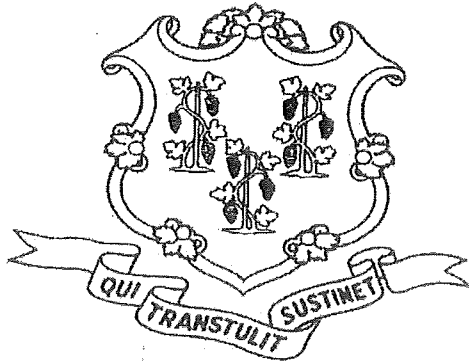


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2020

Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	
Address (No. & Street, City, State, Zip Code) 350 Salmon Brook Street, Granby, CT 06035	
Type of Facility	
<input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing <input checked="" type="checkbox"/> Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2019	Report for Year Ending 9/30/2020

License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider 07-5367
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Medicaid Provider Numbers:	CCNH 2080C	RHNS 2080C	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

General Information

Name of Facility (as licensed) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342/2342	Report for Year Ended 9/30/2020	Page 1	of 37
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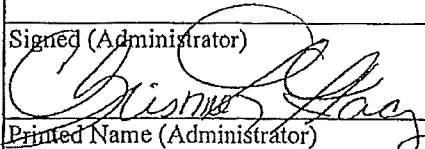
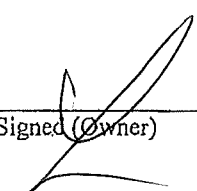
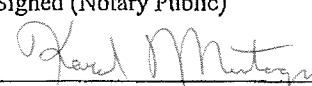
Administrator's/Owner's Certification

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 Meadowbrook, LLC d/b/a Meadowbrook of Granby [facility name] for the cost report period beginning October 01, 2019 and ending September 30, 2020, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) 	Date 2-15-21	Signed (Owner) 	Date 2-15-21
Printed Name (Administrator) Christine L. Tkacz		Printed Name (Owner) Lawrence G. Santilli	
Subscribed and Sworn to before me; Karol Montagna	State of Connecticut	Date 2/15/2021	Signed (Notary Public) 
Comm. Expires 4/30/2022			
Address of Notary Public 74 Ruela Drive Wangatuck, CT 06770			

(Notary Seal)

KAROL MONTAGNA
NOTARY PUBLIC
 MY COMMISSION EXPIRES APR. 30.

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	Period Covered:	From 10/1/2019	To 9/30/2020	
Address of Facility 350 Salmon Brook Street, Granby, CT 06035				
Report Prepared By Athena Health Care Associates, Inc.	Phone Number 860-751-3900	Date 2/11/2021		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-653-9888		Report for Year Ended 9/30/2020	Page 2	of 37
Name of Facility (as shown on license) Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		Address (No. & Street, City, State, Zip) 350 Salmon Brook Street, Granby, CT 06035		
License Numbers:	CCNH 2342	RHNS 2342	(Specify)	Medicare Provider No. 07-5367
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input checked="" 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 Christine L. Tkacz		Nursing Home Administrator's License No.:	001995	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name Not Applicable		License No.:		

General Information and Questionnaire Related Parties*

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Gr	License No. 2342	Report for Year Ended 9/30/2020	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				
Misc. Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>	Interfacility Loans	Pg 33 A2		
Baygrape Associates	350 Salmon Brook St, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>	Lease Facility	Pg 22, 9	638,789	638,789
Athena Health Care Systems	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>	See Attached			
Athena Health Care 401k	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>	Facility Participates in common 401k plan			
Athena Health Insurance	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>	Self Insured Employee Health & Dental Insur	Pg 15, 1	1,065,025	1,065,025
Procure, LTC	1492 Highland Ave Unit 1 Cheshire, CT 06410	<input checked="" type="radio"/>	<input type="radio"/>	Pharmacy	Pg 20	242,119	275,444
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				
		<input type="radio"/>	<input checked="" type="radio"/>				

* Use additional sheets if necessary.

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

Meadowbrook
Report for FYE 9/30/2020
RELATED PARTIES QUESTIONNAIRE
PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party
		Yes	No				
Athena Health Care	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Management Fees Promotion Postage Payroll Processing Software Fees Insurance	Pg 17 Pg 16, M3 Pg 16, M7 Pg 16, M13 Pg 16, M13 Pg15,1a5	\$230,000 \$455 \$437 \$23,244 \$1,980 \$6,157	\$218,029 \$1,761 \$509 \$4,567 \$380 \$6,157

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook	License No. 2342	Report for Year Ended 9/30/2020	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 type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Patient Care Consults, Laundry, Housekeeping, Maintenance/prop Costs, Amind-Alloc on Patient Days.; Physical/Speech/Occupational Therapy - Allocated on % of treatments.; Administrative Nursing - Allocated on direct nursing hours.; Management Fees - Allocated based on methods above for each expense category.				
2. Explain the allocation of related company expenses and attach copy of appropriate supporting data.				
Related company expenses were allocated on Methods above except as noted in 1 above.				
3. Did the Facility appropriately allocate and self-disallow direct and indirect costs to non-nursing home cost centers? (e.g., Assisted Living, Home Health, Outpatient Services, Adult Day Care Services, etc.)				
<input type="radio"/> Yes <input checked="" type="radio"/> No If "No," explain fully why such allocation was not made.				
Not Applicable: No Non-Nursing Home Cost Centers				

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility		License No.	2342	Report for Year Ended	9/30/2020	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby						6	37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease (Auto-renewal)	Annual Amount of Lease	Amount Claimed
	Yes	No					
Sali Barolli, 2 Executive Hill Rd., Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>	Parking lot	09/01/17		2,700	2,475
Leaf, 1720A Crete St., Moberly, MO 65270	<input type="radio"/>	<input checked="" type="radio"/>	Copier & Fax	01/25/17	48 Months	10,460	10,460
Pitney Bowes, 60 Wellington Rd., Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	Postal Equipment	10/10/18	60 Months	1,207	1,207
Var Technology Finance, P.O. Box 742647, Cincinnati, OH 45274	<input type="radio"/>	<input checked="" type="radio"/>	Phone System	09/27/18	60 Months	11,195	11,195
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
	<input type="radio"/>	<input checked="" type="radio"/>					
						Total ***	25,337

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

THIS LEASE, dated this September 1st, 2019

BETWEEN:

Sali Barolli

Address: 2 Executive Hill Rd
Wolcott, CT 06716
Phone: 860-930-7415
(The "Landlord")

and

Mrs/Mr.

Christino Kacz

Representative of; MeadowBrook of Granby
350 Salmon Brook St, Parking Lot
Granby, CT 06035
Phone: 860-653-9888
(The "Tenant")

We agree to lease to you, and you agree to lease from us the paved "Parking lot" in front and on the left side of the "Greenhouse" facing the building from Rout 10, at 345 Salmon Brook St, Granby, CT, 06035, which is referred to as the "Parking" in this lease. You will use a total of up to 10 parking spaces.

You and us agree to the following terms:

1. **TERM.** The term of this lease starts on September 1st 2019, and ends August 31st 2020
You will pay a total of \$ 2700, (\$225/months x 12 months).
2. **RENT.** Payment for the rental time period.
Payment #1 will be made January, 2020 to cover the time period September 1, 2019 – February 29, 2020 in the amount of \$1350.
Payment #2 will be made March, 2020 to cover the time period March 1, 2020 – August 31, 2020 in the amount of \$1350.
3. For subsequent year lease a new lease agreement will be drafted and payable upon agreement in the new lease.
4. **USE.** You will only use the Parking for your company needs. You also will not sublease the Parking or let any other people use the Parking or assign this lease to anyone else.
5. **LAWS.** You will comply with all laws and regulations regarding the Lease. You also will not permit any others to violate any laws or regulations in the Parking lot. The use, possession or sale of illegal drugs at the Parking lot is prohibited.
6. **CARE OF DWELLING.** We will keep the Parking in a clean and safe condition.
 - a) You will not damage any part of the Parking lot.
 - b) You will not through garbage on the parking lot.
 - c) We will remove the snow from the parking lot.
7. **PROPERTY CONDITIONS.** You acknowledge that the Parking lot is in good order and repair. You acknowledge that you have inspected the Parking lot, and are satisfied with its physical condition. We also acknowledge that we have made no representations as to the condition of the Parking lot and no promise to decorate, alter, repair, or improve the Parking lot, unless otherwise indicated in the lease.

9. **SEPERATE PROVISIONS.** If any provision of this lease is invalid or unenforceable, the other provisions of this lease will still apply.
10. **BINDING EFFECT.** This lease shall be binding upon you and us and your respective successors, heirs, executors and administrators.
11. **OTHER CONDITIONS.** _____

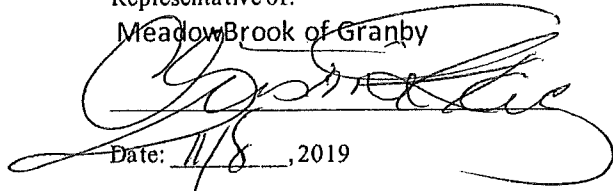
Us (Landlord)

You (Tenant)

Sali Barolli

Representative of:
Meadow Brook of Granby





Date: 09/01/2019

Date: 11/8, 2019

General Information and Questionnaire
Accounting Basis

Name of Facility Athena Meadowbrook, LLC d/b/a N	License No. 2342	Report for Year Ended 9/30/2020	Page 7	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 Marcum LLP		335 Long Wharf Dr., 12th Fl, New Haven, CT 06511		
2 Dworken, Hillman, Lamorte & Sterczala		29 South Main St., West Hartford, CT		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Tax return & audit financial Statements		\$		27,959
2 1065 Partnership returns (disallow)		\$		2,800
3 Medicare Cost Report		\$		2,700
4		\$		
			Charge for Services Provided	
			\$ 33,459	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15, Line 1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Goldman, Gruder & woods, LLC			203-899-8900	
2 Murtha Cullina			860-240-6000	
3 State Marshall/Treasurer of the State				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 200 Connecticut Ave, Norwalk, CT 06854				
2 118 Asylum St., Hartford, CT 06103				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 A/R Collections: Disallow		\$		199,761
2 Employee Matters: Disallow		\$		2,422
3 Employee Matters: Disallow		\$		5,421
4 A/R Issues Disallow		\$		855
5		\$		
			Charge for Services Provided	
			\$ 208,459	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No Pg 15, Line 1e				

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbr	License No. 2342	Report for Year Ended 9/30/2020	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 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)	CCNH	RHNS	(Specify)	

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	11	55		6		5		
Per Diem Rate								
a. One bed rm.	590.00	264.00	204.00	623.00	595.00	397.00		
b. Two bed rms.	590.00	264.00	204.00	593.00	581.00	397.00		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments

	TOTAL	CCNH	RHNS	(Specify)
A. Medicare - Part B	13,033	13,033		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,477	1,477		
2. Restorative Treatments				
C. Other	8,955	8,955		
D. Total Physical Therapy Treatments	23,465	23,465		
8. Total Number of Speech Therapy Treatments				
A. Medicare - Part B	2,329	2,329		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	427	427		
2. Restorative Treatments				
C. Other	3,101	3,101		
D. Total Speech Therapy Treatments	5,857	5,857		
9. Total Number of Occupational Therapy Treatments				
A. Medicare - Part B	6,743	6,743		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments	1,132	1,132		
2. Restorative Treatments				
C. Other	9,560	9,560		
D. Total Occupational Therapy Treatments	17,435	17,435		

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	2342	9/30/2020	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	135,422	1,978	12,730	186		
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	288,217	10,980	27,093	1,032		
5. Dietary Service						
a. Head Dietitian	40,867	687	3,842	65		
b. Food Service Supervisor	56,163	2,006	5,279	189		
c. Dietary Workers	401,205	25,941	37,714	2,438		
6. Housekeeping Service						
a. Head Housekeeper	49,003	1,985	4,606	187		
b. Other Housekeeping Workers	199,176	12,946	18,723	1,217		
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	61,245	1,902	5,757	179		
b. Other Maintenance Workers	45,906	2,039	4,315	192		
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	74,615	4,087	7,014	384		
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	183,223	3,445	18,425	347		
b. RN						
1. Direct Care	698,611	14,669	34,522	635		
2. Administrative**	364,111	11,861	36,615	1,193		
c. LPN						
1. Direct Care	625,115	23,022	21,918	1,135		
2. Administrative**						
d. Aides and Attendants	1,355,343	70,850	121,609	9,145		
e. Physical Therapists	524,314	13,163				
f. Speech Therapists	166,078	3,396				
g. Occupational Therapists	340,488	8,248				
h. Recreation Workers	117,719	6,106	11,066	574		
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	252,587	7,015	23,744	660		
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,979,408	226,326	394,972	19,758		

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

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

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

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby	License No. 2342		Report for Year Ended 9/30/2020		Page 11	of 37
	CCNH	RHNS (Specify)	Full Description of Services Rendered	Line Where Claimed on Page 10		
Section I - Operators/Owners					Total Hours Worked	Compensation Received
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).						

* 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 Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342		9/30/2020		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***									
Christine L. Tkacz 10/1/2019-9/30/2020	135,422	12,730	Health & Life insurances, Payroll taxes	Day to day operations of the nursing home facility	2,164 A2				
Section IV - Assistant Administrators									

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Meadowbrook, LLC d/b/a Meadowbrook of	2342	9/30/2020	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	8,190	131	770	12		
3. Pharmacist	8,519	101	801	9		
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	86,027	360	8,087	34		
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	244	1				
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	3,799	18				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	106,779	611	9,658	55		

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

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

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook	2342	9/30/2020	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 198,168	185,889	12,279	
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 71,258	66,843	4,415	
4. Social Security (F.I.C.A.)	\$ 416,748	390,925	25,823	
5. Health Insurance	\$ 753,850	707,140	46,710	
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 27,371	25,675	1,696	
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*	\$ 140,586	140,586		
d. Accounting and Auditing	\$ 33,459	30,584	2,875	
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 208,459	190,547	17,912	
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 107,176	97,967	9,209	
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 20,330	18,583	1,747	
2. Cellular Phones	\$ 1,920	1,755	165	
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 250	229	21	
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$ 1,000	914	86	
2. Other (<i>Specify</i>) See Attached Schedule	\$			
3. Resident Day User Fee	\$ 528,401	482,998	45,403	
Subtotal	\$ 2,508,976	2,340,635	168,341	

* 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 Meadowbrook, LLC d/b/a Meadowbrook of G	2342	9/30/2020		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,508,976	2,340,635	168,341		
i. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$				
3. Gifts to Staff and Residents	\$ 18,768	17,155	1,613		
4. Employee Travel	\$ 2,905	2,655	250		
5. Education Expenses Related to Seminars and Conventions	\$ 4,301	3,931	370		
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>)	\$ 12,000	10,969	1,031		
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$ 276	252	24		
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 6,332	5,788	544		
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	\$ 3,096	2,830	266		
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 7,042	6,437	605		
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 613	560	53		
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 151,800	138,757	13,043		
13. Other (<i>Specify</i>) See Attached Schedule	\$ 86,874	79,410	7,464		
C-14 Total Administrative & General Expenditures	\$ 2,802,983	2,609,379	193,604		

* 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	\$ 5,788	\$ 544	
Total Other Advertising	\$ 5,788	\$ 544	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
Connecticut Association of Health	\$ 6,437	\$ 605	
Total Dues	\$ 6,437	\$ 605	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Bank Charges	\$ 14,099	\$ 1,325	
Payroll Processing Fees	\$ 19,408	\$ 1,824	
Facility, Elevator, Food licenses	\$ 676	\$ 64	
Compliance Consulting	\$ 290	\$ 27	
Employee Physicals/Background Checks	\$ 5,012	\$ 471	
Data Processing Fees	\$ 39,925	\$ 3,753	
Total Other Administrative and General	\$ 79,410	\$ 7,464	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Meadowbrook, LLC d/b/a Meado	2342	9/30/2020	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 Rd. Farmington, CT 06032	230,000	Contract Attached to a Prior year	See Below
Allocation of the above	151,800	Admin/Gen 66%	Pg 16, Line 12
Allocation of the above	36,800	Indirect 16%	Pg 18, Line 2c
Allocation of the above	41,400	Direct 18%	Pg 20, Line 5j
Athena Health Care Assoc., Inc. 135 South Rd. Farmington, CT 06032		Admin/Gen - Other Exp	Pg 16, Line 12

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

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of G		License No. 2342	Report for Year Ended 9/30/2020	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 255,495	233,542	21,953	
2.	Non-Food Supplies	\$ 33,838	30,930	2,908	
3.	Other (Specify) _____ Dishes=\$1,057	\$ 1,057	966	91	
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____ Management Services		\$ 36,800	33,638	3,162	
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 327,190	299,076	28,114	
2E. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
F.	Resident Meals: Total no. of meals served per day:*	248	227	21	
G.	Is cost of employee meals included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No			
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 meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D?	<input checked="" type="radio"/> Yes <input type="radio"/> No		If yes, specify cost.	\$1,254
K.	Is any revenue collected 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)				
M.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.	
N.	Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.	
O.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Gra		2342	9/30/2020	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. \$	11,957	10,930	1,027
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) Supplies=\$4,020		\$	4,020	3,675	345
3D. Total Laundry Expenditures (3a + b + c)		\$	15,977	14,605	1,372
3E. Laundry Questionnaire					
F.	Is cost of employee laundry included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
G.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
H.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
I.	Is Cost of laundry provided to persons other than employees or residents included in 3D?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
J.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
K.	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 3D.

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook		2342	9/30/2020		20	37
Item			Total	CCNH	RHNS	(Specify)
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	42,631	38,968	3,663	
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
		Amt. \$				
C. Other (<i>Specify</i>)						
4D. Total Housekeeping Expenditures (4a + b + c)			\$ 42,631	38,968	3,663	
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Procure	\$	219,882	219,697	185	
	b. Medicine Cabinet Drugs	\$	11,695	10,690	1,005	
	c. Medical and Therapeutic Supplies	\$	210,778	192,667	18,111	
	d. Ambulance/Limousine***	\$	2,080	2,080		
	e. Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	10,327	9,383	944	
	f. X-rays and Related Radiological Procedures***	\$	9,186	9,186		
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
	h. Laboratory***	\$	24,586	24,586		
	i. Recreation	\$	11,507	10,518	989	
	j. Direct Management Services*	\$	41,400	41,400		
	k. Indirect Management Services*	\$	36,800	36,800		
	l. Other (Specify)**** See Attached Schedule	\$	94,349	88,121	6,228	
5M. Total Resident Care Expenditures (5a - 5j)			\$ 672,590	645,128	27,462	

* 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	\$ 37,843	\$ 3,557	
Medical Equip Rentals-Medicaid	\$ 737	\$ 69	
Physical Therapy Supplies	\$ 21,313		
Occupational Therapy Supplies	\$ 131		
Oxygen Concentrator Rentals	\$ 12,018	\$ 1,130	
Cable Television	\$ 14,235	\$ 1,338	
Medical Equip Rentals-Other	\$ 319		
Speech Therapy Supplies	\$ 32		
Medical Equipment Rental	\$ 1,425	\$ 134	
Medical Equipment Rentals-Medicare	\$ 68		
Total Other Resident Care	\$ 88,121	\$ 6,228	\$ -

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

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342		Report for Year Ended 9/30/2020		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	
CWPM	P.O. Box 415, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish removal	23,124	2,174			22	6f
Mason Enterprises	P.O. Box 583, Granby, CT 06035	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping/Snow removal	13,651	1,560			22	6f
Procure	Suite 121, Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority interest	Pharmacy	262,529	185			20	5a2
ADP	100 Corporate Dr., Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	15,258	1,743			16	13
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								
		<input type="radio"/>	<input checked="" type="radio"/>								

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook	2342	9/30/2020			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 64,586	59,036	5,550			
b. Heat	\$ 43,863	40,094	3,769			
c. Light & Power	\$ 94,376	86,267	8,109			
d. Water	\$ 51,777	47,328	4,449			
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 25,337	23,160	2,177			
f. Other (<i>itemize</i>)	\$ 53,080	48,519	4,561			
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 333,019	304,404	28,615			
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 2,649	2,355	294			
d. Movable Equipment	\$ 33,626	29,890	3,736			
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 36,275	32,245	4,030			
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$ 5,982	5,468	514			
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 45,097	40,086	5,011			
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 51,079	45,554	5,525			
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 638,789	567,812	70,977			
10. Property Taxes						
a. Real estate taxes paid by owner	\$					
b. Real estate taxes paid by lessor	\$ 137,116	121,881	15,235			
c. Personal property taxes	\$ 15,649	13,910	1,739			
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 878,908	781,402	97,506			

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

Depreciation Schedule

Name of Facility Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		License No. 2342		Report for Year Ended 9/30/2020				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	
A. Land Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period	38,553		38,553	24,209	SL	Various	2,649		
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal								2,649	
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a.									
b.									
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period				181,028	SL	Various	33,105		
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)			8,209		SL	Various	521		
D-3. Subtotal								33,626	
E. Total Depreciation								36,275	

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2019	Bladder scanner	\$ 3,785	7	\$ 270
5/31/2020	3 Laptops	\$ 1,681	5	\$ 168
8/31/2020	Monitor	828	5	83
Total additions for Movable Equipment		\$ 6,294		\$ 521 *
Deletions:				
Total deletions for Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
11/30/2019	2 Circuits for water pump	\$ 1,772	20	\$ 44
12/31/2019	Blower motor for lobby heat/ac	\$ 1,403	10	\$ 70
4/30/2020	Driveway repair	6500	15	217
5/31/2020	New Fire Panel	9207	10	460
6/30/2020	Electric wall heater	1665	10	83
9/30/2020	Solar project	334982	20	8375
Total additions for Leasehold Improvement		\$ 355,529		\$ 9,249 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*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	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby		2342		9/30/2020		24		37	
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.	9	Var	10 Years	59,822	34,494	SL		5,982	
2.									
3.									
A-4. Subtotal									5,982
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2019	Various	457,033	155,347	SL	Var	35,848	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2020	Various	355,529		SL	Var	9,249	
C-4. Subtotal									45,097
D. Total Amortization									51,079

* 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.

Meadow Brook Moveable Equipment Carryforward Schedule

Cost Year		Amount			Totals
		2013	2017 TV's for	2018 TV's for	
		Purchase	cost report	cost report	
		Step up			
	Cost	\$ 188,216	\$ 4,577	\$ 22,799	\$ 215,592
	Term	\$ 7	\$ 5	\$ 5	
2013	Deprec	<u>\$ 26,888</u>			<u>\$ 26,888</u>
2013	Book Value	\$ 161,328			\$ 161,328
2014	Deprec	<u>\$ 26,888</u>			<u>\$ 26,888</u>
2014	Book Value	\$ 134,440			\$ 134,440
2015	Deprec	<u>\$ 26,888</u>			<u>\$ 26,888</u>
2015	Book Value	\$ 107,552			\$ 107,552
2016	Deprec	<u>\$ 26,888</u>			<u>\$ 26,888</u>
2016	Book Value	\$ 80,663			\$ 80,663
2017	Deprec	<u>\$ 26,888</u>	\$ 458		<u>\$ 27,346</u>
2017	Book Value	\$ 53,775	\$ 4,119		\$ 57,894
2018	Deprec	<u>\$ 26,888</u>	\$ 915	\$ 2,280	<u>\$ 30,083</u>
2018	Book Value	\$ 26,887	\$ 3,204	\$ 20,519	\$ 50,610
2019	Deprec	<u>\$ 26,887</u>	\$ 915	\$ 4,559.80	<u>\$ 32,362</u>
2019	Book Value	\$ -	\$ 2,289	\$ 15,959	\$ 18,248
2020	Deprec	<u>\$ -</u>	\$ 915	\$ 4,559.80	<u>\$ 5,475</u>
2020	Book Value	\$ -	\$ 1,374	\$ 11,400	\$ 12,774
2021	Deprec	<u>\$ -</u>	\$ 915	\$ 4,559.80	<u>\$ 5,475</u>
2021	Book Value	\$ -	\$ 459	\$ 6,840	\$ 7,299
2022	Deprec	<u>\$ -</u>	\$ 459	\$ 4,559.80	<u>\$ 5,019</u>
2022	Book Value	\$ -	\$ -	\$ 2,280	\$ 2,280
				<u>\$ 2,280</u>	<u>\$ 2,280</u>
				\$ (0)	\$ (0)

Abv Leased moveable

$$\begin{array}{r} 12,774 \\ 3,930 \\ \hline 8,844 \end{array}$$

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

Name of Facility Athena Meadowbrook, LLC d/b/a Mea	License No. 2342	Report for Year Ended 9/30/2020	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased				
2. Date Structure Completed		10/01/91		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure		10/01/91		
5. Total Licensed Bed Capacity		90		
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building		6,048,250		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Fixed		
b. Date Mortgage Obtained		08/29/18		
c. Interest Rate for the Cost Year		501.00%		
d. Term of Mortgage (number of years)		10 Years		
e. Amount of Principal Borrowed		6,250,000		
f. Principal balance outstanding as of		5,990,626		
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Meadowbrook, LLC d/b/a M		2342	9/30/2020		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. 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 Meadowbrook, LLC d/b/a	2342	9/30/2020	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)			\$	57,475	51,089	6,386
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)			\$	57,475	51,089	6,386
12. D. Other Interest Expense (Specify)			\$	14,809	13,164	1,645
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	72,284	64,253	8,031
14. Insurance						
a. Insurance on Property (buildings only)			\$	64,488	57,323	7,165
b. Insurance on Automobiles			\$			
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage)			\$			
2. Fire and Extended Coverage			\$			
3. Other (Specify)			\$			
Vender Interest= \$16,359						
14d. Total Insurance Expenditures (14a + b + c)			\$	64,488	57,323	7,165
15. Total All Expenditures (A-13 thru C-14)			\$	11,700,887	10,900,725	800,162

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby				2342	9/30/2020	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.			Occupational Therapy	\$ 340,488	340,488		
4.			Other - See attached Schedule	\$ 8,919	8,153	766	
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$ 244	244		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$ 2,137	1,953	184	
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$ 140,586	140,586		
10.			Accounting	\$ 2,800	2,559	241	
10a.			Legal	\$ 17,619	16,104	1,515	
11.			Telephone	\$			
12.			Cellular Telephone	\$ 1,560	1,426	134	
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$ 18,768	17,155	1,613	
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.			Unallowable Advertising *	\$ 6,608	6,040	568	
19.			Income Tax / Corporate Business Tax	\$ 1,250	1,143	107	
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$ 11,971	11,971		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 15,741	14,389	1,352	
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$ 1,254	1,146	108	
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, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 569,945	563,357	6,588	

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	A12m	Marketing Salaries & Benefits	\$ 8,153	\$ 766	
Total Other Salaries Adjustment			\$ 8,153	\$ 766	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
30	IV8	Vendor Rebate	\$ 1,953	\$ 184	
Total Other Fees Adjustments			\$ 1,953	\$ 184	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 14,099	\$ 1,325	
16	M13	Compliance Consultant	\$ 290	\$ 27	
Total Other A&G Adjustments			\$ 14,389	\$ 1,352	\$ -

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Meadowbrook, LLC d/b/a Meadowbrook of Granby			2342	9/30/2020	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 569,945	563,357	6,588	
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$ 219,882	219,697	185	
28.			Ambulance/Limousine	\$ 2,080	2,080		
29.			X-rays, etc	\$ 9,186	9,186		
30.			Laboratory	\$ 24,586	24,586		
31.			Medical Supplies	\$ 17,315	15,945	1,370	
32.			Oxygen (non emergency)	\$ 11,271	10,327	944	
33.			Occupational Therapy	\$ 131	131		
34.			Other - See Attached Schedule	\$ 14,765	13,529	1,236	
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 7,712	7,580	132	
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$			
43.			Interest Income on Account Rec.	\$ 154	141	13	
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 877,027	866,559	10,468	

*** 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	\$ 387		
20	5j	Ebox	\$ 2,198	\$ 207	
20	5j	Radio & Television	\$ 10,944	\$ 1,029	
Total Other Ancillary Costs			\$ 13,529	\$ 1,236	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7c	Leased Moveable Equipment Depreciation	\$ (3,592)	\$ (338)	
22	7e	Excess Moveable Equipment Depreciation (Carryforward)	\$ 5,005	\$ 470	
20	5k	Unallowable Management Fee.....Indirect Care	\$ 2,902		
20	5j	Unallowable Management Fee.....Direct Care	\$ 3,265		
Total Excess Movable Equipment Depreciation			\$ 7,580	\$ 132	\$ -

Schedule of Other Property Adjustments

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

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

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Meadowbrook, LLC d/b/a Meado	2342	9/30/2020			30	37
Item	Total	CCNH	RHNS	(Specify)		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 12,911,467	12,818,507	92,960			
b. Medicaid Room and Board Contractual Allowance **	\$ (7,141,305)	(7,100,150)	(41,155)			
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 1,921,273	1,195,749	725,524			
b. Medicare Room and Board Contractual Allowance **	\$ (9,886)	(24,966)	15,080			
4. a. Private-Pay Residents and Other	\$ 2,845,059	2,199,387	645,672			
b. Private-Pay Room and Board Contractual Allowance **	\$ (453,158)	(259,651)	(193,507)			
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 131,795	131,721	74			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (131,795)	(131,721)	(74)			
c. Prescription Drugs - Non-Medicare	\$ 134,964	134,964				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (134,964)	(134,964)				
2. a. Medical Supplies - Medicare	\$ 6,984	6,984				
b. Medical Supplies - Medicare Contractual Allowance **	\$ (2,824)	(2,824)				
c. Medical Supplies - Non-Medicare	\$ 349	349				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (349)	(349)				
3. a. Physical Therapy - Medicare	\$ 947,266	947,266				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (566,677)	(566,677)				
c. Physical Therapy - Non-Medicare	\$ 202,920	202,920				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (207,610)	(207,610)				
4. a. Speech Therapy - Medicare	\$ 347,680	347,680				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (245,939)	(245,939)				
c. Speech Therapy - Non-Medicare	\$ 113,540	113,540				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (113,540)	(113,540)				
5. a. Occupational Therapy - Medicare	\$ 671,735	671,735				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (463,478)	(463,478)				
c. Occupational Therapy - Non-Medicare	\$ 279,340	279,340				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (278,950)	(278,950)				
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$ 322,223	322,223				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 11,086,120	9,841,546	1,244,574			
IV. Other Revenue*						
1. Meals sold to guests, employees & others	\$					
2. Rental of rooms to non-residents	\$					
3. Telephone	\$					
4. Rental of Television and Cable Services	\$					
5. Interest Income (<i>Specify</i>)	\$ 154	141	13			
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 24,555	24,371	184			
V. Total Other Revenue (1 thru 8)	\$ 24,709	24,512	197			
VI. Total All Revenue (III +V)	\$ 11,110,829	9,866,058	1,244,771			

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

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

Schedule of Other Resident Revenue - Medicare

Related Exp

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
n/a	Misc. Revenue From CRF Funds	\$ 322,223		
Total Other Resident Revenue		\$ 322,223	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg 31, L a2	Interest on A/R	n/a	\$ 141	\$ 13	
Total Interest Income			\$ 141	\$ 13	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 22,418		
	Vendor rebate	\$ 1,953	\$ 184	
Total Other Revenue		\$ 24,371	\$ 184	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mead	2342	9/30/2020	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	895,750
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,199,671
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(629,721)
4 Inventories			\$	15,128
5. Prepaid Expenses			\$	136,276
a. Prepaid Insurance	126,688			
b. Prepaid Health Insurance	9,588			
c. _____				
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	(400,000)
8. Other Current Assets (<i>itemize</i>)			\$	20,651
A/R Related	20,651			

See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,237,755
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
3. Buildings	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
4. Leasehold Improvements	*Historical Cost <u>812,562</u>		\$	612,118
	Accum. Depreciation <u>200,444</u>	Net		
5. Non-Movable Equipment	*Historical Cost <u>38,553</u>		\$	11,695
	Accum. Depreciation <u>26,858</u>	Net		
6. Movable Equipment	*Historical Cost <u>428,275</u>		\$	78,941
	Accum. Depreciation <u>349,334</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	8,844
Excluded Movable Equipment	8,844			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	711,598

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Tax Deposits	\$ 76,629
		Start Up cost	\$ (201,803)
Total Other Assets			\$ (125,174)

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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

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

G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mead		2342	9/30/2020	32	37
Account				Amount	
Total Brought Forward:				\$	1,949,353
C. Leasehold or like property recorded for Equity Purposes.					
1. Land					
2. Land Improvements					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
3. Buildings					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
4. Non-Movable Equipment					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
5. Movable Equipment					
	*Historical Cost	625,028		\$	
	Accum. Depreciation	621,097	Net	\$	3,931
6. Motor Vehicles					
	*Historical Cost			\$	
	Accum. Depreciation		Net	\$	
7. Minor Equipment-Not Depreciable					
C-8 Total Leasehold or Like Properties (C1 thru 7)					
				\$	3,931
D. Investment and Other Assets					
1. Deferred Deposits					
2. Escrow Deposits					
3. Organization Expense					
	*Historical Cost	59,822		\$	
	Accum. Depreciation	40,477	Net	\$	19,345
4. Goodwill (Purchased Only)					
5. Investments Related to Resident Care (<i>itemize</i>)					

6. Loans to Owners or Related Parties (<i>itemize</i>)					
Name and Address		Amount	Loan Date		

7. Other Assets (<i>itemize</i>)					

See Schedule				(125,174)	
D-8. Total Investments and Other Assets (Lines D1 thru 7)				\$	(105,829)
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)				\$	1,847,455

* 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 Meadowbrook, LLC d/b/a Meadowbrook	2342	9/30/2020	33	37	
Account			Amount		
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable			\$	595,921	
2. Notes Payable (<i>itemize</i>)			\$	257,791	
Interfacility Loans				(719,748)	
PPP Advances				1,197,052	
Due to/from other facilities				(219,513)	
See Schedule					
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$		
Name of Lender		Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	283,122	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$		
6. Accrued Payroll Taxes Payable			\$	167,897	
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>)			\$	436,503	
Acc'd Operating Expenses		51,689	Acc'd management fee	(16,494)	
Acc'd Expenses - Sales Tax		197			
Provider Taxes Due		390,761			
Acc'd Health Insurance		10,350	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	1,741,234	

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

(Carry Total forward to next page)

**MEADOWBROOK
ACCRUED EXPENSES-OPERATIONS
September 30, 2020**

ACCT. # 2170

Medical Director invoices	(15,800.00)
Marcum (Accounting)	(\$22,500.00)
Health Insurance	(\$32,759.90)
Health Insurance	\$19,371.27
Misc. diff.	(\$0.03)

(\$51,688.66)

(\$51,688.66)
\$0.00

G. Balance Sheet (cont'd)

Name of Facility Athena Meadowbrook, LLC d/b/a Meadow		License No. 2342	Report for Year Ended 9/30/2020	Page 34	of 37
Account				Amount	
				Total Brought Forward:	
				1,741,234	
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>)				\$ 165,332	
Name and Address of Lender	Amount	Loan Date			
Accr'd Rent	165,332				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 167,538	
Solar Project		167,538			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 332,870	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,074,104	

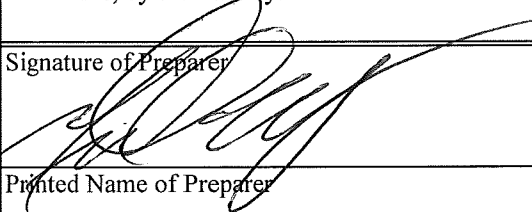
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Me	2342	9/30/2020	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	3,931
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			\$	3,931
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	(621,754)
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	903,032
6. Gain or Loss for Period			\$	(511,858)
	10/1/2019	thru	9/30/2020	
7. Total Net Worth			\$	(230,580)
C. Total Reserves and Net Worth			\$	(226,649)
D. Total Liabilities, Reserves, and Net Worth			\$	1,847,455

H. Changes in Total Net Worth

Name of Facility		License No.	Report for Year Ended	Page	of
Athena Meadowbrook, LLC d/b/a Mead		2342	9/30/2020	36	37
Account				Amount	
A.	Balance at End of Prior Period as shown on Report of 09/30/2019			\$	164,271
B.	Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	11,110,829
C.	Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,622,687
D.	Net Income or Deficit			\$	(511,858)
E.	Balance			\$	(347,587)
F.	Additions				
	1. Additional Capital Contributed (<i>itemize</i>)				
	Health Insurance	28,958			
	AJE - Management fee	89,748			
	AJE - State income tax	1,000			
	2. Other (<i>itemize</i>)				
	Prior year expense adjmt	(2,700)			
	rounding	1			
F-3.	Total Additions			\$	117,007
G.	Deductions				
	1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
	Name and Address (<i>No., City, State, Zip</i>)	Title	Amount		
	2. Other Withdrawings (<i>Specify</i>)			\$	
	Purpose	Amount			
	3. Total Deductions			\$	
H.	Balance at End of Period		09/30/20	\$	(230,580)

I. Preparer's/Reviewer's Certification

Name of Facility Athena Meadowbrook, LLC d/b/a		License No. 2342	Report for Year Ended 9/30/2020	Page 37	of 37
<i>Check appropriate category</i>					
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input checked="" type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)			
Preparer/Reviewer Certification					
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>					
Signature of Preparer 		Title CFO	Date Signed 2-15-21		
Printed Name of Preparer Athena Health Care Associates, Inc.					
Address Address 135 South Rd., Farmington, CT 06032			Phone Number 860-751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report			Phone Number		
Contact Email Address					