 ) .....			\$ 9,253,878	
C. Total Expenditures (From Statement of Expenditures Page 27 ) .....			\$ 9,771,595	
D. Net Income or Deficit.....			\$ (517,717)	
E. Balance.....			\$ (2,008,640)	
F. Additions				
1. Additional Capital Contributed (itemize )				
Change in SWAP Value			2,045	
Prior year excess rent adjustment			30,989	
AJE reclass of excess rent adjustment			16,647	
2. Other (itemize )				
Acc Depr leasehold carryforward adjustment			560	
expense adjustment (accounting)			2,693	
expense adjustment (insurance)			(4,439)	
F-3. Total Additions.....			\$ 48,495	
G. Deductions				
1. Drawings of Owners/Operators/Partners (Specify).....			\$	
Name and Address (No., City, State, Zip)		Title	Amount	
2. Other Withdrawings (Specify).....			\$	
Purpose		Amount		
3. Total Deductions.....			\$	
H. Balance at End of Period			\$ (1,960,145)	
			09/30/15	

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

Name of Facility Bristol CCH Group LLC of Bristol, d/b/a Countryside Manor of Bristol	License No. 2285	Report for Year Ended 9/30/2015	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other ( <i>Specify</i> )		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CEO	Date Signed 2/12/16		
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.