

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

Name of Facility (as licensed) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center	
Address (No. & Street, City, State, Zip Code) 100 Randolph Road Middletown, CT 06457	
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 10/1/2017	Report for Year Ending 9/30/2018

License Numbers:	CCNH 2263	RHNS	(Specify)	Medicare Provider 07-5106
------------------	--------------	------	-----------	------------------------------

Medicaid Provider Numbers:	CCNH 2263	RHNS	ICF-IID
----------------------------	--------------	------	---------

For Department Use Only

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

General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Mid	2263	9/30/2018	1	37

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 Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center [facility name], for the cost report period beginning October 1, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Nicotra Redd			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Leases	6
General Information and Questionnaire - Accounting Basis	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care Center		Period Covered:	From 10/1/2017	To 9/30/2018
Address of Facility 100 Randolph Road Middletown, CT 06457				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 4/11/2019	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-344-0353		Report for Year Ended 9/30/2018	Page 2	of 37
Name of Facility (as shown on license) Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex		Address (No. & Street, City, State, Zip) 100 Randolph Road Middletown, CT 06457		
License Numbers:	CCNH 2263	RHNS (Specify)	Medicare Provider No. 07-5106	
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="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Yong Crandall		Nursing Home Administrator's License No.:	2046	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

General Information and Questionnaire
Partners/Members

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Mid		License No. 2263	Report for Year Ended 9/30/2018	Page 3	of 37
Legal Name of Partnership/LLC Athena Middlesex, LLC		Business Address 100 Randolph Rd, Middletown, CT 06457		State(s) and/or Town(s) in Which Registered CT	
Name of Partners/Members	Business Address	Title		% Owned	
Lawrence G Santilli	135 South Road, Farmington, CT 06032	Managing Member		0.3525	
Middlesex CCH Group, LLC	135 South Road, Farmington, CT 06032	Member		0.4675	
Senior Care Umbrella LLC	234 Church St New Haven, CT 06510	Member		0.15	
L & F Schwartz Family Limited	3 Shirecrest, Avon, CT 06001	Member		0.03	

**General Information and Questionnaire
Related Parties***

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Mid	License No. 2263	Report for Year Ended 9/30/2018	Page 4	of 37
---	---------------------	------------------------------------	-----------	----------

Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? Yes No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Interfacility Loans	pg 33 A2		
Athena Health Care	135 South Road, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	<50%	Management Fees	pg 17	(90,963)	225,581
Athena Health Care Assoc 401k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Self insured employee health and dental insu	Pg 15 1a5	1,227,471	1,227,471
Procure LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Pharmacy	pg 20 5A2	434,380	434,380
Laurel Ridge Health Care Center	100 Randolph Road, Middletown, CT 06457	<input checked="" type="radio"/>	<input type="radio"/>	>98%	Bank Fees	pg 16 m13	6,361	6,361
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					
		<input type="radio"/>	<input checked="" type="radio"/>					

* Use additional sheets if necessary.

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

General Information and Questionnaire

Basis for Allocation of Costs

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/	License No. 2263	Report for Year Ended 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item	Method of Allocation			
Dietary	Number of meals served to residents			
Laundry	Number of pounds processed			
Housekeeping	Number of square feet serviced			
Nursing	Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants			
Direct Resident Care Consultants	Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)			
Maintenance and operation of plant	Square feet			
Property costs (depreciation)	Square feet			
Employee health and welfare	Gross salaries			
Management services	Appropriate cost center involved			
All other General Administrative expenses	Total of Direct and Allocated Costs			
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input type="radio"/> Yes <input checked="" type="radio"/> 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.)				
<input type="radio"/> Yes <input checked="" type="radio"/> 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		License No.		Report for Year Ended			Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlese		2263		9/30/2018			6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed	
	Yes	No						
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Postage Equipment	04/01/18	60 months	1,289	322	
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/18/17	48 months	15,506	9,045	
Pitney Bowes, PO Box 371887, Pittsburgh, PA 15250	<input type="radio"/>	<input checked="" type="radio"/>	Postage Equipment	10/31/14	51 months	660	496	
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	03/05/14	37 months	652	652	
HP Financial Services, 200 Connell Drive, Suite 500, Berkeley Heights, NJ 07922	<input type="radio"/>	<input checked="" type="radio"/>	PCC Equipment	08/21/13	60 months	8,204	8,204	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input checked="" type="radio"/> No
Total ***							18,719	

* 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.

Lease Agreement

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Agreement Number

Your Business Information

Full Legal Name of Lessee / DBA Name of Lessee		Tax ID # (FEIN/TIN)	
MIDDLESEX HEALTHCARE CENTER		61630056	
Sold-To: Address			
100 Randolph Rd, Middletown, CT, 06457-5637, US			
Sold-To: Contact Name	Sold-To: Contact Phone #	Sold-To: Account #	
JOE COLACI	8607513900	0016915614	
Bill-To: Address			
100 Randolph Rd, Middletown, CT, 06457-5637, US			
Bill-To: Contact Name	Bill-To: Contact Phone #	Bill-To: Account #	Bill-To: Email
JOE COLACI	8607513900	0016915614	jcolaci@athenehealthcare.com
Ship-To: Address			
100 Randolph Rd, Middletown, CT, 06457-5637, US			
Ship-To: Contact Name	Ship-To: Contact Phone #	Ship-To: Account #	
Joseph Colaci		0016915614	
PO #			

Your Business Needs

Qty	Item	Business Solution Description
1	SENDPROC SERIES	SENDPRO C200, C300, C400
1	1FXA	1FXA DM Series INVIEW Dashboard
1	1H00	CSD Commercial PSD
1	2H00	C Series Base
1	APAC	Connect+ Accounting Weight Break Reports
1	APAV	Cost Acctg Accounts Level (25)
1	APB1	COST ACCOUNTING DEVICES (2)
1	APKN	ACCOUNT LIST IMPORT/EXPORT
1	C400	SendPro C400
1	CAAA	Cost Accounting Bronze plan
1	DM3RKL	RETURN KIT FOR DM300 - LARGE
1	F9S2	F9S2-SENDPRO C INSTALL TRNG W SHIPPING
1	HZ80001	SendPro C Series Drop Stacker
1	HZ86002	SCALE OPENING COVER

1	MP00098	KIT-BACKLIT SCALE MOUNTED GRAPHICAL DISP
1	MP82	C Series Remote Display Scale
1	PTJ1	Postal Shipping
1	PTJA	SendPro Basic 1 User
1	PTJN	SINGLE USER ACCESS
1	PTK1	WEB BROWSER INTEGRATION
1	PTK2	CSD2 Integration
1	SJS4	C400 SOFTGUARD
1	STDSLA	Standard SLA-Equipment Service Agreement (for SENDPRO C200, C300, C400)
1	ZH01	5 LB WEIGHING OPTION FOR MP82 SCALE
1	ZH24	MANUAL WEIGHT ENTRY
1	ZH27	HZ02 65 LPM SPEED
1	ZHC4	SENDPRO C400 BASE SYSTEM IDENTIFIER
1	ZHD5	USPS RATES WITH METERED LETTER
1	ZHD7	E CONF SERVICES FOR METERED LTR. BDL

If any green products: The equipment covered by this Agreement includes remanufactured products that have gone through our factory certification testing process.

Your Payment Plan

Initial Term: 60 months		Initial Payment Amount:	
Number of Months	Monthly Amount	Billed Quarterly at*	
60	\$ 100.97	\$ 302.91	

*Does not include any applicable sales, use, or property taxes which will be billed separately.

- Tax Exempt Certificate Attached
- Tax Exempt Certificate Not Required
- Purchase Power[®] transaction fees included
- Purchase Power[®] transaction fees extra

Your Signature Below

By signing below, you agree to be bound by all the terms of this Agreement including the Pitney Bowes Terms (Version 1/18), which are available at <http://www.pb.com/termsconditions> and are incorporated by reference. You acknowledge that you may not cancel the lease for any reason and that all payment obligations are unconditional. The lease will be binding on us after we have completed our credit and documentation approval process and have signed below. The lease requires you either to provide proof of insurance or participate in the ValueMAX® equipment protection program (see Section 15 of the Pitney Bowes Terms) for an additional fee. If software is included in the Order, additional terms apply which are available by clicking on the hyperlink for that software located at <http://www.pitneybowes.com/us/license-terms-of-use/software-and-subscription-terms-and-conditions.html>. Those additional terms are incorporated by reference.

Not Applicable

State/Entity's Contract#

Elizabeth Schreiber Administrator

Lessee Signature

Print Name

Title

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Date

Pitney Bowes Signature

Print Name

Title

Date

Sales Information

Jeffrey Mesite

jeffrey.mesite@pb.com

Account Rep Name

Email Address



RENTAL AGREEMENT

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

CUSTOMER LEGAL NAME: The Athena Group Llc dba Middlesex
Tax ID#:
Telephone No: 8604891008

Billing Address: 100 Randolph Road, Middletown, CT 06457
Equipment Location (if other than Billing Address): 100 Randolph Road, MIDDLETOWN, CT 06457

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

Table with 4 columns: Unit Quantity, Description of Equipment, Make and Type, Model Number, Serial Number. Row 1: 1, Copier System

Table with 2 columns: BASE TERM IN MONTHS (50), TOTAL NUMBER OF RENTAL PAYMENTS (2 @ \$0.00 followed by 48 @ \$1,215.00 plus taxes). Includes sub-items (a) Advance Payment \$0.00, (b) Security Deposit \$0.00, (c) Documentation Fee \$95.00, Total due a + b + c = \$95.00.

TERMS AND CONDITIONS

In this agreement ("Rental"), "we," "our," and "us" refers to LEAF Capital Funding, LLC and "you" and "your" refer to the Customer. You agree to rent the Equipment from us upon the following terms and conditions:

1. RENTAL PAYMENTS AND TERM: The Rental is enforceable on you upon your execution. The term of the Rental shall commence on the date the Equipment is delivered to you ("Rental Commencement Date").

2. DELIVERY, ACCEPTANCE, USE AND REPAIR: You are responsible for Equipment delivery and installation. You unconditionally accept the Equipment upon the earlier of (a) your oral or written acceptance of the Equipment, or (b) 10 days after delivery of the Equipment.

3. INDEMNIFICATION: You agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims and suits, including attorneys' fees and expenses related to the ordering, manufacture, installation, ownership, condition, use, rental, possession, delivery or return of Equipment.

4. RENTAL EXPIRATION, RENEWAL: Unless you notify us at least 90 days prior to the expiration of the Rental of your election to return the Equipment, this Rental will renew on a month-to-month basis at the same monthly Rental Payment until you provide us with at least 90 days notice and return the Equipment.

5. LATE FEES AND CHARGES: If any amount is not paid within three (3) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount.

6. NO WARRANTY: We do not manufacture the Equipment and you have selected the Equipment and the supplier. WE MAKE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING THOSE OF MERCHANTABILITY OR FITNESS FOR A PURPOSE AND ARE NOT RESPONSIBLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES.

7. INSURANCE, RISK OF LOSS: You bear all risk of loss or damage to the Equipment from its order until it is returned in the required condition ("Risk Period"). During the Risk Period you will maintain property and liability insurance on the Equipment acceptable to us, naming us loss payee and additional insured.

interests). If we obtain such insurance, you will pay us an additional amount for the cost of such insurance and an administrative fee, the cost of which may be more than the cost to obtain your own insurance and on which we may make a profit.

8. OWNERSHIP AND TAXES: We own the Equipment (excluding licensed software). If you are deemed to own it, you grant us a security interest in the Equipment. You authorize us to file UCC financing statements to confirm our interest. You will pay, when due, all taxes, fines and penalties relating to the purchase, use, renting and/or ownership of the Equipment.

9. DEFAULT: If you or any guarantor do not pay us any amount within ten (10) days of its due date, or breach any terms of this Rental, any guaranty or any license relating to the Equipment, you will be in default. If you default, we may require you to do any combination of the following: (a) immediately pay all amounts then due, plus the present value of the remaining Rental Payments.

10. ASSIGNMENT: You have no right to sell or assign the Equipment or Rental. We may sell or assign our rights in the Rental and/or Equipment and the new owner will have all our rights but will not be subject to any claim or defense you have against us.

11. ARTICLE 2A: You agree this Rental is a "finance lease" as defined in Article 2A of the Uniform Commercial Code. You waive all rights and remedies conferred upon a lessee by Article 2A (508-522) of the UCC. You have received a copy of the Supply Contract or been informed of the identity of the Supplier and you may have rights under the Supply Contract and may contact the Supplier for a description of those rights.

12. CREDIT INFORMATION: You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.

13. CHOICE OF LAW: THIS RENTAL WILL BE GOVERNED BY PENNSYLVANIA LAW. YOU CONSENT TO JURISDICTION IN THE STATE OR FEDERAL COURTS IN PENNSYLVANIA AND WAIVE ANY RIGHT TO A TRIAL BY JURY.

14. MISCELLANEOUS: This Rental is the parties' entire agreement and can be amended only in writing signed by both parties. This Rental may be executed in counterparts (manually or by electronic means) and, when transmitted to us shall be binding upon you for all purposes. This Rental is not binding on us until we sign it. You agree not to raise as a defense to the enforcement of this Rental that it was executed or transmitted to us by electronic means.

ACCEPTED BY CUSTOMER: The Athena Group Llc dba Middlesex
Print Name: MALCOLM E. MARON Title: DIRECTOR of IT
E-Mail Address: M.MARON@ATHENAGROUP.COM Date: 7/18/17

PERSONAL GUARANTY: Undersigned guarantees that Customer will make all payments and perform all other obligations under the Rental when due. Undersigned agrees that this is a guaranty of payment and not of collection, and that we can proceed directly against undersigned without first proceeding against Customer or the Equipment.

SIGNED X:
Print Name:
E-Mail Address:

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



SCHEDULE A TO RENTAL AGREEMENT
(EQUIPMENT DESCRIPTION)

Rental Application No.: 404787

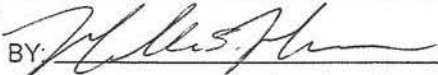
QNT	Equipment Description	New/Used	Make	Model	Serial Number
-----	-----------------------	----------	------	-------	---------------

Location: 100 Randolph Road, MIDDLETOWN, CT 06457

1	Copier System	New			
---	---------------	-----	--	--	--

CUSTOMER: The Athena Group Llc dba Middlesex

LEAF CAPITAL FUNDING, LLC

BY: 
 PRINT NAME: MALCOLM E. MASON
 TITLE: DIRECTOR OF IT
 DATE: 7/18/17

BY: _____
 PRINT NAME: _____
 TITLE: _____
 DATE: _____

General Information and Questionnaire
Accounting Basis

Name of Facility Athena Middlesex, LLC of Middlet	License No. 2263	Report for Year Ended 9/30/2018	Page 7	of 37
--	---------------------	------------------------------------	-----------	----------

The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworkin, Hillman, Lamorte & Sterczala	4 Corporate Dr, Shelton, CT 06484
2 Marcum LLP	555 Long Wharf Drive 12th Floor, New Haven, CT 06511
3 Midcap Financial Services, LLC	7255 Woodmont Avenue Suite 200, Bethesda, MD 20814
4	

Services Provided by This Firm (*describe fully*)

1 Year End Audit & Statements: Allow	\$ 18,000
2 Medicare Cost Report: Allow	\$ 2,700
3 LOC Audit: Disallow	\$ 1,738
4	\$
	Charge for Services Provided
	\$ 22,438

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

- Yes No Pg 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Murtha Cullina, LLP	860-240-6000
2 Midcap Financial Services, LLC	646-896-1307
3 Senior Planning Services	855-775-2664
4 Treasurer/Marshall State of CT / Law Offices of Thomas P. Carpenter	
5 Goldman, Gruder & Woods / Schiff Hardin / Paul Whittaker	

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

- 1 185 Asylum St, Hartford, CT 06103
 2 7255 Woodmont Avenue Suite 200, Bethesda, MD 20814
 3 100 Boulevard of the Americas, Lakewood, NJ 08701
 4
 5

Services Provided by This Firm (*describe fully*)

1 Audit Letter: Allow	\$ 477
2 LOC Fees: Disallow	\$ 462
3 Medicaid Applications: Disallow	\$ 5,000
4 A/R Collections: Disallow	\$ 3,779
5 A/R Collections: Disallow	\$ 16,239
	Charge for Services Provided
	\$ 25,957

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

- Yes No Pg 15, Line 1e

Schedule of Resident Statistics

Name of Facility			License No.			Report for Year Ended				Page		of	
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Car			2263			9/30/2018				8		37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	150	150			150	150			150	150			
B. On last day of THIS report period	150	150			150	150			150	150			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	143	143			143	143			144	144			
B. As of midnight of THIS report period	140	140			144	144			140	140			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,229	5,229			4,041	4,041			1,188	1,188			
B. Medicaid (Conn.)	40,455	40,455			30,467	30,467			9,988	9,988			
C. Medicaid (other states)													
D. Private Pay	1,452	1,452			988	988			464	464			
E. State SSI for RCH													
F. Other (Specify)	4,387	4,387			3,073	3,073			1,314	1,314			
G. Total Care Days During Period (3A thru F)	51,523	51,523			38,569	38,569			12,954	12,954			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	33	33			25	25			8	8			
B. Other Bed Reserve Days	119	119			84	84			35	35			
5. Total Resident Days (3G + 4A + 4B)	51,675	51,675			38,678	38,678			12,997	12,997			

Annual Report of Long-Term Care Facility

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT d			License No. 2263			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(Specify) (3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	7		108		3		22						
Per Diem Rate													
a. One bed rm.	527.44		213.06		564.00		277.06						
b. Two bed rms.	527.44		213.06		514.00		277.06						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B					TOTAL	CCNH	RHNS	(Specify)					
B. Medicaid (Exclusive of Part B)					8,516	8,516							
1. Maintenance Treatments					1,326	1,326							
2. Restorative Treatments													
C. Other					14,831	14,831							
D. Total Physical Therapy Treatments					24,673	24,673							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					822	822							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					288	288							
2. Restorative Treatments													
C. Other					1,334	1,334							
D. Total Speech Therapy Treatments					2,444	2,444							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					8,221	8,221							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					1,462	1,462							
2. Restorative Treatments													
C. Other					15,173	15,173							
D. Total Occupational Therapy Treatments					24,856	24,856							

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex	2263	9/30/2018	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	134,498	2,038				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	256,009	11,132				
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor	53,571	1,980				
c. Dietary Workers	392,639	28,609				
6. Housekeeping Service						
a. Head Housekeeper	35,707	1,771				
b. Other Housekeeping Workers	306,752	24,123				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	80,746	2,119				
b. Other Maintenance Workers	54,243	2,302				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	61,720	4,721				
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	215,005	4,030				
b. RN						
1. Direct Care	552,430	13,260				
2. Administrative**	484,396	14,306				
c. LPN						
1. Direct Care	1,159,139	41,738				
2. Administrative**						
d. Aides and Attendants	2,117,990	123,292				
e. Physical Therapists	528,186	13,396				
f. Speech Therapists	67,835	1,675				
g. Occupational Therapists	334,026	9,272				
h. Recreation Workers	178,399	9,261				
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	196,720	6,863				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	7,210,011	315,888				

* 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				License No.	Report for Year Ended				Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Car				2263	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(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)				License No.	Report for Year Ended			Page	of	
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health C				2263	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Elizabeth Schmeizl (10/1/2017-3/25/18)	80,910			Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	944	A2	Glasonbury HCC, LLC 1175 Hebron Ave, Glastonbury, CT 06033	1,152	98,604
Karen Golart (3/26/18-8/5/18)	33,231			Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	768	A2			
Yong Crandall (8/6/18-9/30/18)	20,357			Health & life insurances, Payroll Taxes	day to day operations of the nursing home facility.	326	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		
Athena Middlesex, LLC of Middletown, CT d/b/a M	2263	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian	46,208	1,216				
2. Dentist	10,406	164				
3. Pharmacist	15,034	295				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	44,200	413				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	23,913	315				
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	720	8				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	7,849	143				
2. Administrative***	31,730	1,024				
b. LPN						
1. Direct Care	165,684	3,682				
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	345,744	7,260				

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

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

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

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

Name of Facility Athena Middlesex, LLC of Middletown, CT d/b/a Middl		License No. 2263	Report for Year Ended 9/30/2018	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Athena Health Care Systems 135 South Road, Farmington, CT 06032	MDS Fill In	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners	
Procure LTC Pharmacy of CT LLC, 1492 Highland Avenue, Cheshire, CT 06032	Pharmacy	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Minority Interest	
Wilfred Elaba/CT Multispecialty, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Tangarorang/CT Multispecialty, 2110 Silas Deane Highway, Rocky Hill, CT 06067	Asst Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Gerident Solutions, LLC, PO Box 290539, Wethersfield, CT 06129	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostics (SDX), PO Box 484, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
HealthDrive Group, 888 Worcester Street, Wellesley, MA 02482	Physician, Eyecare, Dental services	<input type="radio"/>	<input checked="" type="radio"/>		
Stephanie Owens, 15 4th Ave, Waterford, CT 06385	Dietician	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Cardiology, 420 Saybrook Rd, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Practioner Support Services, 324 Elm St #202B, Monroe, CT 06468	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Connecticut Oncology Group, 536 Saybrook Rd #2, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Middlesex Orthopedic Surgeons, 410 Saybrook Rd, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Orthopedic Associates of Middlesex, 512 Saybrook Rd #2, Middletown, CT 06457	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Southern CT Vascular Center, LLC, 495 Hawley Ln #2-A, Stratford, CT 06614	Physician	<input type="radio"/>	<input checked="" type="radio"/>		
Nurse Network, 405 Park Ave, New York, NY	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
MassTex Imaging, LLC, 3 Electronics Ave #201, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

Annual Report of Long-Term Care Facility

CSP-15 Rev. 10/2005

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/	2263	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 637,696	637,696		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 95,037	95,037		
4. Social Security (F.I.C.A.)	\$ 495,566	495,566		
5. Health Insurance	\$ 729,769	729,769		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 25,071	25,071		
8. Uniform Allowance	\$			
9. Other (<i>Specify</i>) See Attached Schedule	\$			
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 110,084	110,084		
d. Accounting and Auditing	\$ 22,438	22,438		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 25,957	25,957		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 57,530	57,530		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 51,026	51,026		
2. Cellular Phones	\$ 1,170	1,170		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$			
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 64	64		
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 977,682	977,682		
Subtotal	\$ 3,229,090	3,229,090		

* 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
Athena Middlesex, LLC of Middletown, CT d/b/a Mid	2263	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,229,090	3,229,090			
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 6,285	6,285			
3. Gifts to Staff and Residents	\$ 12,125	12,125			
4. Employee Travel	\$ 6,854	6,854			
5. Education Expenses Related to Seminars and Conventions	\$ 3,670	3,670			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$				
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 3,661	3,661			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 2,304	2,304			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 28,789	28,789			
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	\$ 4,985	4,985			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 10,959	10,959			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$				
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ (56,622)	(56,622)			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 85,851	85,851			
C-14 Total Administrative & General Expenditures	\$ 3,337,951	3,337,951			

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

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

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

Schedule of Other Travel and Entertainment

Description	CCNH	RHNS	(Specify)
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 28,789		
Total Other Advertising	\$ 28,789	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 85		
CT Assoc of Health Care Facilities	\$ 10,874		
Total Dues	\$ 10,959	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
License Renewal	\$ 210		
Data Processing Fees	\$ 21,265		
Bank Charges	\$ 22,288		
Payroll Processing Fees	\$ 24,041		
Employee Physicals & Background Checks	\$ 15,669		
Energy Audit	\$ 2,378		
Total Other Administrative and General	\$ 85,851	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Middlesex, LLC of Middletown, C	2263	9/30/2018	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	(101,002)	Contract Attached to a Prior Year	See Below
Allocation of the above	\$-66661 \$-16160 \$-18181	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 20, Line 5k Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Rd Farmington, CT 06032	10,039	Admin/Gen - Other Exp	Pg 16 Line 12

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Mid		2263	9/30/2018		18	37
Item		Total	CCNH	RHNS	(Specify)	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 372,409	372,409			
2.	Non-Food Supplies	\$ 38,732	38,732			
3.	Other (Specify) _____	\$ 15	15			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
c. Other (Specify) _____						
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 411,156	411,156			
2F. Dietary Questionnaire						
G. Resident Meals: Total no. of meals served per day:*		423	423			
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No						
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, specify cost. \$696						
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)						
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.						
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.						
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)						

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middl		2263	9/30/2018		19	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. \$	15,449	15,449			
b. Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$					
c. Other (<i>Specify</i>) Supplies = \$13,455	\$	13,455	13,455			
3D. Total Laundry Expenditures (3a + b + c)	\$	28,904	28,904			
3F. Laundry Questionnaire						
G. Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
H. Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.			
K. Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.			
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)					

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

All allocations should add to total recorded in 3E.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Middlesex, LLC of Middletown, CT d/t		2263	9/30/2018		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. \$	38,770	38,770		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C.	Other (<i>Specify</i>)	\$				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	38,770	38,770		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Procure	\$	408,801	408,801		
b.	Medicine Cabinet Drugs	\$	9,991	9,991		
c.	Medical and Therapeutic Supplies	\$	315,707	315,707		
d.	Ambulance/Limousine***	\$	25,975	25,975		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	32,397	32,397		
f.	X-rays and Related Radiological Procedures***	\$	19,888	19,888		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	35,284	35,284		
i.	Recreation	\$	13,715	13,715		
j.	Direct Management Services*	\$	(18,181)	(18,181)		
k.	Indirect Management Services*	\$	(16,160)	(16,160)		
l.	Other (Specify)**** See Attached Schedule	\$	158,177	158,177		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	985,594	985,594		

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

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

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

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

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Medical Equip Rentals-Medicaid	\$ 62,831		
Physical Therapy Supplies	\$ 15,814		
Oxygen Concentrator Rentals	\$ 33,158		
Cable TV Services	\$ 21,078		
Medical Equip Rentals-Other	\$ 23,467		
Nursing Supplies	\$ 1,829		
Total Other Resident Care	\$ 158,177	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page of					
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care C			2263	9/30/2018	21	37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
Winterberry Gardens	2070 West St, Southington, CT 06489	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping	16,282			22	6f
ADP	225 Second Ave Waltham MA 02454	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	17,909			16	m13
CWPM, LLC	25 Norton Place, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	32,028			22	6f
Procure LTC Pharmacy of CT LLC	1492 Highland Avenue, Cheshire, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners; Minority Interest	Pharmacy	434,380			20	5a2
Pro Landscaping & Design LLC	256 Tuttle Rd, Middletown, CT 06457	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	13,060			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

* 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
Athena Middlesex, LLC of Middletown, CT d	2263	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 60,428	60,428				
b. Heat	\$ 75,642	75,642				
c. Light & Power	\$ 92,517	92,517				
d. Water	\$ 90,511	90,511				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 18,719	18,719				
f. Other (<i>itemize</i>)	\$ 89,795	89,795				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 427,612	427,612				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 4,517	4,517				
b. Building & Building Improvements	\$ 279,802	279,802				
c. Non-Movable Equipment	\$ 17,073	17,073				
d. Movable Equipment	\$ 57,971	57,971				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 359,363	359,363				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 3,728	3,728				
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 3,728	3,728				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 102,628	102,628				
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 14,239	14,239				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 479,958	479,958				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 16,282		
Rubbish Removal	\$ 32,028		
Snow Removal	\$ 13,060		
Supplies	\$ 28,425		
Total Other Repairs and Maintenance	\$ 89,795	\$ -	\$ -

Depreciation Schedule

Name of Facility			License No.		Report for Year Ended			Page	of			
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex Health Care			2263		9/30/2018			23	37			
Property Item	Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals				
A. Land Improvements												
1. Acquired prior to this report period	70,170		70,170	41,769	S/L	Var	4,517					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
A-4. Subtotal								4,517				
B. Building and Building Improvements												
1. Acquired prior to this report period	9,466,779		9,466,779	4,212,593	S/L	Various	272,014					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	288,267		288,267		S/L	Various	7,788					
B-4. Subtotal								279,802				
C. Non-Movable Equipment												
1. Acquired prior to this report period	347,860		347,860	267,394	S/L	Various	15,818					
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)	22,591		22,591		SL	Various	1,255					
C-4. Subtotal								17,073				
D. Movable Equipment												
1. Motor Vehicles (Specify name, model and year of each vehicle)	Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
	Yes	No	Month	Year								
a.												
b.												
c.												
d.												
2. Movable Equipment												
			9	2017	1,710,791		1,710,791	1,466,363	S/L	Various	54,160	
			9	2018	41,730		41,730		S/L	Various	3,811	
D-3. Subtotal												57,971
E. Total Depreciation										359,364		

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See Attached	\$ 288,267		\$ 7,788
Total additions for Building Improvement		\$ 288,267		\$ 7,788 *
Deletions:				
Total deletions for Building Improvement		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
	See Attached	\$ 22,591		\$ 1,255
Total additions for Non-Movable Equipment		\$ 22,591		\$ 1,255 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
1/1/2018	See Attached	\$ 41,730		\$ 3,811
Total additions for Movable Equipmen		\$ 41,730		\$ 3,811 *
Deletions:				
Total deletions for Movable Equipmen		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

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

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-17	Environmental Systems-hot water tank	\$ 6,234	10	\$ 312
Nov-17	Daniels Equipment Company-Dryer Repairs	\$ 1,078	5	\$ 108
Feb-18	Sherwin Williams - Carpet	\$ 4,599	5	\$ 460
Aug-18	State-Wide Electric, Inc. - Data Lines	\$ 5,811	20	\$ 145
Aug-18	NE Masonry & Roofing - Solar Panels on Roof	\$ 270,545	20	\$ 6,764
Total additions for Building Improvements		\$ 288,267		\$ 7,788 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Jan-18	Modern Mechanical - Freezer Compressor	\$ 6,988	5	\$ 699
Jun-18	Air Temp Mechanical - Air Compressor	\$ 4,626	15	\$ 154
Jun-18	Air Temp Mechanical - Air Compressor	\$ 4,626	15	\$ 154
Jul-18	Kinsley Power Systems - Radiator	\$ 4,170	15	\$ 139
Aug-18	Air Temp Mechanical - Motor	\$ 2,181	10	\$ 109
Total additions for Non-Movable Equipment		\$ 22,591		\$ 1,255 *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Annual Report of Long-Term Care Facility

CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex			2263		9/30/2018			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees-HUD Mortgage									
2. Finance Fees-Refinance	9	2011	35 yrs	130,495	24,233	SL		3,728	
3.									
B-4. Subtotal									3,728
C. Leasehold Improvements and Other									
1. Acquired prior to this report period		2017							
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		2018							
C-4. Subtotal									
D. Total Amortization									3,728

* 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.

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

Name of Facility Athena Middlesex, LLC of Middletow	License No. 2263	Report for Year Ended 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase		03/07/02		
4. Date of Initial Licensure		03/07/02		
5. Total Licensed Bed Capacity		150		
6. Square Footage				
7. Acquisition Cost				
a. Land		65,200		
b. Building		5,400,000		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		03/29/11		
c. Interest Rate for the Cost Year		4.32%		
d. Term of Mortgage (number of years)		35		
e. Amount of Principal Borrowed		8,023,900		
f. Principal balance outstanding as of		7,165,673		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Athena Middlesex, LLC of Middletov		2263	9/30/2018			26	37
Item			Total	CCNH	RHNS	(Specify)	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 347617	347,617			
Name of Lender		Rate					
Key Bank		4.23%					
Address of Lender							
8115 Preston Rd Suite 500, Dallas, TX 75225							
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)			\$ 347,617	347,617			

(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
Athena Middlesex, LLC of Middletown	2263	9/30/2018	27	37
Item	Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:	347,617	347,617		
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)	\$	34,262	34,262	
Vender Interest = \$16,663; Line of Credit Interest = \$17,599				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	381,879	381,879	
14. Insurance				
a. Insurance on Property (buildings only)	\$	87,082	87,082	
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)	\$	87,082	87,082	
15. Total All Expenditures (A-13 thru C-14)	\$	13,734,661	13,734,661	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex H				2263	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 334,026	334,026		
4.			Other - See attached Schedule	\$ 8,862	8,862		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 23,913	23,913		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 110,084	110,084		
10.	15	1d&e	Accounting	\$ 1,738	1,738		
10a.			Legal	\$ 25,480	25,480		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 450	450		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	13	Gifts, flowers and coffee shops	\$ 12,125	12,125		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2&k	Unallowable Advertising *	\$ 31,093	31,093		
19.	15	1j&k	Income Tax / Corporate Business Tax	\$ 64	64		
20.			Fund Raising / Contributions	\$			
21.	16	m12	Unallowable Management Fees	\$ (208,919)	(208,919)		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 22,288	22,288		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents	\$ 696	696		
Page 19 - Laundry Expenditures							
25.	19	3d	Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.	20	4d	Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 361,900	361,900		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12m	Marketing:Salary & Benefits	\$ 8,862		
Total Other Salaries Adjustment			\$ 8,862	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 22,288		
Total Other A&G Adjustments			\$ 22,288	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Middlesex, LLC of Middletown, CT d/b/a Middlesex			2263	9/30/2018	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 361,900	361,900		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 408,801	408,801		
28.	20	5d	Ambulance/Limousine	\$ 25,975	25,975		
29.	20	5f	X-rays, etc	\$ 19,888	19,888		
30.	20	5h	Laboratory	\$ 35,284	35,284		
31.	20	5c	Medical Supplies	\$ 18,464	18,464		
32.	20	5e2	Oxygen (non emergency)	\$ 32,397	32,397		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 50,762	50,762		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 14,030	14,030		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.	20	5j	Interest Income on Account Rec.	\$ 35	35		
44.			Other - Miscellaneous Administrative	\$			
45.	20	5j	Management Fees Direct	\$ (56,978)	(56,978)		
46.	20	5k	Management Fees Indirect	\$ (50,647)	(50,647)		
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 859,911	859,911		

*** 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- Other	\$ 23,467		
20	5b	Ebox	\$ 9,817		
20	5j	Radio and Television Revenue	\$ 17,478		
Total Other Ancillary Costs			\$ 50,762	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Move Equip AJE	\$ 14,030		
Total Excess Movable Equipment Depreciation			\$ 14,030	\$ -	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
Total Unallowable Building Interest			\$ -	\$ -	\$ -

Cost Year

Totals

	Goodwill Adjustment	2007 Heritage Furniture Profit	2007 Heritage Furniture Profit	2007 Heritage Furniture Profit	2008 Heritage Furniture Profit	2008 Heritage Furniture Profit	2009 Heritage Furniture Profit	2013 Resident Room Televisions	2014 Resident Room Televisions	2015 Resident Room Televisions	2016 Resident Room Televisions	2017 Resident Room Televisions	2018 Resident Room Televisions	Totals
Cost Term	\$ 120,345 15.00	\$ 2,775 5.00	\$ 15,539 10.00	\$ 15,390 15.00	\$ 465 5.00	\$ 16,021 15.00	\$ 100 10.00	\$ 8,943 5.00	\$ 2,319 5.00	\$ 2,884 5.00	\$ 7,738 5.00	\$ 13,211 5.00	\$ 17,905 5.00	\$ 436,351
2003 Deprec	\$ 4,012													\$ 46,555
2003 Book Value	\$ 116,333													\$ 243,963
2004 Deprec	\$ 8,023													\$ 50,566
2004 Book Value	\$ 108,310													\$ 193,397
2005 Deprec	\$ 8,023													\$ 50,566
2005 Book Value	\$ 100,287													\$ 142,831
2006 Deprec	\$ 8,023													\$ 50,567
2006 Book Value	\$ 92,264													\$ 92,264
2007 Deprec	\$ 8,023	\$ 278	\$ 777	\$ 513										\$ 9,591
2007 Book Value	\$ 84,241	\$ 2,498	\$ 14,762	\$ 14,877										\$ 116,378
2008 Deprec	\$ 8,023	\$ 555	\$ 1,554	\$ 1,026	\$ 47	\$ 534								\$ 11,739
2008 Book Value	\$ 76,218	\$ 1,943	\$ 13,208	\$ 13,851	\$ 419	\$ 15,487								\$ 121,125
2009 Deprec	\$ 8,023	\$ 555	\$ 1,554	\$ 1,026	\$ 93	\$ 1,068	\$ 5							\$ 12,324
2009 Book Value	\$ 68,195	\$ 1,388	\$ 11,654	\$ 12,825	\$ 326	\$ 14,419	\$ 95							\$ 108,901
2010 Deprec	\$ 8,023	\$ 555	\$ 1,554	\$ 1,026	\$ 93	\$ 1,068	\$ 10							\$ 12,329
2010 Book Value	\$ 60,172	\$ 833	\$ 10,100	\$ 11,799	\$ 233	\$ 13,351	\$ 85							\$ 96,572
2011 Deprec	\$ 8,023	\$ 555	\$ 1,554	\$ 1,026	\$ 93	\$ 1,068	\$ 10							\$ 12,329
2011 Book Value	\$ 52,149	\$ 278	\$ 8,546	\$ 10,773	\$ 140	\$ 12,283	\$ 75							\$ 84,243
2012 Deprec	\$ 8,023	\$ 278	\$ 1,554	\$ 1,026	\$ 93	\$ 1,068	\$ 10							\$ 12,052
2012 Book Value	\$ 44,126	\$ -	\$ 6,992	\$ 9,747	\$ 47	\$ 11,215	\$ 65							\$ 72,192
2013 Deprec	\$ 8,023		\$ 1,554	\$ 1,026	\$ 47	\$ 1,068	\$ 10	\$ 894						\$ 12,622
2013 Book Value	\$ 36,103		\$ 5,438	\$ 8,721	\$ -	\$ 10,147	\$ 55	\$ 8,049						\$ 68,513
2014 Deprec	\$ 8,023		\$ 1,554	\$ 1,026		\$ 1,068	\$ 10	\$ 1,789	\$ 232					\$ 13,702
2014 Book Value	\$ 28,080		\$ 3,884	\$ 7,695		\$ 9,079	\$ 45	\$ 6,260	\$ 2,087					\$ 57,130
2015 Deprec	\$ 8,023		\$ 1,554	\$ 1,026		\$ 1,068	\$ 10	\$ 1,789	\$ 464	\$ 288				\$ 14,222
2015 Book Value	\$ 20,057		\$ 2,330	\$ 6,669		\$ 8,011	\$ 35	\$ 4,471	\$ 1,623	\$ 2,596				\$ 45,792
2016 Deprec	\$ 8,023		\$ 1,554	\$ 1,026		\$ 1,068	\$ 10	\$ 1,789	\$ 464	\$ 577	\$ 774			\$ 15,285
2016 Book Value	\$ 12,034		\$ 776	\$ 5,643		\$ 6,943	\$ 25	\$ 2,682	\$ 1,159	\$ 2,019	\$ 6,964			\$ 38,245
2017 Deprec	\$ 8,023		\$ 776	\$ 1,026		\$ 1,068	\$ 10	\$ 1,789	\$ 464	\$ 577	\$ 1,548	\$ 1,321		\$ 16,602
2017 Book Value	\$ 4,011		\$ -	\$ 4,617		\$ 5,875	\$ 15	\$ 893	\$ 695	\$ 1,442	\$ 5,416	\$ 11,890		\$ 34,854
2018 Deprec	\$ 4,011			\$ 1,026		\$ 1,068	\$ 10	\$ 893	\$ 464	\$ 577	\$ 1,548	\$ 2,642	\$ 1,791	\$ 14,030
2018 Book Value	\$ -			\$ 3,591		\$ 4,807	\$ 5	\$ -	\$ 231	\$ 865	\$ 3,868	\$ 9,248	\$ 16,114	\$ 38,729
2019 Deprec				\$ 1,026		\$ 1,068	\$ 5		\$ 231	\$ 577	\$ 1,548	\$ 2,642	\$ 3,581	\$ 10,678
2019 Book Value				\$ 2,565		\$ 3,739	\$ -		\$ -	\$ 288	\$ 2,320	\$ 6,606	\$ 12,533	\$ 28,051
2020 Deprec				\$ 1,026		\$ 1,068				\$ 288	\$ 1,548	\$ 2,642	\$ 3,581	\$ 10,153
2020 Book Value				\$ 1,539		\$ 2,671				\$ -	\$ 772	\$ 3,964	\$ 8,952	\$ 17,898
2021 Deprec				\$ 1,026		\$ 1,068					\$ 772	\$ 2,642	\$ 3,581	\$ 9,089
2021 Book Value				\$ 513		\$ 1,603					\$ -	\$ 1,322	\$ 5,371	\$ 8,809
2022 Deprec				\$ 513		\$ 1,068						\$ 1,322	\$ 3,581	\$ 6,484
2022 Book Value				\$ -		\$ 535						\$ -	\$ 1,790	\$ 2,325
2023 Deprec						\$ 535							\$ 1,790	\$ 2,325
2023 Book Value						\$ -							\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Middlesex, LLC of Middletown, (2263		9/30/2018		30	37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 20,832,519	20,832,519			
b. Medicaid Room and Board Contractual Allowance **	\$ (12,208,810)	(12,208,810)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,850,311	1,850,311			
b. Medicare Room and Board Contractual Allowance **	\$ 103,633	103,633			
4. a. Private-Pay Residents and Other	\$ 3,104,205	3,104,205			
b. Private-Pay Room and Board Contractual Allowance **	\$ (325,429)	(325,429)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 175,997	175,997			
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ 557,281	557,281			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (557,281)	(557,281)			
2. a. Medical Supplies - Medicare	\$ 3,464	3,464			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 702,948	702,948			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (469,733)	(469,733)			
c. Physical Therapy - Non-Medicare	\$ 237,385	237,385			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (237,385)	(237,385)			
4. a. Speech Therapy - Medicare	\$ 124,618	124,618			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (85,067)	(85,067)			
c. Speech Therapy - Non-Medicare	\$ 82,047	82,047			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (82,047)	(82,047)			
5. a. Occupational Therapy - Medicare	\$ 709,716	709,716			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (485,779)	(485,779)			
c. Occupational Therapy - Non-Medicare	\$ 260,720	260,720			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (260,720)	(260,720)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 2,371	2,371			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,034,964	14,034,964			
IV. Other Revenue*					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income (<i>Specify</i>)	\$ 306	306			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 65,167	65,167			
V. Total Other Revenue (1 thru 8)	\$ 65,473	65,473			
VI. Total All Revenue (III +V)	\$ 14,100,437	14,100,437			

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Retroactives	\$ 2,371		
Total Other Resident Revenue		\$ 2,371	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
pg 31, L A	Interest on A/R	n/a	\$ 35		
pg 32, L D	Interest on Escrow Accounts	430,630	\$ 271		
Total Interest Income			\$ 306	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
NA	Bad Debt Recoveries	\$ 65,167		
Total Other Revenue		\$ 65,167	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown	2263	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	139,378
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,618,536
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	24,623
5. Prepaid Expenses			\$	329,904
a. Prepaid Insurance	265,104			
b. Prepaid Health Insurance	64,800			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(134,789)
8. Other Current Assets (<i>itemize</i>)			\$	430,754
A/R Related Parties	430,754			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,408,406
B. Fixed Assets				
1. Land			\$	101,303
2. Land Improvements	*Historical Cost	70,170	\$	23,884
	Accum. Depreciation	46,286		Net
3. Buildings	*Historical Cost	9,755,046	\$	5,262,651
	Accum. Depreciation	4,492,395		Net
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			Net
5. Non-Movable Equipment	*Historical Cost	370,448	\$	85,984
	Accum. Depreciation	284,464		Net
6. Movable Equipment	*Historical Cost	1,713,793	\$	189,459
	Accum. Depreciation	1,524,334		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	93,107
Moveable Equipment Carryforward	38,729			
See Schedule	54,378			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,756,388

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

(Carry Total forward to next page)

Annual Report of Long-Term Care Facility

CSP-32 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility Athena Middlesex, LLC of Middletown	License No. 2263	Report for Year Ended 9/30/2018	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	8,164,794
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
3. Buildings			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Non-Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
5. Movable Equipment			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
6. Motor Vehicles			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			*Historical Cost _____	
			Accum. Depreciation _____	Net
			\$	
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	
Name and Address		Amount	Loan Date	
7. Other Assets (<i>itemize</i>)			\$	1,037,930
Deferred Finance Fees		103,464		
HUD Escrow Accounts		430,631		
See Schedule		503,835		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,037,930
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	9,202,724

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

Schedule of Other Current Assets (itemized) Page 31 Line A8

Page Ref	Line Ref	Description	
Total Other Current Assets (Itemize)			\$ -

Schedule of Other Fixed Assets (Itemize) Page 31 Line B9

Page Ref	Line Ref	Description	
		Project Development & Deposit	\$ 54,378
Total Other Other Fixed Assets (Itemize)			\$ 54,378

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Renewal & Replacement Fund	503,835
Total Other Assets			\$ 503,835

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

Schedule of Other Current Liabilities (Itemize) Page 33 Line A12

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Schedule of Other Long-Term Liabilities (Itemize) Page 34 Line B4

Page Ref	Line Ref	Description	
Total Other Current Liabilities (Itemize)			\$ -

Annual Report of Long-Term Care Facility

CSP-33 Rev. 6/95

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown, CT d		2263	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	1,862,115
2. Notes Payable (<i>itemize</i>)				\$	2,403,108
Notes Payable					2,403,108
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)				\$	
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)				\$	180,266
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	2,567
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>)				\$	26,156
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	450,731
Acc'd Operating Expenses		122,693	Acc'd Health Insurance	(478)	
Acc'd Expense-CT State Sales Tax		23			
Provider Taxes Due		248,225			
Acc'd Property Taxes		80,268	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,924,943

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Athena Middlesex, LLC of Middletown, CT		License No. 2263	Report for Year Ended 9/30/2018	Page 34	of 37
Account				Amount	
Total Brought Forward:				4,924,943	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 7,165,673	
3. Loans from Owners or Related Parties (<i>itemize</i>)				\$	
Name and Address of Lender	Amount	Loan Date			
Due to Related Party					
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (108,284)	
Due to affiliates		(108,284)			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 7,057,389	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 11,982,332	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown	2263	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	548,900
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(3,694,284)
6. Gain or Loss for Period	10/1/2017	thru 9/30/2018	\$	365,776
7. Total Net Worth			\$	(2,779,608)
C. Total Reserves and Net Worth			\$	(2,779,608)
D. Total Liabilities, Reserves, and Net Worth			\$	9,202,724

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Middlesex, LLC of Middletown,	2263	9/30/2018	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	(3,101,666)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	14,100,437
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,734,661
D. Net Income or Deficit			\$	365,776
E. Balance			\$	(2,735,890)
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2017 Accruals	(50,723)			
2017 Deprec Exp adj	7,005			
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	(43,718)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>	Title	Amount		
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose	Amount			
3. Total Deductions			\$	
H. Balance at End of Period			\$	(2,779,608)

I. Preparer's/Reviewer's Certification

Name of Facility Athena Middlesex, LLC of Middletown,	License No. 2263	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<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)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		