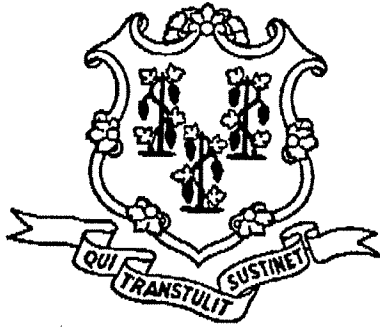


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Athena Holdings d/b/a Laurel Ridge Health Care Center	
Address (No. & Street, City, State, Zip Code) 642 Danbury Road Ridgefield, CT 06877	
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 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 2247	RHNS	(Specify)	Medicare Provider No. 07-5395
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Medicaid Provider Numbers:	CCNH 2247	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

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General Information

Name of Facility (as licensed) Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2016	Page 1	of 37
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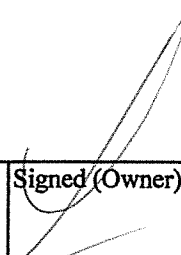
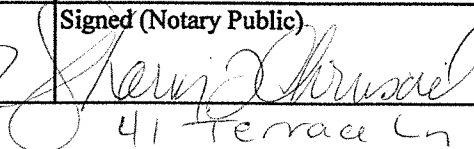
Administrator's/Owner's Certification

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 Athena Holdings d/b/a Laurel Ridge Health Care Center [facility name] for the cost report period beginning October 01, 2015 and ending September 30, 2016, 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	Signed (Owner) 		Date
Printed Name (Administrator) Bernadette Stevenson			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of Conn	Date 2/15/17	Signed (Notary Public) 		Comm. Expires 3/31/20
Address of Notary Public 41 Terrace Ln Bristol, CT 06010					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	Period Covered:	From 10/1/2015	To 9/30/2016	
Address of Facility 642 Danbury Road Ridgefield, CT 06877				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/15/2017		
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 203-438-8226		Report for Year Ended 09/30/16	Page 2	of 37
Name of Facility (as shown on license) Athena Holdings d/b/a Laurel Ridge Health Care Center		Address (No. & Street, City, State, Zip) 642 Danbury Road Ridgefield, CT 06877		
License Numbers:	CCNH 2247	RHNS	(Specify)	Medicare Provider No. 07-5395
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> PROPRIETORSHIP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROFIT CORP. <input type="checkbox"/> NON-PROFIT CORP. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> TRUST				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain fully.				
Administrator				
Name of Administrator Bernadette Stevenson		Nursing Home Administrator's License No.:	1831	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

General Information and Questionnaire
Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016	3B	37

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	License No.	Report for Year Ended	Page	of		
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016	4	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 in Page # / Line #	Actual Cost to the Related Party
		Yes	No %**			
Miscellaneous Facilities	Various	<input checked="" type="checkbox"/>	>98%	Interfacility Loans	Pg 33 A2	
Bayview Health Care	301 Rope Ferry Road, Waterford, CT 06385	<input checked="" type="checkbox"/>	>98%	Software Settlement	Pg 16, m13	\$1,512
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	>50%	See Attached		
Athena Captive	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>	>50%	Workers Comp Captive	Pg 15 1a1	\$427,369
Athena Health Care Assoc. 401k Plan	135 South Rd, Farmington, CT 06032	<input type="checkbox"/>		Facility participates in common 401k plan		
Laurelridge Landlord LLC	135 South Rd, Farmington, CT 06032	<input checked="" type="checkbox"/>		Lease of Property	Pg 22, L9 & L10b, Pg 27 Ln 14a	\$976,993
Litchfield Wood Health Care	255 Roberts St, Torrington, CT 06790	<input checked="" type="checkbox"/>	>98%	Reimburse for legal fees	Pg 15, 1e	\$2,685
Athena Health Care	135 South Rd., Farmington, CT 06032	<input checked="" type="checkbox"/>	>50%	Management fees	Pg 17, Pg 15 1e	\$657,420
		<input type="checkbox"/>				\$231,005

* Use additional sheets if necessary.

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

Laurel Ridge
 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 in Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nursing Department Consultant Employee Relations Purchased Service-Administration Data processing, Lobbying, Payroll processing, Business promotion, Office supplies Maintenance & Repairs	Pg 13 B 11a2 Pg 16 15 Pg 16 m12 Pg 16 m13	\$5,973 4,249 3,611 16,796	\$5,973 4,249 3,611 16,796
Athena Health Care Insurance	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Health Insurance	Pg 22 6a	53,496	53,496
TOTAL						\$1,281,271	

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2016	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

Not Applicable: No Non-Nursing Home Cost Centers

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	Report for Year Ended			Page of	
			9/30/2016				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					
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247				
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Postal Equipment	02/16/15	Expired 01/30/16	\$1,135	\$286
Graphic Savings Group LLC, 45 Main St Suite 537, Brooklyn, NY 11201	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	11/11/11	Lease ended 01/2016	\$7,976	\$2,659
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Copier	05/14/13	48 months	\$9,444	\$9,330
Hewlett-Packard Financial Services, PO Box 402582, Atlanta, CA 30384	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC Equipment	08/21/13	60 Months	\$8,266	\$8,266
Hewlett-Packard Financial Services, PO Box 402582, Atlanta, CA 30384	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PCC Equipment	10/06/14	60 Months	\$3,955	\$3,955
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DM 125 Mailing System	12/21/15	63 Months	\$761	\$568
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Xerox WorkCentre 5890 Copier System	12/08/15	48 months	\$5,360	\$4,109
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
	<input type="checkbox"/>	<input type="checkbox"/>					
						Total ***	\$29,173

Is a Mileage Log Book Maintained for All Leased Vehicles? Yes No

Not Applicable - No Vehicles

* 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.

Newlease



RENTAL AGREEMENT

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

CUSTOMER LEGAL NAME: Athena Holdings LLC dba Laurel Ridge Health Care Cente	Tax ID#:	Telephone No: 2034388226
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Billing Address: 642 Danbury Rd, RIDGEFIELD, CT 06877	Equipment Location (if other than Billing Address): 642 Danbury Rd, RIDGEFIELD, CT 06877
--	---

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

Unit Quantity	Description of Equipment	Make and Type	Model Number	Serial Number
1	Xerox WorkCentre 5890 Copier System			

BASE TERM IN MONTHS 48	TOTAL NUMBER OF RENTAL PAYMENTS 48 @ \$420.00 (plus taxes)	(a) Advance Payment: \$0.00; **	**If more than one rental payment is required as an Advance Payment, the balance will be applied to rental payments in inverse order, starting with the last rental payment. Your obligation to pay all amounts and perform all other obligations is non-cancellable, absolute, unconditional and not subject to abatement, set-off or defense.
		(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:

- 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"). The first Rental Payment shall be due on the date we specify in the month following the Rental Commencement Date, as set forth in our invoice, and the remaining Rental Payments will be due on the same day of each subsequent month (each, a "Payment Date") until paid in full. The Base Term shall commence on the date one month prior to the first Payment Date. We may charge you a portion of one Rental Payment for the period from the Rental Commencement Date until the first day of the Base Term ("Interim Rent"). The Interim Rent shall be due as invoiced. We may adjust the Rental Payments up to 15% if the actual costs are different than the estimate used to calculate the Rental Payments.
- DELIVERY, ACCEPTANCE, USE AND REPAIR:** You are responsible for Equipment delivery and installation. Unless you notify us otherwise in writing within 10 days of delivery, you unconditionally accept the Equipment. You authorize us to fill in the Rental Commencement Date, serial numbers and other information. You will not move the Equipment from the above location without our written consent and are responsible for maintaining the Equipment in good repair. We are not responsible for Equipment or vendor failures.
- 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.
- 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. If you return the Equipment, (i) it must be to the location we designate and you are responsible for all return costs and we may charge a Restocking Fee equal to one Rental Payment, and (ii) you must securely remove all data from any and all disk drives or magnetic media prior to returning the Equipment (and you are solely responsible for selecting an appropriate removal standard that meets your business needs and complies with applicable laws). You will pay us for any loss in value resulting from failure to maintain the Equipment in accordance with this Rental or for damages incurred in shipping and handling.
- LATE FEES AND CHARGES:** If any amount is not paid within five (5) days of when due, you agree to pay us a late charge equal to the lesser of 10% of the amount past due or the maximum legal amount. Amounts which are not paid within 30 days of when due shall accrue interest at 1.5% per month (or if less, the maximum legal rate) until paid. You agree to pay \$25 for each pay by phone and \$35 for each returned payment.
- 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.
- 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. If you do not provide us with proof of such insurance, we may secure insurance on the Equipment to cover our interests (and only our

- 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.
- OWNERSHIP AND TAXES:** We own the Equipment (excluding licensed software). You will pay, when due, all taxes, fines and penalties relating to the purchase, use, renting and/or ownership of the Equipment. For administrative purposes, unless we otherwise direct in writing, you will list Customer as the owner of the Equipment for property tax purposes and file and pay which due any property taxes relating to the Equipment directly to the taxing authority and provide us with evidence of compliance. If we pay any taxes, fees or penalties on your behalf, you will pay us the amount we paid plus an administrative fee. You authorize us to file UCC financing statements and other documents we deem necessary to confirm our interest in the Equipment. You agree to pay us the documentation fee specified above or if not so specified, the greater of either \$125 or 0.5% of the Equipment cost. If we require an Equipment site inspection, or you request administrative services, you agree to reimburse our costs.
- 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, Interim Rent and residual value of the Equipment, as determined by us, discounted at an annual rate of 3%; (b) return all of the Equipment; (c) allow us to repossess the Equipment; or (d) use any and all remedies available to us under applicable law. If you default, you agree to pay the cost of repossession and our attorney's fees and costs. In addition to all other charges and as reimbursement for expenses incurred and not as a penalty, we may require you to reimburse us for the phone calls, letters, and any additional expense incurred in the collection or servicing of this Rental to you. If we take possession of the Equipment, we may sell or otherwise dispose of it with or without notice, at a public or private sale, and apply the net proceeds (after we have deducted all costs related to the sale or disposition of the Equipment) to the amounts that you owe us. You agree that if notice of sale is required by law, 10 days' notice shall constitute reasonable notice. You remain responsible for any amounts that are due after we have applied such net proceeds. We may apply any security deposits to your obligations and if you do not default, the balance will be refunded without interest.
- 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.
- 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.
- CREDIT INFORMATION:** You authorize us or any of our affiliates to obtain credit bureau reports, and make other credit inquiries that we deem necessary.
- 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.
- MISCELLANEOUS:** This Rental is the parties' entire agreement and can be amended only in writing signed by both parties. A fax of the Rental with fax signatures may be treated as an original and will be admissible as evidence. You will use the Equipment only for business purposes and not for personal, family or household use.

ACCEPTED BY CUSTOMER: Athena Holdings LLC dba Laurel Ridge Health Care Cente	Print Name: <u>Mary Galbi</u>	Title: <u>HR Coordinator</u>
<u>Mary Galbi</u> Customer Authorized Signature	E-Mail Address: <u>administration@laurelridge.com</u>	Date: <u>12/8/15</u>

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

SIGNED X	Print Name:	E-Mail Address:
Accepted by: LEAF CAPITAL FUNDING, LLC By: <u>Diane Wilson</u>	Title: <u>Lease Admin</u>	Date: <u>12/8/2015</u>



SCHEDULE A TO RENTAL AGREEMENT (EQUIPMENT DESCRIPTION)

Rental Application No.: 337142

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

Location: 642 Danbury Rd, RIDGEFIELD, CT 06877

1 Xerox WorkCentre 6890 Copier System

New

EX 9308005

CUSTOMER: Athena Holdings LLC dba Laurel Ridge Health Care Cente

LEAF CAPITAL FUNDING, LLC

* BY: Mary Calbi
 X PRINT NAME: Mary Calbi
 X TITLE: HR Coordinator
 X DATE: 12/8/15

BY: Delana Wilson
 PRINT NAME: _____
 TITLE: Lease Admin
 DATE: 12/8/2015

PITNEY BOWES LEASE AGREEMENT

Agreement Number									

Your Business Information

LAUREL RODGE HEALTH CARE

942388882

Full Legal Name of Lessee

DBA Name of Lessee

Tax ID # (FEIN/TIN)

642 DANBURY RD

RIDGEFIELD

CT

06877-2719

Billing Address: Street

City

State

Zip+4

() ext

16702813862

Billing Contact Name

Billing Contact Phone #

Billing CAN #

642 DANBURY RD

RIDGEFIELD

CT

06877-2719

Installation Address (if different from billing address): Street

City

State

Zip+4

Bernadette DaSilveira

(203) 438 8226 ext

16702813862

Installation Contact Name

Installation Contact Phone #

Installation CAN #

Invoice Attention To

Lessee PO #

Your Business Needs

Qty	Business Solution Description
1	Mail Stream Solution - 2
1	DM125 Desktop Mailing System
1	IntelliLink Interface / PSD for DM125 / DM225
1	Basic Accounting (10 Dept)
1	5lb Integrated Weighing
1	Integrated Weighing Platform
1	Moistener for DM125
1	pbSmartPostage Free
1	Professional Installation for DM100/DM125
1	IntelliLink Subscription
1	Digital Access Connection Accepted

Check additional items to be included in client's payment

Service Level Agreement

Standard - Provides maintenance and support for equipment

Software Maintenance (additional terms apply) - Provider revision updates & technical assistance

Meter Rental

() Value Based Services (not including USPS fees which will be charged separately)

Purchase Power® - A line of credit providing a convenient way to mail now and pay later. Consolidate meter postage, permit postage and supplies under one account - see terms & conditions

Equipment Replacement Program - Protection in case of loss or damage to leased equipment
() Yes I want to enroll in the ValueMAX equipment replacement program
() No Enrollment (I will provide proof of insurance within the next 30 days as noted in Section L9)

If green products are identified on your Order, the equipment covered by this Agreement includes remanufactured products that have gone through our factory certification testing process.

Your Payment Plan

Initial Term: 63 months

Number Of Months	Monthly Amount	Billed Quarterly AT*
First 63	\$59	\$177

() Required advance check of \$() received

() Tax Exempt Certificate Attached

() Tax Exempt Certificate Not Required

*Does not include any applicable sales, use, or property taxes which will be billed separately; payment plans begin after any applicable interim Usage Period.

Your Signature Below

By signing below, you agree to be bound by all the terms of this Agreement including those located in the Pitney Bowes Terms (Version 10/15), which are available at www.pb.com/termsandconditions and are incorporated by reference. You acknowledge that you may not cancel the Lease (as defined in Section G1 of the Pitney Bowes Terms) 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 replacement program (see Section L9 of the Pitney Bowes Terms) for an additional fee.



Lessee Signature

Mike Mosier

Print Name

Dir of Purch

Title

12/21/2015

Date

mmosier@athenahealthcare.com

Email Address

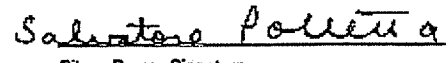
Sales Information

Stephanie Guthrie

473

Account Rep Name

District Office



Pitney Bowes Signature

Salvatore Polletta

Print Name

Director Credit & New Business Operations

Title

Thursday, December 31, 2015

Date

General Information and Questionnaire
Accounting Basis

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2016	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworkin, Hillman, Lamorte	Four Corporate Drive, Suite 488, Shelton, CT 06484 555 Long Wharf Dr, 12th Floor, New Haven CT 06511 200 International Dr Buffalo NY 14221
2 Marcum	
3 Dopkins	
4	

Services Provided by This Firm (*describe fully*)

1 2016 Year End Audit & Tax Return	\$ 14,000
2 Medicare Cost Report (Allowed)	\$ 2,650
3 Key Bank Audit (Disallowed)	\$ 1,118
4	\$ -
Charge for Services Provided	
\$17,768	

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

Yes No **Pg 15, Line1d**

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder, & Woods	203-899-8900
2 Rosenthal Law Firm	860-677-7171
3 Murtha Cullina	860-240-6000
4 Schiff Hardin	203-848-6488
5 Senior Planning	732-961-8430

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

- 1 **200 Connecticut Ave. Norwalk, CT 06854**
- 2 **P.O.Box 586, Avon, CT 06001**
- 3 **185 Asylum Street, Hartford, CT 06103**
- 4 **31 Whitney Ave, New Haven, CT 06510**
- 5 **7 Randolph Rd., Howell, NJ 07731**

Services Provided by This Firm (*describe fully*)

1 A/R Collections:Disallowed	\$ 15,694
2 A/R Collections:Disallowed	\$ 2,990
3 Keybank Loan Mod, probate, \$484:Disallow; Audit letter,annual report,\$1095 Allowed	\$ 1,578
4 Keybank Loan Mod fees:Disallowed	\$ 2,685
5 Conservatorship fee: Disallowed;Medicaid Appl	\$ 2,725
Charge for Services Provided	
\$25,672	

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

Yes No **Pg 15, Line1e**

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended		Page of	
	2247		09/30/16			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)		Period 10/1 Thru 6/30
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period.....	126	126			126	126
B. On last day of THIS report period.....	126	126			126	126
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	120	120			120	120
B. As of midnight of THIS report period.....	124	124			124	124
3. Total Number of Days Care Provided During Period						
A. Medicare.....	5,166	5,166			3,986	1,180
B. Medicaid (Conn.).....	35,994	35,994			26,751	9,243
C. Medicaid (other states).....						
D. Private Pay.....	2,082	2,082			1,606	476
E. State SSI for RCH.....						
F. Other (Specify) Managed Care	623	623			615	8
G. Total Care Days During Period (3A thru F).....	43,865	43,865			32,958	10,907
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds						
A. Medicaid Bed Reserve Days.....	183	183			149	34
B. Other Bed Reserve Days.....	27	27			12	15
5. Total Resident Days (3G + 4A + 4B).....	44,075	44,075			33,119	10,956

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247			Report for Year Ended 9/30/2016			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", provide the following information:													
Date of Change	Place of Change (Specify)			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(3)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)		(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	19		93			5			3				
Per Diem Rate													
a. One bed rm.	627.72		268.67			514.00			408.47				
b. Two bed rms.	627.72		268.67			484.00			408.47				
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS (Specify)			
A. Medicare - Part B								11,993	11,993				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,322	1,322				
2. Restorative Treatments													
C. Other								13,772	13,772				
D. Total Physical Therapy Treatments								27,087	27,087				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,310	1,310				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								232	232				
2. Restorative Treatments													
C. Other								2,250	2,250				
D. Total Speech Therapy Treatments								3,792	3,792				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								6,954	6,954				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								1,582	1,582				
2. Restorative Treatments													
C. Other								12,494	12,494				
D. Total Occupational Therapy Treatments								21,030	21,030				

Report of Expenditures - Salaries & Wages

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2016	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	172,993	2,567				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	272,744	10,819				
5. Dietary Service						
a. Head Dietitian	52,852	1,365				
b. Food Service Supervisor	60,214	2,156				
c. Dietary Workers	457,548	26,446				
6. Housekeeping Service						
a. Head Housekeeper	56,326	2,134				
b. Other Housekeeping Workers	255,727	16,654				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	95,656	2,260				
b. Other Maintenance Workers	62,375	2,669				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	166,904	10,914				
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	214,646	4,455				
b. RN						
1. Direct Care	430,784	11,650				
2. Administrative**	538,123	17,935				
c. LPN						
1. Direct Care	1,216,062	44,293				
2. Administrative**						
d. Aides and Attendants	1,742,223	109,086				
e. Physical Therapists	558,097	16,213				
f. Speech Therapists	252,524	4,973				
g. Occupational Therapists	288,049	7,459				
h. Recreation Workers	203,436	9,349				
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	333,884	9,479				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	7,431,167	312,876				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Physician: Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	\$ CCNH	Hours CCNH	\$ RHNS	Hours RHNS	\$ (Specify)	Hours (Specify)
Total	\$ -	-	\$ -	-	\$ -	-

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 Holdings d/b/a Laurel Ridge Health Care Center		2247		9/30/2016		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 Holdings d/b/a Laurel Ridge Health Care Center		2247		9/30/2016		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***									
Bernadette Steveson (10/01/15-08/11/16) Maternity leave	147,555		Health & Life Ins.'s, Payroll Taxes	Day-to-day operations of nursing home.	2,044	A2			
Judith Hyland 08/01-09/03/16	8,018		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	120	A2			
David Fife 09/04-09/30/16	17,420		Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility.	403	A2	Countryside Manor 1660 Stafford Ave. Bristol, CT 06010		
Section IV - Assistant Administrators									
David Fife-cont.							Maefair Health Care 21 Maefair Court Trumbull, CT 06611		
David Fife-cont.							Abbott Terrace 44 Abbott Terrace Waterbury, CT 06702		

* 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 Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian.....						
2. Dentist.....	12,763	64				
3. Pharmacist.....	8,990	167				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....						
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	57,780	826				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	11,538	98				
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.....	3,600	10				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....	135,105	2,177				
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***	5,973	102				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....	10,933	430				
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	246,682	3,874				

* 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.

B. Report of Expenditures - Professional Fees (Medical Director Detail)

Name of Facility Naugatuck Health Care LLC d/b/a Beacon Brook Health Care Center		License No. 2182-C	Report for Year Ended 9/30/2016		Page 13 a	of 37
Item		Total Cost and Hours				
		CCNH	Hours	RHNS	Hours	(Specify) Hours
8.	Physicians					
a.	Medical Director Detail	0	826	0	0	0

Dr. Berman	\$32,100	679 hours
Dr. Kayal	\$25,680	147 hours
	\$57,780	

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247	9/30/2016		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Omnicare of CT, 925 Knotter Dr, Cheshire, CT 06410	Pharmacist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Dr Frederick Kayal, 300 Federal Road, Brookfield, CT 06804	Asst Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Edward Berman, MD, 30 Prospect ST, Suite 500, Ridgefield, CT 06877	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Medical & Dental Group, 1 Prestige Dr Suite 107, Meriden, CT 06450	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
MVP Recruitment 59 Saint Lawrence Way, North Attleboro, MA 02760	Social Service Recruitment Fee	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
MobilXUSA, P.O. Box 17462, Baltimore, MD 21297	Radiologist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ProCare LTC, 1492 Highland Avenue, Cheshire, CT 06410	Pharmacist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners		
		<input type="checkbox"/>	<input type="checkbox"/>			
Cardiology Physicans of Fairfield, PO Box 8500 Philidelphia, PA 19178	Physicains	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Associated Neurologist, 69 Sand Pit Rd, Danbury, CT 06810	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Bridgeport Hospital, 267 Grant St, Bridgeport, CT 06610	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Danbury Eye, 69 Sand Pit Rd, Danbury, CT 06810	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Coastal Orthopedics, 40 Cross St., Norwalk, CT 06851	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
CT Family Orthopdeics, PO Box 1065, Windsor, Ct 06095	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Danbury Hospital, 20 Stony Hill Rd, Bethel, CT 06801	Physicans	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Health Drive Audiology Group, 888 Worcester St, Worcester, MA 02482	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Danbury Orthopedic, 226 White St, Danbury, CT 06810	Physicans	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
AAA Nursing Care, 3303 Main St., Stratford, CT 06614	Nursing Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Urology Assoc Of Danbury, 51-53 Kenosia Ave, Danbury, CT 06810	Physicains	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Western CT Medical, PO Box 8932 Belfast, ME 04915	Physicains	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Orthocare Specialist, 60 Old New Milfrod Rd, Brookfield, CT 06840	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Athena Health Care Services, 135 South Rd Farmington, Ct 06032	Social Service and MDS Fill-in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016		15	37
Item		Total	CCNH	RHNS	(Specify)
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$	427,369	427,369		
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$	147,080	147,080		
4. Social Security (F.I.C.A.).....	\$	549,029	549,029		
5. Health Insurance.....	\$	1,041,512	1,041,512		
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$	33,900	33,900		
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*.....	\$	33,190	33,190		
d. Accounting and Auditing.....	\$	17,768	17,768		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$	25,672	25,672		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*.....	\$				
g. Office Supplies.....	\$	60,268	60,268		
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$	48,207	48,207		
2. Cellular Phones.	\$	863	863		
i. Appraisal (<i>Specify purpose and attach copy</i>)*.....	\$				
j. Corporation Business Taxes (<i>franchise tax</i>).	\$				
k. Other Taxes (<i>Not related to property - See Page 22</i>)					
1. Income*.....	\$				
2. Other (<i>Specify</i>) See Attached Schedule	\$				
3. Resident Day User Fee	\$	816,879	816,879		
Subtotal	\$	3,201,737	3,201,737		

* 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 Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	3,201,737	3,201,737			
i. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$ 4,901	4,901			
3. Gifts to Staff and Residents.....	\$ 28,459	28,459			
4. Employee Travel.....	\$ 6,739	6,739			
5. Education Expenses Related to Seminars and Conventions	\$ 9,954	9,954			
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify).....	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses).....	\$ 10,029	10,029			
2. Advertising Telephone Directory (all such expenses)***	\$ 347	347			
3. Advertising Other (Specify)***.....	\$ 39,570	39,570			
See Attached Schedule					
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.....	\$ 11,968	11,968			
* 8. Dues and Membership Fees to Professional Associations (Specify).....	\$ 9,064	9,064			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 60	60			
9. Subscriptions.....	\$ 205	205			
10. Contributions***.....	\$ 700	700			
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**.....	\$ 445,444	445,444			
13. Other (Specify).....	\$ 92,113	92,113			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 3,861,290	3,861,290			

* 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	\$ 39,570		
Total Other Advertising	\$ 39,570	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Association OF Health Care	\$ 9,064		
Total Dues	\$ 9,064	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Miscellaneous	\$ 700		
Total Contributions	\$ 700	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Lobbying Fees	\$ 4,220		
Licenses	\$ 640		
Bank Charges	\$ 7,449		
Payroll Processing Fees	\$ 20,567		
Employee Physicals & Background Checks	\$ 10,329		
Credit Card Fees	\$ 343		
Data Processing	\$ 29,452		
Compliance Consulting	\$ 18,807		
Energy Audit	\$ 306		
Total Other Administrative and General	\$ 92,113	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016	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	\$623,460	Contract Attached to a Prior Year	See Below
Allocation of the above	\$411,484 \$99,754 \$112,222	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	\$33,960	Admin/Gen	Pg16, 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.

Annual Report of Long-Term Care Facility

CSP-18 Rev. 9/2002

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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 266,966	266,966			
2. Non-Food Supplies.....	\$ 34,188	34,188			
3. Other (Specify).....	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**.....	\$ 99,754	99,754			
d. Other (Specify).....	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 400,908	400,908			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	360	360			
H. Is cost of employee meals included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify amount.
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			If yes, specify cost. = \$1027
L. Is any revenue collected from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify amount.
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify cost.
O. Is any revenue collected from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			If yes, specify amount.
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)					

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016		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. \$	18,573	18,573		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify) Supplies = \$6,858	\$	6,858	6,858		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	25,431	25,431		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

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

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center		License No. 2247	Report for Year Ended 9/30/2016		Page 20	of 37
Item		Total	CCNH	RHNS	(Specify)	
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	30,522	30,522		
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*.....	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)....	\$	30,522	30,522		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy.....	\$				
	2. Purchased from Omni Care/Procare	\$	295,795	295,795		
b.	Medicine Cabinet Drugs.....	\$	15,941	15,941		
c.	Medical and Therapeutic Supplies.....	\$	231,036	231,036		
d.	Ambulance/Limousine***.....	\$	1,316	1,316		
e.	Oxygen					
	1. For Emergency Use.....	\$				
	2. Other***.....	\$	39,491	39,491		
f.	X-rays and Related Radiological Procedures***.....	\$	29,593	29,593		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***.....	\$	30,985	30,985		
i.	Recreation.....	\$	25,621	25,621		
j.	Other (Specify)**** See Attached Schedule	\$	215,732	215,732		
5K.	Total Resident Care Expenditures (5a - 5j).....	\$	885,510	885,510		

* 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)
Management Fee Direct	\$ 112,222		
Cable TV Fees	\$ 13,967		
Physical Therapy Supplies	\$ 60,587		
Occupational Therapy Supplies	\$ 369		
Medical Equipment Rental-Medicaid	\$ 3,234		
Oxygen Concentrator Rentals	\$ 1,416		
Medical Equipment Rental-Other	\$ 23,937		
Total Other Resident Care	\$ 215,732	\$ -	\$ -

**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 Holdings d/b/a Laurel Ridge Health Care Center		2247		9/30/2016		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
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll Processing	20,567			16	m13
CT Waste Processing	PO Box 99, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	23,702			22	6f
Jacovino's Lawn Care Service	15 Pineridge Rd, Prospect, CT 06712	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping	25,837			22	6f
Kleber c Landscaping and Tree Design	35 Farview Ave. Apt 2, Danbury, CT 06810	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping and Snow Removal	14,667			22	6f
Omnicare	525 Knotter Drive, Cheshire, CT 06410	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Pharmacy Services	129,107			20	5a2
Harmony Health	430 Boston St Suite 104 Topsfield, MA 01983	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Compliance Consulting	18,807			16	m13
Procare	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners	Pharmacy Services	178,682			20	5a2
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							
		<input type="checkbox"/>	<input type="checkbox"/>							

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	138,846	138,846				
b. Heat..... \$	75,378	75,378				
c. Light & Power..... \$	131,735	131,735				
d. Water..... \$	45,919	45,919				
e. Equipment Lease (<i>Provide detail on page 6</i>)..... \$	29,173	29,173				
f. Other (<i>itemize</i>)..... \$	132,324	132,324				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)..... \$	553,375	553,375				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements..... \$	4,375	4,375				
b. Building & Building Improvements..... \$	62,539	62,539				
c. Non-Movable Equipment..... \$	22,069	22,069				
d. Movable Equipment..... \$	63,858	63,858				
*7e. Total Depreciation Costs (7a + b + c + d)..... \$	152,841	152,841				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	45,157	45,157				
d. Other (<i>Specify</i>)..... \$						
*8e. Total Amortization Costs (8a + b + c + d)..... \$	45,157	45,157				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	707,391	707,391				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	184,282	184,282				
c. Personal property taxes..... \$	13,550	13,550				
11. Total Property Expenses (7e + 8e + 9 + 10)..... \$	1,103,221	1,103,221				

* 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	\$ 28,942		
Rubbish Removal	\$ 23,702		
Snow Removal	\$ 12,422		
Supplies	\$ 67,258		
Total Other Repairs and Maintenance	\$ 132,324	\$ -	\$ -

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
		\$ -	5	\$ -
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Nov-15	Air Conditioning	\$ 2,919	10	\$ 146
Dec-15	Installation of Roofing	\$ 2,446	15	\$ 82
Dec-15	Door Alarm	\$ 1,485	10	\$ 74
Dec-15	Maxton Valve for elevator	\$ 10,320	12	\$ 430
May-16	Roof Repair	\$ 11,486	10	\$ 574
May-16	Sign	\$ 4,581	10	\$ 229
May-16	roof permit	\$ 826	10	\$ 41
May-16	Roof	\$ 97,100	10	\$ 4,855
May-16	Fresh Air Make Up Unit	\$ 26,995	10	\$ 1,350
Aug-16	A/C Unit	\$ 877	10	\$ 44
Aug-16	A/C Unit	\$ 1,851	10	\$ 93
Aug-16	Heat pump in elevator room	\$ 8,758	10	\$ 438
Aug-16	PCC electrical	\$ 6,250	10	\$ 313
Total additions for Leasehold Improvements		\$ 175,894		\$ 8,668 *
Deletions:				
Total deletions for Leasehold Improvements		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility	License No.	Report for Year Ended		Page	of				
		2247	9/30/2016			24	37		
Athena Holdings d/b/a Laurel Ridge Health Care Center									
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									
2.									
3.									
B-4. Subtotal.....									
C. Leasehold Improvements and Other (Specify)									
1. Acquired prior to this report period	9	2015	Various	4,919,367	527,288		Var	36,490	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2016	Various	175,894		S/L	Var	8,668	
C-4. Subtotal.....									45,158
D. Total Amortization									45,158

* 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
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016	24A	37
C. Leasehold Improvements				
(Specify)				
1. Acquired prior to this report period	9 2015	32,793	36,490	
2. Disposals (attach schedule)				
3. Acquired during this report period	9 2016	175,894	8,668	
C-4. Subtotal.....				45,158
C. Other (Specify)				
1. Bed License Purchase	Various 1997	494,495		
2. Bed License Purchase	Various 2016	59,323		
C-4. Subtotal.....				
Total Acquired prior to this report period	9 2015	527,288	36,490	
Total Disposals				
Total Acquired during this report period	9 2016	175,894	8,668	

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

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2016	Page 25	of 37
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11. Property Questionnaire

Part A

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

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

Description	Total			
1. Date Land Purchased				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	01/12/01			
4. Date of Initial Licensure	01/12/01			
5. Total Licensed Bed Capacity	126			
6. Square Footage				
7. Acquisition Cost				
a. Land	1,687,627			
b. Building	9,308,667			

Part B - Owner and Related Parties

	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	10,300,900			
f. Principal balance outstanding as of 9/30/2016	9,545,764			
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 Athena Holdings d/b/a Laurel Ridge Health Care Center		License No. 2247	Report for Year Ended 9/30/2016			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
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016			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).....		\$	38,783	38,783		
Vender Interest = \$2,958; Line of Credit Interest & Fees = \$35,825						
13. Total All Interest Expense (12B7 + 12C3 + 12D).....		\$	38,783	38,783		
14. Insurance						
a. Insurance on Property (buildings only).....		\$	87,473	87,473		
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)...		\$	87,473	87,473		
15. Total All Expenditures (A-13 thru C-14).....		\$	14,664,362	14,664,362		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center				2247	9/30/2016	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.....	\$ 288,049	288,049		
4.	Var	Var	Other - See attached Schedule.....	\$ 60,535	60,535		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 11,538	11,538		
6.	13	B10a	Occupational Therapy.....	\$ 135,105	135,105		
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 33,190	33,190		
10.	15	1d&e	Accounting & Legal.....	\$ 25,696	25,696		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 503	503		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 28,459	28,459		
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&3	Unallowable Advertising *.....	\$ 39,917	39,917		
19.			Income Tax / Corporate Business Tax...	\$			
20.	16	m4&10	Fund Raising / Contributions.....	\$ 700	700		
21.	16	m12	Unallowable Management Fees.....	\$ 281,434	281,434		
	18	2c		\$ 68,226	68,226		
	20	5j		\$ 76,755	76,755		
22.	16	m6	Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 32,391	32,391		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 1,027	1,027		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 1,083,525	1,083,525		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,083,525	1,083,525		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 295,795	295,795		
28.	20	5d	Ambulance/Limousine.....	\$ 1,316	1,316		
29.	20	5f	X-rays, etc.....	\$ 29,593	29,593		
30.	20	5h	Laboratory.....	\$ 30,985	30,985		
31.	20	5c	Medical Supplies.....	\$ 26,021	26,021		
32.	20	5e2	Oxygen (non emergency).....	\$ 39,491	39,491		
33.	20	5j	Occupational Therapy.....	\$ 369	369		
34.	Var	Var	Other - See Attached Schedule.....	\$ 23,937	23,937		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation				
	Var	Var	See Attached Schedule.....	\$ 3,205	3,205		
36.			Depreciation on Unallowable Motor Vehicles.....				
37.			Unallowable Property and Real Estate Taxes.....				
38.			Rental of Building Space or Rooms.....				
39.			Other - See Attached Schedule.....				
Page 27 - Insurance							
40.			Mortgage Insurance.....				
41.			Property Insurance.....				
Other - Miscellaneous							
42.			Research or Experimental Activities.....				
43.	20	5j	Radio and Television Revenue.....	\$ 10,367	10,367		
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	iv5	Interest Income on Accounts Rec.....	\$ 13	13		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....				
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....				
51.	Total Amount of Decrease (Items 1 - 50)			\$ 1,544,617	1,544,617		

*** 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	23,937		
Total Other Ancillary Costs			\$ 23,937	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Equip AJE	3,205		
Total Excess Movable Equipment Depreciation			3,205		

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only).....	\$ 14,766,851	14,766,851				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (5,051,317)	(5,051,317)				
2. a. Medicaid (All other states).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (all inclusive).....	\$ 2,139,981	2,139,981				
b. Medicare Room and Board Contractual Allowance **.....	\$ 746,380	746,380				
4. a. Private-Pay Residents and Other.....	\$ 1,719,707	1,719,707				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (119,355)	(119,355)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 284,072	284,072				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (284,072)	(284,072)				
c. Prescription Drugs - Non-Medicare.....	\$ 107,838	107,838				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (107,838)	(107,838)				
2. a. Medical Supplies - Medicare.....	\$ 13,421	13,421				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$					
c. Medical Supplies - Non-Medicare.....	\$ 5	5				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (5)	(5)				
3. a. Physical Therapy - Medicare.....	\$ 1,094,213	1,094,213				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (749,838)	(749,838)				
c. Physical Therapy - Non-Medicare.....	\$ 201,510	201,510				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (201,405)	(201,405)				
4. a. Speech Therapy - Medicare.....	\$ 361,422	361,422				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (284,728)	(284,728)				
c. Speech Therapy - Non-Medicare.....	\$ 75,168	75,168				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (75,281)	(75,281)				
5. a. Occupational Therapy - Medicare.....	\$ 856,741	856,741				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (653,095)	(653,095)				
c. Occupational Therapy - Non-Medicare.....	\$ 175,682	175,682				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (175,330)	(175,330)				
6. a. Other (Specify) - Medicare.....	\$					
b. Other (Specify) - Non-Medicare.....	\$ 836	836				
III Total Resident Revenue (Section I.thru Section II.).....	\$ 14,841,563	14,841,563				
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 (Specify)	\$ 13	13				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (Specify).....	\$ 6,181	6,181				
V. Total Other Revenue (I thru 8).....	\$ 6,194	6,194				
VI. Total All Revenue (III + V).....	\$ 14,847,757	14,847,757				

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

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

Schedule of Other Resident Revenue - Medicare

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

Schedule of Other Non-Medicare Resident Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	X-Ray Medicaid	\$ 837		
	Rounding	\$ (1)		
Total Other Resident Revenue		\$ 836	\$ -	\$ -

Interest Income

Page Ref	Account	Account Balance	CCNH	RHNS	(Specify)
pg 31, L A2	Accts Receivable Interest	N/A	\$ 13		
Total Interest Income			\$ 13	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 6,181		
Total Other Revenue		\$ 6,181	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only).....	\$ 14,766,851	14,766,851				
b. Medicaid Room and Board Contractual Allowance **.....	\$ (5,051,317)	(5,051,317)				
2. a. Medicaid (All other states).....	\$					
b. Other States Room and Board Contractual Allowance **.....	\$					
3. a. Medicare Residents (all inclusive).....	\$ 2,139,981	2,139,981				
b. Medicare Room and Board Contractual Allowance **.....	\$ 746,380	746,380				
4. a. Private-Pay Residents and Other.....	\$ 1,719,707	1,719,707				
b. Private-Pay Room and Board Contractual Allowance **.....	\$ (119,355)	(119,355)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare.....	\$ 284,072	284,072				
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$ (284,072)	(284,072)				
c. Prescription Drugs - Non-Medicare.....	\$ 107,838	107,838				
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$ (107,838)	(107,838)				
2. a. Medical Supplies - Medicare.....	\$ 13,421	13,421				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$					
c. Medical Supplies - Non-Medicare.....	\$ 5	5				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$ (5)	(5)				
3. a. Physical Therapy - Medicare.....	\$ 1,094,213	1,094,213				
b. Physical Therapy - Medicare Contractual Allowance **.....	\$ (749,838)	(749,838)				
c. Physical Therapy - Non-Medicare.....	\$ 201,510	201,510				
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$ (201,405)	(201,405)				
4. a. Speech Therapy - Medicare.....	\$ 361,422	361,422				
b. Speech Therapy - Medicare Contractual Allowance **.....	\$ (284,728)	(284,728)				
c. Speech Therapy - Non-Medicare.....	\$ 75,168	75,168				
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$ (75,281)	(75,281)				
5. a. Occupational Therapy - Medicare.....	\$ 856,741	856,741				
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$ (653,095)	(653,095)				
c. Occupational Therapy - Non-Medicare.....	\$ 175,682	175,682				
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$ (175,330)	(175,330)				
6. a. Other (Specify) - Medicare.....	\$					
b. Other (Specify) - Non-Medicare.....	\$ 836	836				
III Total Resident Revenue (Section I.thru Section II.).....	\$ 14,841,563	14,841,563				
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 (Specify)	\$ 13	13				
6. Private Duty Nurses' Fees.....	\$					
7. Barber, Coffee, Beauty and Gift shops.....	\$					
8. Other (Specify).....	\$ 6,181	6,181				
V. Total Other Revenue (1 thru 8).....	\$ 6,194	6,194				
VI. Total All Revenue (III + V).....	\$ 14,847,757	14,847,757				

* 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..

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	94,684
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	1,029,173
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4 Inventories.....			\$	27,012
5. Prepaid Expenses.....			\$	164,159
a. Prepaid Insurance	137,142			
b. _____				
c. Prepaid Expenses	27,017			
d. _____				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	145,154
A/R Related Parties	145,489			
Medicaid Cost Settlement	(335)			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,460,182
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....	58,327	\$	38,731
	Accum. Depreciation	(19,596) Net.....		
3. Buildings	*Historical Cost.....	790,401	\$	176,211
	Accum. Depreciation	(614,190) Net.....		
4. Leasehold Improvements	*Historical Cost.....	681,553	\$	603,602
	Accum. Depreciation	(77,951) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	328,727	\$	98,590
	Accum. Depreciation	(230,137) Net.....		
6. Movable Equipment	*Historical Cost.....	1,744,079	\$	234,186
	Accum. Depreciation	(1,509,893) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	10,576
Equipment Carryforward AJE	10,576			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,161,896

* 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
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247	9/30/2016	32	37
Account				Amount	
Total Brought Forward:				\$	2,622,078
C. Leasehold or like property recorded for Equity Purposes.					
1. Land.....				\$	800,000
2. Land Improvements		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
3. Buildings				\$	5,372,181
		*Historical Cost.....	9,000,000		
		Accum. Depreciation	(3,627,819)		
4. Non-Movable Equipment		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
5. Movable Equipment		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
6. Motor Vehicles		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
7. Minor Equipment-Not Depreciable.....				\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)				\$	6,172,181
D. Investment and Other Assets					
1. Deferred Deposits.....				\$	
2. Escrow Deposits.....				\$	
3. Organization Expense		*Historical Cost.....	Net.....	\$	
		Accum. Depreciation			
4. Goodwill (Purchased Only).....				\$	3,919,211
5. Investments Related to Resident Care (<i>itemize</i>).....				\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)				\$	(2,070,610)
Name and Address		Amount	Loan Date		
Due from Related Party		(2,070,610)	3/29/2012		
7. Other Assets (<i>itemize</i>).....				\$	81,220
Deposits-IRS		11,492			
Deposits-Utility		10,170			
Project Development		59,558			
D-8. Total Investments and Other Assets (Lines D1 thru 7).....				\$	1,929,821
D-9. Total All Assets (Lines A9 + B10 + C8 + D8).....				\$	10,724,080

* 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
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable.....			\$	1,319,658
2. Notes Payable (<i>itemize</i>).....			\$	598,961
Line of Credit				598,961
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>).....			\$	397,681
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....			\$	
6. Accrued Payroll Taxes Payable.....			\$	16,731
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>).....			\$	1,464
11. Accrued Income Taxes*.....			\$	
12. Other Current Liabilities (<i>itemize</i>).....			\$	317,177
Acc'd Operating Expenses				111,407
Acc'd Expense - CT Sales Tax				278
Provider Taxes Due				205,492
A-13. Total Current Liabilities (Lines A1 thru 12).....			\$	2,651,672

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

(Carry Total forward to next page)

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

G. Balance Sheet (cont'd)

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center		License No. 2247	Report for Year Ended 9/30/2016	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,651,672	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>).....\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable.....\$					
3. Loans from Owners or Related Parties (<i>itemize</i>).....\$ (1,380,000)					
Name and Address of Lender	Amount	Loan Date			
Miscellaneous Facilities	(1,380,000)				
4. Other Long-Term Liabilities (<i>itemize</i>).....\$ 885,894					
Due to Related Landlord		885,894			
B-5. Total Long-Term Liabilities (Lines B1 thru 4).....\$ (494,106)					
C. Total All Liabilities (Lines A-13 + B-5).....\$ 2,157,566					

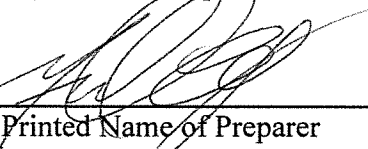
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	800,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	5,372,181
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.....			\$	6,172,181
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	2,210,938
6. Gain or Loss for Period	10/1/2015	thru	9/30/2016	\$ 183,395
7. Total Net Worth.....			\$	2,394,333
C. Total Reserves and Net Worth			\$	8,566,514
D. Total Liabilities, Reserves, and Net Worth			\$	10,724,080

H. Changes in Total Net Worth

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	3,612,709
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	14,847,757
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	14,664,362
D. Net Income or Deficit.....			\$	183,395
E. Balance.....			\$	3,796,104
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
	(1,401,771)			
2. Other (<i>itemize</i>)				
F-3. Total Additions.....			\$	(1,401,771)
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			\$	2,394,333
	09/30/16			

I. Preparer's/Reviewer's Certification

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2016	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"/>		
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 CFO	Date Signed 2-15-17		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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INCOME/EXPENSE STATEMENT

ERROR CHECK LIST

RED CELLS INDICATE POSSIBLE ERROR

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:

(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 1A PER INTERFACE				
PG 1A PER COST REPORT				
DIFFERENCE				
PG 10 PER INTERFACE	7,431,167	7,431,167		
PG 10 PER COST REPORT	7,431,167	7,431,167		
DIFFERENCE				
PG 1A PER COST REPORT				
PG 10 PER COST REPORT				
DIFFERENCE				
PG 13 PER INTERFACE	246,682	246,682		
PG 13 PER COST REPORT	246,682	246,682		
DIFFERENCE				
PG 15 & 16 PER INTERFACE	3,861,290	3,861,290		
PG 15 & 16 PER COST REPORT	3,861,290	3,861,290		
DIFFERENCE				
PG 18 PER INTERFACE	400,908	400,908		
PG 18 PER COST REPORT	400,908	400,908		
DIFFERENCE				
PG 19 PER INTERFACE	25,431	25,431		
PG 19 PER COST REPORT	25,431	25,431		
DIFFERENCE				
PG 20 PER INTERFACE	916,032	916,032		
PG 20 PER COST REPORT	916,032	916,032		
DIFFERENCE				
PG 22 PER INTERFACE	1,656,596	1,656,596		
PG 22 PER COST REPORT	1,656,596	1,656,596		
DIFFERENCE				
PG 26 & 27 PER INTERFACE	126,256	126,256		
PG 26 & 27 PER COST REPORT	126,256	126,256		
DIFFERENCE				
TOTAL EXPENSES PER INTERFACE	14,664,362	14,664,362		
TOTAL EXPENSES PER COST REPORT	14,664,362	14,664,362		
DIFFERENCE				
TOTAL REVENUES PER INTERFACE	14,847,757	14,847,757		
TOTAL REVENUES PER COST REPORT	14,847,757	14,847,757		
DIFFERENCE				
EQUIPMENT LEASES PER PAGE 6	29,173			
EQUIPMENT LEASES PER PAGE 22,LINE 6e	29,173			
DIFFERENCE				

Name of Facility	License No.	Report for Year Ended	Page
Athena Holdings d/b/a Laurel Ridge Health Care Center	2198-C/2198-C	9/30/2016	ERROR REPORT

BALANCE SHEET ERROR CHECK LIST

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT PAGES TO INTERFACE:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

RED CELLS INDICATE POSSIBLE ERROR

TOTAL

PG 31 CURRENT ASSETS PER INTERFACE	1,460,182
PG 31 CURRENT ASSETS PER COST REPORT	1,460,182
DIFFERENCE	
PG 31 FIXED ASSETS PER INTERFACE	1,161,896
PG 31 FIXED ASSETS PER COST REPORT	1,161,896
DIFFERENCE	
PG 32 LEASED ASSETS PER INTERFACE	6,172,181
PG 32 LEASED ASSETS PER COST REPORT	6,172,181
DIFFERENCE	
PG 32 OTHER ASSETS PER INTERFACE	1,929,821
PG 32 OTHER ASSETS PER COST REPORT	1,929,821
DIFFERENCE	
PG 32 TOTAL ASSETS PER INTERFACE	10,724,080
PG 32 TOTAL ASSETS PER COST REPORT	10,724,080
DIFFERENCE	
PG 33 CURRENT LIABS PER INTERFACE	2,651,672
PG 33 CURRENT LIABS PER COST REPORT	2,651,672
DIFFERENCE	
PG 34 LONG TERM LIABS PER INTERFACE	(494,106)
PG 34 LONG TERM LIABS PER COST REPORT	(494,106)
DIFFERENCE	
PG 34 TOTAL LIABS PER INTERFACE	2,157,566
PG 34 TOTAL LIABS PER COST REPORT	2,157,566
DIFFERENCE	
PG 35 RESERVES PER INTERFACE	6,172,181
PG 35 RESERVES PER COST REPORT	6,172,181
DIFFERENCE	
PG 35 NET WORTH PER INTERFACE	2,394,333
PG 35 NET WORTH PER COST REPORT	2,394,333
DIFFERENCE	
PG 35 TOTAL LIAB & WORTH PER INTERFACE	10,724,080
PG 35 TOTAL LIAB & WORTH PER COST REPORT	10,724,080
DIFFERENCE	
PG 32 TOTAL ASSETS PER COST REPORT	10,724,080
PG 35 TOTAL LIAB & WORTH PER COST REPORT	10,724,080
DIFFERENCE	
NET INCOME PER BALANCE SHEET	183,395
NET INCOME PER INCOME STATEMENT	183,395
DIFFERENCE	
PG 35 NET WORTH PER COST REPORT	2,394,333
TOTAL NET WORTH PER PG 36	2,394,333
DIFFERENCE	

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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INFORMATIONAL PAGES
ERROR CHECK LIST

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*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT PAGES TO INTERFACE INPUT:
(NUMBERS FROM INTERFACE MUST EQUAL COST REPORT PAGES)

	TOTAL	CCNH	RHNS	OTHER: (Specify)
PG 7 TOTAL LEGAL FEES DETAIL	25,672			NOT APPLICABLE
PG 15, LINE 1e LEGAL FEES PER COST REPORT	25,672			NOT APPLICABLE
DIFFERENCE				NOT APPLICABLE
PG 7 TOTAL ACCOUNTING FEES DETAIL	17,768			NOT APPLICABLE
PG 15, LINE 1d ACCOUNTING FEES PER C/RPT	17,768			NOT APPLICABLE
DIFFERENCE				NOT APPLICABLE
PG 11 OWNER'S SALARY PER COST REPORT	-			
PG 10 OWNER'S SALARY PER COST REPORT	-			
DIFFERENCE				
PG 12 ADMINISTRATOR'S SALARY PER C/RPT	172,993	172,993		
PG 10 ADMINISTRATOR'S SALARY PER C/RPT	172,993	172,993		
DIFFERENCE				
PG 12 ASST ADMIN'S SALARY PER COST REPORT	-			
PG 10 ASST ADMIN'S SALARY PER COST REPORT	-			
DIFFERENCE				
PT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	27,087			NOT APPLICABLE
HORIZONTAL TOTALS	27,087			NOT APPLICABLE
DIFFERENCE				NOT APPLICABLE
ST TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	3,792			NOT APPLICABLE
HORIZONTAL TOTALS	3,792			NOT APPLICABLE
DIFFERENCE				NOT APPLICABLE
OT TREATMENTS CROSSFOOT CHECK:(PG 9)				
VERTICAL TOTALS	21,030			NOT APPLICABLE
HORIZONTAL TOTALS	21,030			NOT APPLICABLE
DIFFERENCE				NOT APPLICABLE
NO. OF CERTIFIED BEDS RECONCILIATION:				
NUMBER OF BEDS-BEG OF REPORT PERIOD(PG 8)	126	126		
ADDITIONS/DELETIONS DURING PERIOD(PG 9)	-			
CALCULATED CERT. BEDS AT END OF PERIOD	126	126		
ACTUAL CERT. BEDS END OF PERIOD(PG 8)	126	126		
DIFFERENCE				

COMPARISON OF ACTUAL PATIENT DAYS TO MAXIMUM POSSIBLE PATIENT DAYS:

AVERAGE CERTIFIED BEDS	126.00000	126.00000
MAXIMUM PATIENT DAYS	46,116	46,116
ACTUAL PATIENT DAYS	44,075	44,075
PERCENT OCCUPIED(NOT TO EXCEED 100%)	95.5742%	95.5742%

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2198-C/2198-C	Report for Year Ended 9/30/2016	Page ERROR REPORT
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DEPRECIATION TIE-IN
ERROR CHECK LIST

RED CELLS INDICATE POSSIBLE ERROR

*** REVIEW THE FOLLOWING FOR POSSIBLE ERRORS ***

RECONCILIATION OF COST REPORT BALANCE SHEET TO DEPRECIATION PAGES:
(BOOK VALUE NUMBERS FROM EACH COLUMN BELOW MUST EQUAL)

FIXED ASSET CATEGORY	BOOK VALUE PG 23 OR 24	BOOK VALUE PG 31 OR 32	Difference
LAND IMPROVEMENTS	38,731	38,731	-
BUILDING AND BUILDING IMPROVEMENTS	176,211	176,211	-
LEASEHOLD IMPROVEMENTS	603,603	603,602	
NON-MOVEABLE EQUIPMENT	98,591	98,590	
MOTOR VEHICLES	-	-	-
MOVEABLE EQUIPMNT(NET OF LEASED EQUIP)	244,762	234,186	10,576
LEASED MOVEABLE EQUIPMENT	-	-	-
ORGANIZATION/START-UP	-	-	-
OTHER-PG 24	3,919,212	N/A **	

FIXED ASSET CATEGORY	EXPENSE PG 23 OR 24	EXPENSE PG 22	Difference
LAND IMPROVEMENTS	4,375	4,375	-
BUILDING AND BUILDING IMPROVEMENTS	62,539	62,539	-
NON-MOVEABLE EQUIPMENT	22,069	22,069	-
MOVEABLE EQUIPMENT(NET OF LEASED EQUIP) & MOTOR VEHICLES	63,858	63,858	-
LEASED MOVEABLE EQUIPMENT	-	N/A *	
ORGANIZATION/START-UP	-	-	-
FINANCE FEES	-	-	-
LEASEHOLD IMPROVES	45,158	45,157	
OTHER AMORTIZATION	-	-	-

* NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGE 22.

**NOT APPLICABLE BECAUSE THERE IS NO CORRESPONDING LINE ON PAGES 31 OR 32.

FIXED ASSET CATEGORY		PG 23a/24a	PG 23/24	Difference
COMPARE DETAIL ADDITIONS TO PAGES 23 & 24				
LAND IMPROVEMENTS	ADDITIONS	-	-	-
	DEPREC	-	-	-
BUILDING IMPROVEMENTS	ADDITIONS	-	-	-
	DEPREC	-	-	-
NON-MOVEABLE EQUIPMENT	ADDITIONS	-	-	-
	DEPREC	-	-	-
MOVE EQUIP(NET OF LEASED EQUIP&VEHICLES	ADDITIONS	57,670	57,670	-
	DEPREC	6,037	6,037	
LEASEHOLD IMPROVES	ADDITIONS	175,894	175,894	-
	DEPREC	8,668	8,668	