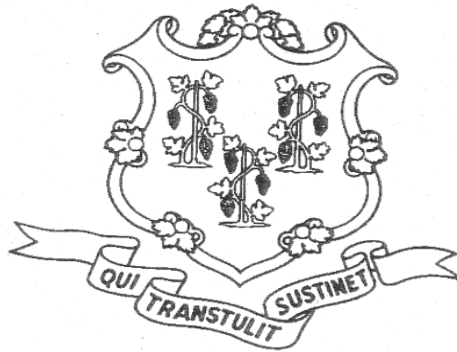


# State of Connecticut



## Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Bristol Crossings LLC	
Address (No. & Street, City, State, Zip Code) 61 Bellevue Ave, Bristol, CT 06010	
Type of Facility <input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2329	RHNS	(Specify)	Medicare Provider 075221
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Medicaid Provider Numbers:	CCNH 9043	RHNS	ICF-IID
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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) Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 1	of 37
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#### Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Bristol Crossings LLC [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) Raymond L Wilkens			Printed Name (Owner) Marvin J. Ostreicher	
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires  / /
Address of Notary Public				

(Notary Seal)

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

<b>Data Required for Real Wage Adjustment</b>			Page 1A	of 37
Name of Facility Bristol Crossings LLC		Period Covered:	From 10/1/2016	To 9/30/2017
Address of Facility 61 Bellevue Ave, Bristol, CT 06010				
Report Prepared By Blum Shapiro & Co.		Phone Number 203-944-2100	Date 2/1/2018	
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. <b>Total Wages Paid</b>	\$			
7. Total salaries paid	\$			
8. <b>Total Wages and Salaries Paid</b> (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

**DO NOT include Fringe Benefit Costs.**

**General Information and Questionnaire**  
**Type of Facility - Organization Structure**

Phone No. of Facility 860-589-1682		Report for Year Ended 9/30/2017	Page 2	of 37
Name of Facility (as shown on license) Bristol Crossings LLC		Address (No. & Street, City, State, Zip) 61 Bellevue Ave, Bristol, CT 06010		
License Numbers:	CCNH 2329	RHNS (Specify)	Medicare Provider No. 075221	
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input checked="" type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input type="radio"/> Non-Profit Corp. <input type="radio"/> Government <input type="radio"/> Trust				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "Yes," explain fully.				
<b>Administrator</b>				
Name of Administrator Raymond L Wilkens		Nursing Home Administrator's License No.:	001841	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		



<b>State Facility</b>	<b>CT Bristol</b>
<b>Owner</b>	<b>% Ownership</b>
1 Agnes Zitter	2.08%
2 Albert David	1.67%
3 Barry Bokow	1.00%
4 BNB Healthcare Funds LLC	6.67%
5 Chaim Goldenberg	5.00%
6 David Cohen	6.67%
7 Gerald Neuman	3.33%
8 Ira Geffner	1.00%
9 Josef Skoczylas	2.00%
10 Tzivy Roberts	6.67%
11 Magda Manela	5.00%
12 Michael Lipman	5.00%
13 Mordechai Eisen	2.50%
14 Morris Fuchs	8.33%
15 Mosge Shaya-Mograby	1.67%
16 MSO Associates, LLC	30.75%
17 Nathan Pollack	4.17%
18 Shmuel Rubenstein	2.50%
19 Tali Skoczylas	4.00%
	<u>100%</u>







**General Information and Questionnaire**  
**Related Parties\***

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?     Yes     No    If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
See attachment		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.

**Annual Report of Long-Term Care Facility**

CSP-4 Rev. 10/2005

**General Information and Questionnaire  
Related Parties\***

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 4	of 37
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Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association?  Yes  No If "Yes," provide the Name/Address and complete the information on Page 11 of the report.

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

Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	762,648	753,381
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82%	Radiology	20 5f	19,496	18,004
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	636,696	636,696
EP Bristol Realty	61 Bellevue Avenue, Bristol, CT 06010	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rent	22 9	1,260,000	1,260,000
VK Newburyport, LLC	180 Low St, Newburyport MA 01950	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	261	261
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12/m13	555,325	555,325
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	1,915	1,915
20Sunrise	20 Sunrise Highway, Valley Stream NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 12	10,522	10,522
Procare LTC Pharmacy Of MA	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Drugs	20 5a2	35,045	31,346
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Drugs/OTC's/Supplies/Consult/Fees	20/13 5a2,b,j/b3,12	347,108	310,472

\* Use additional sheets if necessary.

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

\*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

### General Information and Questionnaire Related Parties\*

Name of Facility Bristol Crossings, LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 4	of 37				
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> <span style="float: right;">If "Yes," provide the Name/Address and complete the information on Page 11 of the report.</span></p>								
<p>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? <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span> <span style="float: right;">If "Yes," provide the following information:</span></p>								
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties			Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Cost Reported	Actual Cost to the Related Party
		Yes	No	%**				
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31      A8	50,341	50,341
Cambridge Manor of Fairfield, LLC	2428 Easton Turnpike, Fairfield, CT 06824	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	31      A8	1,470	1,470
EP Bristol Realty	61 Bellevue Avenue, Bristol, CT 06010	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Realty	33      A12	2,307,626	2,307,626
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33      A12	131,334	131,334
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	37%	Due to Related	33      A12	10,139	10,139
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	82%	Due to Related	33      A12	3,526	3,526
Milford Health Care Center, Inc.	195 Platt St Milford CT 06460	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33      A12	6,752	6,752
Cold Spring Hills Center for Nursing & Rehabilitation	378 Syosset-Woodbury Rd, Woodbury, NY 11797	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33      A12	12,743	12,743
New Milford Crossings LLC	19 Poplar St., New Milford, CT 06776	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related	33      A12	3,624	3,624
Procare LTC Pharmacy Of MA	155 Northboro Rd STE 4 Southborough MA 01772	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Due to Related	33      A12	33,464	33,464
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	92%	Due to Related	33      A12	107,446	107,446

\* Use additional sheets if necessary.  
 \*\* Provide the percentage amount of revenue received from non-related parties.  
 \*\*\* Consolidated for all National Healthcare CT Facilities, control and ownership pass upon transfer of funds to insurance company manager. Information required by previous state auditor.

**General Information and Questionnaire**  
**Basis for Allocation of Costs**

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (See listing page 13)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No      If "No," explain fully why such allocation was not made.				
N/A				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Shared expenses, allocated by bed size or geographic territory. See page 17 attachment.				
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.)				
<p align="right"><input checked="" type="radio"/> Yes      <input type="radio"/> No      If "No," explain fully why such allocation was not made.</p>				
N/A				

### General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility Bristol Crossings LLC			License No. 2329	Report for Year Ended 9/30/2017			Page 6	of 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						
Reliable - 2610 Norstrand Ave, Brooklyn, NY 11210	<input type="radio"/>	<input checked="" type="radio"/>	Computer Equipment	03/01/08	60 Months	4,925		4,925
Wescom Solutions, P.O. Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	22,549		22,549
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	04/01/14	39 months	4,509		3,758
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/01/15	39 months	1,824		1,824
Leaf, P.O. Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/01/17	39 months	7,292		1,822
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
	<input type="radio"/>	<input type="radio"/>						
							<b>Total ***</b>	34,878

Is a Mileage Log Book Maintained for All Leased Vehicles ?

Yes       No

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



LEASE AGREEMENT

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

LESSEE LEGAL NAME: The Pines At Bristol
Billing Address: 61 Bellevue Avenue, Bristol, CT 06010
Equipment Location: 61 Bellvue Avenue, Bristol, CT 06010
EQUIPMENT DESCRIPTION: (indicate quantity, new or used and include make, model, serial # and all attachments - see below and/or attached Schedule A)
BASE TERM IN MONTHS: 39
TOTAL NUMBER OF LEASE PAYMENTS: 39 @ \$571.40 (plus taxes)
END OF LEASE PURCHASE OPTION: [X] Fair market value, plus taxes
(a) Advance Payment: \$0.00
(b) Security Deposit: \$0.00
(c) Documentation Fee: \$95.00
Total due a + b + c =: \$95.00

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

ACCEPTED BY LESSEE: The Pines At Bristol
Print Name: MICHAEL BOKOW Title: PURCHASING
E-Mail Address: Date: 7/17/17
PERSONAL GUARANTY: Undersigned guarantees that Lessee will make all payments and perform all other obligations under the Lease 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 Lessee or the Equipment. Undersigned also waives all suretyship defenses and notification if the Lessee is in default and consents to any extensions or modifications granted to Lessee. Undersigned will pay us all expenses (including attorneys fees) we incur in enforcing our rights against undersigned or Lessee. 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: [Signature] Print Name: E-Mail Address:



**SCHEDULE A TO LEASE AGREEMENT  
(EQUIPMENT DESCRIPTION)**

Lease Application No.: 412185

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

**Location:** 61 Bellvue Avenue, Bristol, CT 06010

1	Toshiba E-Studio 6570C	New		E-Studio 6570C	
	Toshiba E-Studio 5508A				
	Toshiba E-Studio 3505AC				

LESSEE: The Pines At Bristol

LEAF CAPITAL FUNDING, LLC

BY: [Signature]

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

PRINT NAME: MICHAEL TOKOW

PRINT NAME: \_\_\_\_\_

TITLE: PURCHASING

TITLE: \_\_\_\_\_

DATE: 7/17/17

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



**General Information and Questionnaire**  
**Accounting Basis**

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:  
 Accrual     Cash     Modified Cash

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

**Independent Accounting Firm**

Name of Accounting Firm 1 Blum Shapiro 2 3 4	Address (No. & Street, City, State, Zip Code) 2 Enterprise Drive, Shelton, CT 06484
--	--

Services Provided by This Firm (*describe fully*)

1 Review, preparation of Medicare and Medicaid cost reports, and year end tax services	\$ 26,640
2	\$
3	\$
4	\$
	<b>Charge for Services Provided</b>
	\$ 26,640

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15, line 1 d

**Legal Services Information**

Name of Legal Firm or Independent Attorney 1 Rogin Nassau 2 Berchem Moses & Devlin PC 3 Amerassist AR Solutions Inc 4 Atlas Global Trade Solutions Inc 5 Goldman Gruder & Wood	Telephone Number (860) 256-6300 (203) 783-1200 (877) 770-3978 (800) 509-6060 (203) 899-8900
---	--

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

1 185 Asylum Street 22nd Floor Hartford CT 06103-3460
2 75 Broad Street Milford, CT 06460
3 PO Box 26095, Columbus, OH 43226
4 PO Box 1389, Kenner, LA 70063
5 200 Connecticut Ave, Norwalk CT 06854

Services Provided by This Firm (*describe fully*)

1 Revaluation - Disallow	\$ 7,256
2 Labor	\$ 14,675
3 Collections - Disallow	\$ 53
4 Collections - Disallow	\$ 3
5 Collections - Disallow	\$ 19,913
	<b>Charge for Services Provided</b>
	\$ 41,900

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.  
 Yes     No    Page 15, line 1 e

### Schedule of Resident Statistics

Name of Facility Bristol Crossings LLC		License No. 2329			Report for Year Ended 9/30/2017				Page 8	of 37		
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	132	132			132	132			132	132		
B. On last day of THIS report period	132	132			132	132			132	132		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	122	122			122	122			121	121		
B. As of midnight of THIS report period	122	122			121	121			122	122		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,435	6,435			4,736	4,736			1,699	1,699		
B. Medicaid (Conn.)	34,183	34,183			25,754	25,754			8,429	8,429		
C. Medicaid (other states)												
D. Private Pay	3,394	3,394			2,428	2,428			966	966		
E. State SSI for RCH												
F. Other (Specify) Managed Care	421	421			383	383			38	38		
G. Total Care Days During Period (3A thru F)	44,433	44,433			33,301	33,301			11,132	11,132		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	23	23			23	23						
B. Other Bed Reserve Days	35	35			33	33			2	2		
5. <b>Total Resident Days (3G + 4A + 4B)</b>	44,491	44,491			33,357	33,357			11,134	11,134		

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

Name of Facility Bristol Crossings LLC			License No. 2329			Report for Year Ended 9/30/2017			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <span style="float: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</span>													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(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	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR					
No. of Residents	16	88		18									
Per Diem Rate													
a. One bed rm.	PPS	238.13		450/525									
b. Two bed rms.	PPS	238.13		422/500									
c. Three or more bed rms.	PPS												
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	(Specify)	
A. Medicare - Part B									2,478	2,478			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									366	366			
C. Other									14,870	14,870			
D. <b>Total Physical Therapy Treatments</b>									17,714	17,714			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									321	321			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									16	16			
C. Other									1,567	1,567			
D. <b>Total Speech Therapy Treatments</b>									1,904	1,904			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									2,432	2,432			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									410	410			
C. Other									15,854	15,854			
D. <b>Total Occupational Therapy Treatments</b>									18,696	18,696			

### Report of Expenditures - Salaries & Wages

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>A. Salaries and Wages*</b>						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	127,768	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	217,215	9,788				
5. Dietary Service						
a. Head Dietitian	27,417	832				
b. Food Service Supervisor	70,442	2,080				
c. Dietary Workers	360,137	24,696				
6. Housekeeping Service						
a. Head Housekeeper	45,148	2,080				
b. Other Housekeeping Workers	265,880	19,504				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	70,229	2,100				
b. Other Maintenance Workers	66,038	3,482				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	45,476	3,327				
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	191,472	4,151				
b. RN						
1. Direct Care	655,900	17,740				
2. Administrative**	238,895	6,215				
c. LPN						
1. Direct Care	1,223,646	43,402				
2. Administrative**						
d. Aides and Attendants	1,854,703	118,651				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	134,473	6,195				
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	283,150	9,713				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,877,989	276,036				

\* 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		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
<b>Total</b>	\$ -	-	\$ -	-	\$ -	-

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**Schedule of Other Fees (Page 13)**

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Consulting Fees - Nursing	\$ 6,474	Disallowed				
Consulting Fees - Rehabilitation Therapy and Ancillary	\$ 4,264	Disallowed				
Fees - Respiratory	\$ 2,275	Disallowed				
<b>Total</b>	\$ 13,013	Disallowed	\$ -	-	\$ -	-

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**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
Bristol Crossings LLC				2329	9/30/2017				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)							
<b>Section I - Operators/Owners</b>										
Marvin J. Ostreicher, 184 Wildacre Ave, Lawrence, NY 11559				Same as employees	Supervises operations, deals with DNS & other patient care,	64	p. 16 / m13 - \$31,200	See attached		
<b>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).</b>										

\* 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.

MARVIN J. OSTREICHER - OWNER  
 TIME STUDY  
 YEAR END SEPTEMBER 30, 2017

Name	Beds	Total w/ Bnft
Augusta	72	53.82
Belair	102	52.61
Bethel	161	76.49
Bloomfield	120	55.03
Brattleboro	80	58.96
Brentwood	78	36.58
Brewer	111	67.73
Bristol	132	64.40
Cambridge	160	45.65
Catskill	136	51.40
Cold Spring Hills	-	-
Colony	92	44.44
Country	111	43.24
Dover	112	61.98
Eastside	69	48.07
Eliot	114	68.33
Glen Falls	120	48.68
Hudson	-	-
Huntington	320	54.42
Kennebunk	78	55.63
Hebrew Home	257	60.77
Ludlowe	144	65.00
Maple View	120	59.26
Marlborough	120	60.47
Maywood	120	47.47
Milford	120	52.00
Newton Wellseley	110	54.42
Norway	70	53.51
Poughkeepsie	200	63.19
Regency	130	48.68
Reservoir	144	53.51
Riverside	345	50.19
Ross	135	-
Rutland	125	55.93
Sachem	111	59.56
Sands Point	180	67.42
Utica	117	54.42
Village Crest	95	48.38
Water's Edge	150	57.75
Westgate	104	52.00
Winship	72	51.10
Total	5,137	2,102.50
Vacation		
Sick		
Personal		
Holiday		
Total Hours		

**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	
Bristol Crossings LLC				2329	9/30/2017			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)							
<b>Section III - Administrators***</b>										
Raymond L Wilkens	127,768			Same as employees	Management & supervision of healthcare facility	2,080	a2			
<b>Section IV - Assistant Administrators</b>										

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

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

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



**B. Report of Expenditures - Professional Fees**

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol Crossings LLC	2329	9/30/2017	13	37		
<b>Total Cost and Hours</b>						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
<b>*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)</b>						
1. Dietitian						
2. Dentist	7,860	Disallowed				
3. Pharmacist	14,186	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	333,948	6,472				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	72,000	325				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	2,197	Disallowed				
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	74,565	1,135				
b. Other						
10. Occupational Therapist						
a. Resident Care	350,591	6,483				
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	19,642	160				
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule	13,013	Disallowed				
<b>B-13 Total Fees Paid in Lieu of Salaries</b>	<b>888,002</b>	<b>14,575</b>				

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

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

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

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

Name of Facility Bristol Crossings LLC		License No. 2329	Report for Year Ended 9/30/2017	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Gerident Solutions, PO Box 290539, Wethersfield, CT	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Procare LTC of CT, 111 Executive Blvd, Farmingdale, NY 11735	Pharmacist, Consulting Nursing	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
Preferred Therapy, 850 Silas Deane Hwy, Wethersfield, CT 06109	PT/OT/ST, Consulting Rehab Therapy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
In Patient Consulting, The Hospitalist Company P.O. Box 92284, Los Angeles, CA 90009	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Swalling Diagnostic, P.O. Box 484, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Bristol Hospital PO Box 977, Bristol CT, 06010	Respiratory Fees	<input type="radio"/>	<input checked="" type="radio"/>		
360Healthcare Staffing. PO Box 674009. Dallas, TX 75267-4009	RN	<input type="radio"/>	<input checked="" type="radio"/>		
Litchfield Hills Surgery, 245 Alvord Park Rd Torrington, CT 06790-3493	Resident Care	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
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		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		
		<input type="radio"/>	<input type="radio"/>		

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

### C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings LLC	2329	9/30/2017	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 288,998	288,998		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 95,324	95,324		
4. Social Security (F.I.C.A.)	\$ 440,871	440,871		
5. Health Insurance	\$ 638,642	638,642		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 15,353	15,353		
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*	\$			
d. Accounting and Auditing	\$ 26,640	26,640		
e. Legal ( <i>Services should be fully described on Page 7</i> )	\$ 41,900	41,900		
f. Insurance on Lives of Owners and Operators ( <i>Specify</i> )*	\$			
g. Office Supplies	\$ 27,424	27,424		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 26,012	26,012		
2. Cellular Phones	\$ 3,390	3,390		
i. Appraisal ( <i>Specify purpose and         attach copy</i> )*	\$			
j. Corporation Business Taxes ( <i>franchise tax</i> )	\$ 449	449		
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	\$ 801,683	801,683		
<b>Subtotal</b>	<b>\$ 2,406,686</b>	<b>2,406,686</b>		

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

(Carry Subtotals forward to next page)

**\*\*\* DO NOT Include Holiday Parties / Awards / Gifts to Staff**

Bristol Crossings LLC  
9/30/2017

**Schedule of Other Employee Benefits**

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

**Schedule of Other Taxes**

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

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

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 16	of 37
Item	Total	CCNH	RHNS	(Specify)
<b>Subtotals Brought Forward:</b>		2,406,686	2,406,686	
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$ 5,484	5,484		
3. Gifts to Staff and Residents	\$ 5,738	5,738		
4. Employee Travel	\$ 3,235	3,235		
5. Education Expenses Related to Seminars and Conventions	\$ 470	470		
6. Automobile Expense ( <i>not purchase or depreciation</i> )	\$			
7. Other ( <i>Specify</i> ) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted ( <i>all such expenses</i> )	\$			
2. Advertising Telephone Directory ( <i>all such expenses</i> )***	\$			
3. Advertising Other ( <i>Specify</i> )*** See Attached Schedule	\$ 46,033	46,033		
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	\$ 2,657	2,657		
* 8. Dues and Membership Fees to Professional Associations ( <i>Specify</i> ) See Attached Schedule	\$ 9,418	9,418		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 2,424	2,424		
10. Contributions*** See Attached Schedule	\$ 1,500	1,500		
11. Services Provided by Contract ( <i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i> )	\$			
12. Administrative Management Services**	\$ 560,296	560,296		
13. Other ( <i>Specify</i> ) See Attached Schedule	\$ 378,789	378,789		
<b>C-14 Total Administrative &amp; General Expenditures</b>	\$ 3,422,730	3,422,730		

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

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

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

**Schedule of Other Travel and Entertainment**

Description	CCNH	RHNS	(Specify)
<b>Total Other Travel and Entertainment</b>	\$ -	\$ -	\$ -

**Schedule of Other Advertising**

Description	CCNH	RHNS	(Specify)
Advertising Promotional - Administration	\$ 2,814		
Advertising Promotional - Marketing	\$ 43,219		
<b>Total Other Advertising</b>	\$ 46,033	\$ -	\$ -

**Schedule of Dues**

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 9,333		
ALTCFM	\$ 85		
<b>Total Dues</b>	\$ 9,418	\$ -	\$ -

**Schedule of Contributions**

Description	CCNH	RHNS	(Specify)
Political Contributions - Administration - Disallowed	\$ 1,500		
<b>Total Contributions</b>	\$ 1,500	\$ -	\$ -

**Schedule of Other Administrative and General**

Description	CCNH	RHNS	(Specify)
IT Services - Administration	\$ 57,115		
Consulting Fees- Administration - Disallowed via Management Fee	\$ 7,727		
Consulting Fees - Fiscal Operations	\$ 882		
Penalties - Administration - Disallowed	\$ 12		
Purchased Services - Administration Staff	\$ 31,200		
Purchased Services - Fiscal Operations	\$ 35,511		
Licenses and Permits - Administration	\$ 1,550		
Bank Charges - Administration - Disallowed	\$ 19,027		
Background Check - Administration	\$ 9,834		
Crime Insurance - Administration - Disallowed	\$ 1,047		
Miscellaneous Expense - Administration - Disallowed	\$ 15,945		
Amortization of Goodwill-Disallowed	\$ 198,939		
<b>Total Other Administrative and General</b>	\$ 378,789	\$ -	\$ -

**Schedule C-1 - Management Services\***

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page of 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 #
National Healthcare	560,296	See Attached	Page 16, Line M12

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





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

Name of Facility Bristol Crossings LLC		License No. 2329	Report for Year Ended 9/30/2017	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
<b>2. Dietary</b>					
<b>a. In-House Preparation &amp; Service</b>					
1. Raw Food	\$	308,300	308,300		
2. Non-Food Supplies	\$	28,086	28,086		
3. Other (Specify) _____	\$				
<b>b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)</b>					
<b>c. Management Services**</b>					
<b>d. Other (Specify) _____</b>					
<b>2E. Total Dietary Expenditures (2a + b + c + d)</b>		\$ 336,386	336,386		
<b>2F. Dietary Questionnaire</b>		<b>Total</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
<b>G. Resident Meals:</b> Total no. of meals served per day:*					
<b>H. Is cost of employee meals included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		
<b>I. Did you receive revenue from employees?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
<b>J. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
<b>L. Is any revenue collected from these people?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
<b>M. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					
<b>N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify cost.
<b>O. Is any revenue collected from employees?</b>		<input type="radio"/> Yes	<input checked="" type="radio"/> No		If yes, specify amt.
<b>P. Where is the revenue received reported in the Cost Report? (Page/Line Item)</b>					

\* Count each tray served to a resident at meal time, but do not count liquids or other "between meal" snacks.  
 \*\* Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Bristol Crossings LLC		License No. 2329	Report for Year Ended 9/30/2017	Page 19	of 37
Item		Total	CCNH	RHNS	(Specify)
3. Laundry					
a. In-House Processing*		Lbs.			
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$ 812	812		
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. \$ 240	240		
b. Purchased Services ( <i>by contract other than through Management Services</i> ) (Complete Schedule C-2 att. Page 21)		\$ 132,072	132,072		
c. Management Services**		\$			
d. Other ( <i>Specify</i> ) Diapers		\$ 43,276	43,276		
3E. <b>Total Laundry Expenditures</b> (3a + b + c + d)		\$ 176,400	176,400		
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

\* Do not include salaries from page 10 as part of dollar values recorded in 1, 2, 3, and 4.  
 All allocations should add to total recorded in 3E.

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

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

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

Name of Facility Bristol Crossings LLC		License No. 2329	Report for Year Ended 9/30/2017		Page 20	of 37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
1.	Supplies - Cleaning ( <i>Mops, pails, brooms, etc.</i> )	Amt. \$	29,318	29,318		
b.	Purchased Services ( <i>by contract other than through Management Services</i> ) ( <i>Complete Schedule C-2 att. Page 21</i> )	Sq. Ft. Serviced by Personnel				
		Amt. \$				
c.	Management Services*	\$				
d.	Other ( <i>Specify</i> )	\$				
4E.	<b>Total Housekeeping Expenditures</b> (4a + b + c + d)	\$	29,318	29,318		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from PCA	\$	337,414	337,414		
b.	Medicine Cabinet Drugs	\$	25,232	25,232		
c.	Medical and Therapeutic Supplies	\$	130,146	130,146		
d.	Ambulance/Limousine***	\$	3,055	3,055		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	37,554	37,554		
f.	X-rays and Related Radiological Procedures***	\$	20,798	20,798		
g.	Dental ( <i>Not dentists who should be included under salaries or fees</i> )	\$				
h.	Laboratory***	\$	22,490	22,490		
i.	Recreation	\$	14,063	14,063		
j.	Other (Specify)**** See Attached Schedule	\$	55,120	55,120		
5K.	<b>Total Resident Care Expenditures</b> (5a - 5j)	\$	645,872	645,872		

\* 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**

<b>Description</b>	<b>CCNH</b>	<b>RHNS</b>	<b>(Specify)</b>
Flu Vaccine - Medical Services	\$ 4,725		
IV Expense - Rehabilitation Therapy and Ancillary	\$ 8,261		
Purchased Services - Nursing	\$ 5,880		
Equipment Rental - Nursing - Disallow	\$ 9,567		
Equipment Rental - Rehabilitation Therapy and Ancillary - Disallow	\$ 13,794		
Respiratory Therapy Fee	\$ 12,893		
<b>Total Other Resident Care</b>	<b>\$ 55,120</b>	<b>\$ -</b>	<b>\$ -</b>

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

Name of Facility Bristol Crossings LLC		License No. 2329		Report for Year Ended 9/30/2017			Page of 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
ADM Environmental Group	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Waste Services/Monthly Recycling Services	27,388			22	6f
ADP	Mt Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	15,413			16	m13
Med- Apparel Services	Mt Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen	29,251			19	3b
Unitex Textile	111 Mines Road, Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen	102,821			19	3b
Custom Grounds	111 Mines Road, Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		Snow Landscaping	12,858			22	6f
M.J. Daly & Sons	110 Mattatuck HTS, Waterbury CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	18,508			22	6a
Integrated Health Systems	PO Box 23072 Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Computer Maintenance System	16,656			16	m13
Smartlinx	333 Thornall St. 4th Floor Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Time & Attendance	11,269			16	m13
Iron Mountain	PO Box 27128 New York NY 10087	<input type="radio"/>	<input checked="" type="radio"/>		Record Management	19,228			16	m13
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							

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

\*\* Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Bristol Crossings LLC	2329	9/30/2017			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 74,551	74,551				
b. Heat	\$ 18,425	18,425				
c. Light & Power	\$ 145,984	145,984				
d. Water	\$ 19,150	19,150				
e. Equipment Lease ( <i>Provide detail on page 6</i> )	\$ 34,878	34,878				
f. Other ( <i>itemize</i> )	\$ 44,393	44,393				
See Attached Schedule						
<b>6g. Total Maint. &amp; Operating Expense (6a - 6f)</b>	\$ 337,381	337,381				
7. Depreciation ( <i>complete schedule page 23*</i> )						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 85,631	85,631				
<b>*7e. Total Depreciation Costs (7a + b + c + d)</b>	\$ 85,631	85,631				
8. Amortization ( <i>Complete att. Schedule Page 24*</i> )						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 12,063	12,063				
d. Other ( <i>Specify</i> )	\$					
<b>*8e. Total Amortization Costs (8a + b + c + d)</b>	\$ 12,063	12,063				
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,260,000	1,260,000				
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 213,117	213,117				
c. Personal property taxes	\$ 17,028	17,028				
<b>11. Total Property Expenses (7e + 8e + 9 + 10)</b>	\$ 1,587,839	1,587,839				

\* 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)
Purchased Services - Security	\$ 280		
Ground Services - Maintenance	\$ 12,858		
Pest Control - Maintenance	\$ 1,313		
Carting - Maintenance	\$ 28,550		
Short Term Lease Pitney Bowes Mailing Machine	\$ 792		
IT Rentals	\$ 600		
<b>Total Other Repairs and Maintenance</b>	\$ 44,393	\$ -	\$ -

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### Depreciation Schedule

Name of Facility Bristol Crossings LLC			License No. 2329			Report for Year Ended 9/30/2017			Page 23	of 37			
Property Item			Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals			
<b>A. Land Improvements</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
A-4. Subtotal													
<b>B. Building and Building Improvements</b>													
1. Acquired prior to this report period			7,055,034		7,055,034	1,629,974	SL	Various					
2. Disposals (attach schedule)				*Equity purp									
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
<b>C. Non-Movable Equipment</b>													
1. Acquired prior to this report period													
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
C-4. Subtotal													
		Is a mileage logbook maintained?		Date of Acquisition		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
		Yes	No	Month	Year								
<b>D. Movable Equipment</b>													
1. Motor Vehicles (Specify name, model and year of each vehicle)													
a.													
b.													
c.													
d.													
2. Movable Equipment													
a. Acquired prior to this report period						1,023,297		1,023,297	533,159	S/L	Various	72,484	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						162,441		162,441		S/L	Various	13,147	
D-3. Subtotal													85,631
<b>E. Total Depreciation</b>													85,631



Bristol Crossings LLC  
9/30/2017

**Schedule of Land Improvements Acquired during this report period**

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

\*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
<b>Additions:</b>				
<b>Total additions for Building Improvements</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Building Improvements</b>		\$ -		\$ - **

\*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
<b>Additions:</b>				
<b>Total additions for Non-Movable Equipment</b>		\$ -		\$ - *
<b>Deletions:</b>				
<b>Total deletions for Non-Movable Equipment</b>		\$ -		\$ - **

\*Ties to Page 23, Line C3

\*\*Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/31/2016	TVs	\$ 3,336	5	\$ 556
11/30/2016	Computer	\$ 637	3	\$ 194
5/31/2017	6 Healthcare grade TV's	\$ 3,543	5	\$ 295
6/30/2017	Mini PC desktop computer	\$ 892	3	\$ 99
6/30/2017	5 Mini PC Desktops	\$ 5,735	3	\$ 637
6/30/2017	Microsoft Software	\$ 1,319	3	\$ 147
6/30/2017	Top Freezer Fridge	\$ 755	10	\$ 25
6/30/2017	DynoPumps	\$ 744	5	\$ 50
5/31/2017	Integrated Health System - Chromebooks, Servers, Software	\$ 131,560	5	\$ 10,945
8/31/2017	10 HP Chromebooks	\$ 3,371	5	\$ 112
7/31/2017	Top Freezer Fridge	\$ 636	10	\$ 16
9/30/2017	Meridian Ice & Water Dispenser	\$ 5,647	10	\$ 47
9/30/2017	Thermaduke steam table	\$ 4,266	15	\$ 24
<b>Total additions for Movable Equipment</b>		<b>\$ 162,441</b>		<b>\$ 13,147</b> *
<b>Deletions:</b>				
<b>Total deletions for Movable Equipment</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 23, Line D2c

\*\*Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
<b>Additions:</b>				
12/31/2016	4 Heat Pumps	\$ 2,982	10	\$ 249
5/31/2017	Generator stairs & landing	\$ 1,900	15	\$ 53
8/31/2017	Zonline heat pump	\$ 3,003	10	\$ 50
<b>Total additions for Leasehold Improvement</b>		<b>\$ 7,885</b>		<b>\$ 352</b> *
<b>Deletions:</b>				
<b>Total deletions for Leasehold Improvement</b>		<b>\$ -</b>		<b>\$ -</b> **

\*Ties to Page 24, Line C3

\*\*Ties to Page 24, Line C2

**Amortization Schedule\***

Name of Facility Bristol Crossings LLC			License No. 2329		Report for Year Ended 9/30/2017			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
<b>A. Organization Expense</b>									
1.									
2.									
3.									
A-4. Subtotal									
<b>B. Mortgage Expense</b>									
1.									
2.									
3.									
B-4. Subtotal									
<b>C. Leasehold Improvements and Other</b>									
1. Acquired prior to this report period			Various	116,474	43,030			11,711	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)			Various	7,885				352	
C-4. Subtotal									12,063
<b>D. Total Amortization</b>									12,063

\* Straight-line method must be used.

\*\* Specify which of the following bases were used:

- A. Minimum of 5 years or 60 months.
- B. Life of mortgage; OR
- C. Remaining Life of Lease; OR
- D. Actual Life if owned by Related Party.

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

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 25	of 37
<b>11. Property Questionnaire</b>				
<b>Part A</b>				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		06/16/66		
2. Date Structure Completed		09/01/72		
3. If <b>NOT</b> Original Owner, Date of Purchase				
4. Date of Initial Licensure		09/01/72		
5. Total Licensed Bed Capacity		132		
6. Square Footage		51,083		
7. Acquisition Cost				
a. Land		67,917		
b. Building		1,467,953		
<b>Part B - Owner and Related Parties</b>		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				4th Mortgage
a. Type of Financing (e.g., fixed, variable)	Variable			
b. Date Mortgage Obtained	02/09/16			
c. Interest Rate for the Cost Year	LIBOR + 275 basis p			
d. Term of Mortgage (number of years)	7			
e. Amount of Principal Borrowed	10,469,500			
f. Principal balance outstanding as of 9/30/17	9,890,000			
<b>Complete if Mortgage was Refinanced During Current Cost Year</b>				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
<b>Part C - Arms-Length Leases for Real Property Improvements Only</b>				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended			Page	of
Bristol Crossings LLC		2329	9/30/2017			26	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. <b>Total Building Interest Expense</b> (A1 - A4 + B5)		\$					

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Bristol Crossings LLC		2329		9/30/2017		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	1,915	1,915	
Administration \$812; Property \$1,103							
13. <b>Total All Interest Expense</b> (12B7 + 12C3 + 12D)				\$	1,915	1,915	
14. Insurance							
a. Insurance on Property (buildings only)				\$	68,617	68,617	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$	10,826	10,826	
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
14d. <b>Total Insurance Expenditures</b> (14a + b + c)				\$	79,443	79,443	
15. <b>Total All Expenditures</b> (A-13 thru C-14)				\$	13,383,275	13,383,275	

### D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bristol Crossings LLC				2329	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
<b>Page 10 - Salaries and Wages</b>							
1.			Outpatient Service Costs	\$			
2.	10	12m	Salaries not related to Resident Care	\$ 35,368	35,368		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
<b>Page 13 - Professional Fees</b>							
5.	13	8e / 8	Resident Care Physicians **	\$ 2,197	2,197		
6.	13	10a	Occupational Therapy	\$ 350,591	350,591		
7.			Other - See attached Schedule	\$ 53,447	53,447		
<b>Pages 15 &amp; 16 - Administrative and General</b>							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.	15	1e	Accounting & Legal	\$ 27,225	27,225		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 1,950	1,950		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
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	m3	Unallowable Advertising *	\$ 46,033	46,033		
19.	16	1j	Income Tax / Corporate Business Tax	\$ 449	449		
20.	16	m8/m	Fund Raising / Contributions	\$ 1,500	1,500		
21.	16 / 1	m12 /	Unallowable Management Fees	\$ 253,408	253,408		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 249,608	249,608		
<b>Page 18 - Dietary Expenditures</b>							
24.			Meals to employees, guests and others who are not residents	\$			
<b>Page 19 - Laundry Expenditures</b>							
25.			Laundry services to employees, guests and others who are not residents	\$			
<b>Page 20 - Housekeeping Expenditures</b>							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 1,021,776	1,021,776		

\* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

**Schedule of Other Salaries Adjustment**

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

**Schedule of Fees Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 7,860		
13	B3	Pharmacist	\$ 14,186		
13	B12	Consulting Fees- Nursing	\$ 6,474		
13	B12	Consulting Fees- Rehabilitation Therapy and Ancilliary	\$ 4,264		
13	B12	Fees - Respiratory	\$ 2,275		
13	B8a	Medical Director	\$ 18,388		
<b>Total Other Fees Adjustments</b>			\$ 53,447	\$ -	\$ -

**Schedule of Other A&G Adjustments**

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a1	Benefits on Salaries not Related to Resident Care	\$ 8,900		
15	M13	Penalties	\$ 12		
16	L3	Gifts to Residents and Staff	\$ 5,738		
16	M13	Miscellaneous Expenses	\$ 15,945		
16	M13	Bank Charges	\$ 19,027		
16	M13	Crime Insurance	\$ 1,047		
17	M13	Amortization of Goodwill	\$ 198,939		
<b>Total Other A&amp;G Adjustments</b>			\$ 249,608	\$ -	\$ -



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

Name of Facility				License No.	Report for Year Ended	Page	of
Bristol Crossings LLC				2329	9/30/2017	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,021,776	1,021,776		
<b>Page 20 - Resident Care Supplies***</b>							
27.	20	5a2	Prescription Drugs	\$ 337,414	337,414		
28.	20	5d	Ambulance/Limousine	\$ 3,055	3,055		
29.	20	5f	X-rays, etc	\$ 20,798	20,798		
30.	20	5h	Laboratory	\$ 22,490	22,490		
31.	20	5c	Medical Supplies	\$ 15,233	15,233		
32.	20	5e2	Oxygen (non emergency)	\$ 37,554	37,554		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 62,017	62,017		
<b>Page 22 - Maintenance and Property</b>							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 6,063	6,063		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.	20	5i	Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
<b>Page 27 - Insurance</b>							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
<b>Other - Miscellaneous</b>							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
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.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 4,517	4,517		
<b>Not For Profit Providers Only</b>							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	<b>Total Amount of Decrease (Items 1 - 50)</b>			\$ 1,530,917	1,530,917		

\*\*\* 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.

Bristol Crossings LLC  
9/30/2017

#### Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	IV Expense - Rehabilitation Therapy and Ancillary	\$ 8,261		
20	5j	Equipment Rental - Nursing - Disallow	\$ 9,567		
20	5j	Equipment Rental - Rehabilitation Therapy and Ancillary - Disallow	\$ 13,794		
20	5a2/b	Procure LTC Pharmacy of CT (disallowance of markups)	\$ 1,670		
20	5j	Flu Vaccine - Medical Services	\$ 4,725		
20	5j	Purchased Services - Nursing	\$ 2,338		
20	5i	Cable TV Expense - Resident Rooms	\$ 8,769		
20	5j	Respiratory Therapy Fee	\$ 12,893		
<b>Total Other Ancillary Costs</b>			\$ 62,017	\$ -	\$ -

#### Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	8c	Beauty Salon Disallowed Depreciation	\$ 162		
22	7d	Mattress & TV Disallowed Depreciation	\$ 5,901		
<b>Total Excess Movable Equipment Depreciation</b>			\$ 6,063	\$ -	\$ -

#### Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
27	14b	Interest - Admin	\$ 812		
30	IV8	Misc. Other income	\$ 3,662		
30	IV5	Interest Income	\$ 43		
<b>Total Other Adjustments</b>			\$ 4,517	\$ -	\$ -

Schedule of Unallowable Building Interest

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

## F. Statement of Revenue

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
<b>I. Resident Room, Board &amp; Routine Care Revenue</b>					
1. a. Medicaid Residents ( <i>CT only</i> )	\$ 13,619,586	13,619,586			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,063,765)	(6,063,765)			
2. a. Medicaid ( <i>All other states</i> )	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents ( <i>all inclusive</i> )	\$ 3,053,989	3,053,989			
b. Medicare Room and Board Contractual Allowance **	\$ 225,900	225,900			
4. a. Private-Pay Residents and Other	\$ 2,789,949	2,789,949			
b. Private-Pay Room and Board Contractual Allowance **	\$ (663,063)	(663,063)			
<b>II. Other Resident Revenue</b>					
1. a. Prescription Drugs - Medicare	\$ 240,755	240,755			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (237,821)	(237,821)			
c. Prescription Drugs - Non-Medicare	\$ 62,553	62,553			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (62,553)	(62,553)			
2. a. Medical Supplies - Medicare	\$ 667	667			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (667)	(667)			
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 613,395	613,395			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (540,883)	(540,883)			
c. Physical Therapy - Non-Medicare	\$ 51,413	51,413			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (44,889)	(44,889)			
4. a. Speech Therapy - Medicare	\$ 165,148	165,148			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (130,743)	(130,743)			
c. Speech Therapy - Non-Medicare	\$ 6,770	6,770			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (4,930)	(4,930)			
5. a. Occupational Therapy - Medicare	\$ 679,206	679,206			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (607,329)	(607,329)			
c. Occupational Therapy - Non-Medicare	\$ 72,208	72,208			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (56,754)	(56,754)			
6. a. Other ( <i>Specify</i> ) - Medicare	\$ 2,052	2,052			
b. Other ( <i>Specify</i> ) - Non-Medicare	\$ 84	84			
<b>III. Total Resident Revenue</b> (Section I. thru Section II.)	\$ 13,170,278	13,170,278			
<b>IV. Other Revenue*</b>					
1. Meals sold to guests, employees & others	\$				
2. Rental of rooms to non-residents	\$				
3. Telephone	\$				
4. Rental of Television and Cable Services	\$				
5. Interest Income ( <i>Specify</i> )	\$ 43	43			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other ( <i>Specify</i> )	\$ 20,628	20,628			
<b>V. Total Other Revenue</b> (1 thru 8)	\$ 20,671	20,671			
<b>VI. Total All Revenue</b> (III +V)	\$ 13,190,949	13,190,949			

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

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

**Schedule of Other Resident Revenue - Medicare**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6	Medicare Part A Contra Other	\$ (36,925)		
30, line II6	Medicare Part A IV Therapy	\$ 4,958		
30, line II6	Medicare Part A Lab	\$ 17,123		
30, line II6	Medicare Part A X-Ray	\$ 14,777		
30, line II6	Medicare Part A Oxygen	\$ 2,769		
30, line II6	Medicare Part A Oxygen Contra	\$ (2,769)		
30, line II6	Medicare Part A Specialty Beds	\$ 67		
30, line II6	Medicare Prior Period	\$ (2,447)		
30, line II6	Mgd Medicare Contra	\$ (10,619)		
30, line II6	Mgd Medicare IV Therapy	\$ 225		
30, line II6	Mgd Medicare X-Ray	\$ 3,835		
30, line II6	Mgd Medicare Pt A Lab	\$ 5,049		
30, line II6	Mgd Medicare Ambulance	\$ 1,509		
30, line II6	Mgd Medicare Oxygen	\$ 2,277		
30, line II6	Mgd Medicare Oxygen Contra	\$ (2,277)		
30, line II6	Medicare Pt A Settlement	\$ 4,500		
<b>Total Other Resident Revenue - Medicare</b>		\$ 2,052	\$ -	\$ -

**Schedule of Other Non-Medicare Resident Revenue**

**Related Exp**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6	Hospice Oxygen	\$ 470		
30, line II6	Hospice Oxygen Conta	\$ (470)		
30, line II6	Medicaid Contra Other	\$ (356)		
30, line II6	Medicaid Lab	\$ 99		
30, line II6	Medicaid Oxygen	\$ 7,078		
30, line II6	Medicaid Oxygen Contra	\$ (7,078)		
30, line II6	Medicaid X-Ray	\$ 256		
30, line II6	Private Specialty Beds	\$ 85		
30, line II6	Common Insurance Contra Other	\$ (7,193)		
30, line II6	Common Insurance Chargeable Medical Supply	\$ 409		
30, line II6	Common Insurance Chargeable Medical Supply Conta	\$ (409)		
30, line II6	Common Insurance IV Therapy	\$ 6,249		
30, line II6	Common Insurance Lab	\$ 22		
30, line II6	Common Insurance Oxygen	\$ 48		
30, line II6	Common Insurance Oxygen Contra	\$ (48)		
30, line II6	Common Insurance X-Ray	\$ 922		
<b>Total Other Resident Revenue</b>		\$ 84	\$ -	\$ -

**Interest Income**

**Account**

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, IV5	Interest Income		\$ 43		
<b>Total Interest Income</b>			\$ 43	\$ -	\$ -

**Schedule of Other Revenue**

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV8	Miscellaneous Other Income (UHC \$16,867; Bristol Hospital \$144, other income \$3,662)	\$ 20,673		
30, line IV8	Prior Period Other	\$ (45)		
<b>Total Other Revenue</b>		\$ 20,628	\$ -	\$ -

### G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings LLC	2329	9/30/2017	31	37
Account			Amount	
<b>Assets</b>				
A. Current Assets				
1. Cash ( <i>on hand and in banks</i> )			\$	1,449,482
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,116,164
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	46,796
5. Prepaid Expenses			\$	195,945
a. Worker's Compensation	35,517			
b. Taxes (personal property, real estate)	66,781			
c. General Insurance	7,627			
d. Other	86,020			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets ( <i>itemize</i> )			\$	28,485
Cash Patient Funds	28,485			
<b>A-9. Total Current Assets (Lines A1 thru 8)</b>			\$	2,836,872
B. Fixed Assets				
1. Land			\$	225,000
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>124,359</u>		\$	69,266
	Accum. Depreciation <u>55,093</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,185,738</u>		\$	566,948
	Accum. Depreciation <u>618,790</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets ( <i>itemize</i> )			\$	
<b>B-10. Total Fixed Assets (Lines B1 thru 9)</b>			\$	861,214

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

(Carry Total forward to next page)

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings LLC	2329	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	3,698,086
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	7,055,034		
	Accum. Depreciation	1,629,974	Net	\$ 5,425,060
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				\$
<b>C-8 Total Leasehold or Like Properties (C1 thru 7)</b>			<b>\$</b>	<b>5,425,060</b>
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)				\$ 1,790,450
5. Investments Related to Resident Care ( <i>itemize</i> )				\$
_____				
6. Loans to Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address	Amount	Loan Date		
7. Other Assets ( <i>itemize</i> )				\$ 51,811
	Due from Related	51,811		
_____				
<b>D-8. Total Investments and Other Assets (Lines D1 thru 7)</b>			<b>\$</b>	<b>1,842,261</b>
<b>D-9. Total All Assets (Lines A9 + B10 + C8 + D8)</b>			<b>\$</b>	<b>10,965,407</b>

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Bristol Crossings LLC		2329	9/30/2017	33	37
Account				Amount	
<b>Liabilities</b>					
A. Current Liabilities					
1. Trade Accounts Payable				\$	632,696
2. Notes Payable ( <i>itemize</i> )				\$	
_____					
_____					
_____					
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> )				\$	362,819
5. Accrued Payroll ( <i>Owners and/or Stockholders only</i> )				\$	
6. Accrued Payroll Taxes Payable				\$	
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> )				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities ( <i>itemize</i> )				\$	2,919,840
Accrued Expenses	9,465	Revenue Assessment	198,324		
Patient Funds	28,485	Accrued Pension	15,353		
Due to Realty	2,307,626	Accrued Accounting Fees	26,640		
Due to Related	309,028	Accrued Workers Compe	24,919		
A-13. <b>Total Current Liabilities</b> (Lines A1 thru 12)				\$	3,915,355

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

(Carry Total forward to next page)



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

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount
Total Brought Forward:				3,915,355
<b>Liabilities (cont'd)</b>				
B. Long-Term Liabilities				
1. Loans Payable-Equipment ( <i>itemize</i> )				\$
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$
3. Loans from Owners or Related Parties ( <i>itemize</i> )				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities ( <i>itemize</i> )				\$
_____				
_____				
_____				
B-5. <b>Total Long-Term Liabilities</b> (Lines B1 thru 4)				\$
C. <b>Total All Liabilities</b> (Lines A-13 + B-5)				\$ 3,915,355

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings LLC	2329	9/30/2017	35	37
Account			Amount	
<b>A. Reserves</b>				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	5,425,060
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			\$	5,425,060
<b>B. Net Worth</b>				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,817,318
6. Gain or Loss for Period	10/1/2016	thru 9/30/2017	\$	(192,326)
7. Total Net Worth			\$	1,624,992
<b>C. Total Reserves and Net Worth</b>			\$	7,050,052
<b>D. Total Liabilities, Reserves, and Net Worth</b>			\$	10,965,407

### H. Changes in Total Net Worth

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	1,813,546
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,190,949
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,383,275
D. Net Income or Deficit			\$	(192,326)
E. Balance			\$	1,621,220
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
CT Dept of Revenue Refund		3,772		
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	3,772
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. <b>Balance at End of Period</b>			\$	1,624,992
				09/30/17

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

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
<b>Preparer/Reviewer Certification</b>				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
Blum Shapiro & Co				
Address			Phone Number	
2 Enterprise Drive, Shelton, CT 06484			203-944-2100	