

February 11, 2019

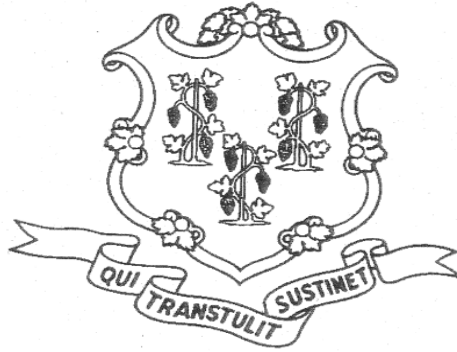
Mr. Chris LaVigne, Director
Office of Reimbursement and CON
Department of Social Services
55 Farmington Ave
Hartford, CT 06105

Dear Chris:

Enclosed please find the 2018 Medicaid Cost Report for Bristol Crossings, LLC.

In preparing this cost report, we did not perform any disallowances for the administrator salary expense or dues expense in excess of the limits for each prescribed by your department. We also did not perform any disallowances related to physical therapy and speech therapy, which were paid for by entities other than the Medicaid Program. Further, we did not disallow any depreciation or interest expense in excess of amounts previously approved via Certificate of Need or related to any prior state desk review or field audits. We believe that these disallowances are performed by the software used by your department in the preparation of the facility's rate computation report, and we do not want to create an inadvertent duplication of disallowance by calculating these adjustments. We believe this preparation methodology is in compliance with any rules and regulations of your department and the federal government.

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2018

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 10/1/2017	Report for Year Ending 9/30/2018

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 9/30/2018	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, 2017 and ending September 30, 2018, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator)		Date	Signed (Owner)	Date
Printed Name (Administrator) 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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Bristol Crossings LLC	Period Covered:	From 10/1/2017	To 9/30/2018	
Address of Facility 61 Bellevue Ave, Bristol, CT 06010				
Report Prepared By Blum Shapiro & Co.	Phone Number 203-944-2100	Date 2/11/2019		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-589-1682		Report for Year Ended 9/30/2018	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.				
Administrator				
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.:		

State Facility	CT Bristol
Owner	% Ownership
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 Moshe Shaya-Mograby	1.67%
16 MSO Associates, LLC	30.75%
17 Nathan Pollack	4.17%
18 Shmuel Laufer	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 9/30/2018	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 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"/>					

* 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 9/30/2018	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"/>	45%	PT,OT,ST Services/Consulting	13 5a,9a,10a,12	867,469	850,127
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Radiology	20 5f	23,303	21,764
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Health Insurance Trust***	15 1a5	593,265	593,265
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
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 m12	582,871	582,871
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Consulting Fees	16 m13	1,933	1,933
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Interest Expense	27 12d	3,331	3,331
850 Silas Deane Realty	850 Silas Deane Highway, Wethersfield, Ct 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 m12	1,915	1,915
20Sunrise	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Shared Expenses	16 m12	17,140	17,140
Procare LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Drugs/OTC's/Supplies/Consult/Fees	20/13 5a2,b,j/b3,12	431,418	402,180

* 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 9/30/2018	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	%**				
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	32 D7	179,748	179,748
New Milford Crossings LLC	19 Poplar St., New Milford, CT 06776	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	32 D7	15,639	15,639
Regency House of Wallingford, Inc.	181 E Main St, Wallingford, CT 06492	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due from Related	32 D7	7,211	7,211
National Health Care Associates - Aetna	850 Silas Deane Highway, Wethersfield, CT 06109	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Accounts Payable	33 A1	(83,372)	(83,372)
EP Bristol Realty	61 Bellevue Avenue, Bristol, CT 06010	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Realty	33 A12	2,372,626	2,372,626
National Health Care Associates	20 East Sunrise Highway, Valley Stream, NY 11581	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Due to Related (Debt)	33/34 A12/B4	122,876	122,876
Preferred Therapy Solutions	850 Silas Deane Highway, Wethersfield, Ct 06109	<input checked="" type="checkbox"/>	<input type="checkbox"/>	45%	Due to Related	33 A12	11,607	11,607
NOA Diagnostics	6851 Jericho Turnpike, Suite 150 Syosset, NY 11791	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63%	Due to Related	33 A12	6,038	6,038
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	38,532	38,532
Procure LTC Pharmacy of CT	1492 Highland Ave Cheshire CT 06410	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73%	Due to Related	33 A12	156,765	156,765

* 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 9/30/2018	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input 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 9/30/2018			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	3,178	3,178
Wescom Solutions, PO Box 674802, Detroit, MI, 48267	<input type="radio"/>	<input checked="" type="radio"/>	Software	03/07/12	Ongoing	31,147	31,147
Leaf, PO Box 664006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	10/01/15	39 Months	1,824	1,824
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier	07/01/17	39 Months	7,293	7,291
	<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"/>					
Is a Mileage Log Book Maintained for All Leased Vehicles ?							
<input type="radio"/> Yes <input checked="" type="radio"/> No							
Total ***							43,440

* 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: 32 @ \$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
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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 9/30/2018	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 & Company, P.C. 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	\$	30,590
2		\$	
3		\$	
4		\$	
			Charge for Services Provided
			\$ 30,590

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 Goldman Gruder & Wood 4 Corrina Ziarno 5 Mangines & Burke, LLC	Telephone Number (860) 256-6300 (203) 783-1200 (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
 3 200 Connecticut Ave, Norwalk CT 06854
 4 709 Frost Road, Waterbury CT 06705
 5 41 North Main Street, Suite 204 West Hartford, CT 06107

Services Provided by This Firm (*describe fully*)

1	Reevaluation - Disallow	\$	360
2	Labor - Disallow	\$	4,240
3	Collections - Disallow	\$	553
4	Labor - Disallow	\$	3,667
5	Labor - Disallow	\$	1,833
			Charge for Services Provided
			\$ 10,653

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

- Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Bristol Crossings LLC		License No. 2329			Report for Year Ended 9/30/2018				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			130	130		
B. As of midnight of THIS report period	125	125			130	130			125	125		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,427	6,427			4,855	4,855			1,572	1,572		
B. Medicaid (Conn.)	35,031	35,031			25,933	25,933			9,098	9,098		
C. Medicaid (other states)												
D. Private Pay	3,357	3,357			2,562	2,562			795	795		
E. State SSI for RCH												
F. Other (Specify) Managed Care	623	623			421	421			202	202		
G. Total Care Days During Period (3A thru F)	45,438	45,438			33,771	33,771			11,667	11,667		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days	36	36			8	8			28	28		
B. Other Bed Reserve Days	41	41			18	18			23	23		
5. Total Resident Days (3G + 4A + 4B)	45,515	45,515			33,797	33,797			11,718	11,718		

Schedule of Resident Statistics (Cont'd)

Name of Facility Bristol Crossings LLC			License No. 2329			Report for Year Ended 9/30/2018			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No													
If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	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	RHNS	CCNH	RHNS	(Specify)	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR			
No. of Residents	10		94			21							
Per Diem Rate													
a. One bed rm.	PPS		238.20			455/525							
b. Two bed rms.	PPS		238.20			430/500							
c. Three or more bed rms.	PPS												
7. Total Number of Physical Therapy Treatments													
A. Medicare - Part B									TOTAL	CCNH	RHNS	(Specify)	
B. Medicaid (Exclusive of Part B)									4,497	4,497			
1. Maintenance Treatments													
2. Restorative Treatments									330	330			
C. Other									14,841	14,841			
D. Total Physical Therapy Treatments									19,668	19,668			
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B									901	901			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									20	20			
C. Other									1,603	1,603			
D. Total Speech Therapy Treatments									2,524	2,524			
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B									4,678	4,678			
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments									319	319			
C. Other									15,069	15,069			
D. Total Occupational Therapy Treatments									20,066	20,066			

Report of Expenditures - Salaries & Wages

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2018	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
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)		53				
2. Administrator(s) (Complete also Sec. III of Schedule A1)	137,001	2,080				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	209,334	9,513				
5. Dietary Service						
a. Head Dietitian	26,842	837				
b. Food Service Supervisor	74,132	2,080				
c. Dietary Workers	347,372	23,267				
6. Housekeeping Service						
a. Head Housekeeper	45,308	2,080				
b. Other Housekeeping Workers	268,983	18,105				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	70,611	2,095				
b. Other Maintenance Workers	46,822	2,287				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	36,374	2,278				
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	202,108	3,794				
b. RN						
1. Direct Care	575,021	14,551				
2. Administrative**	199,304	5,043				
c. LPN						
1. Direct Care	1,238,101	43,237				
2. Administrative**						
d. Aides and Attendants	1,773,683	108,879				
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	109,220	5,732				
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	284,729	8,867				
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>	5,644,945	254,778				

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

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

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

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

Name of Facility				License No.	Report for Year Ended				Page	of
Bristol Crossings LLC				2329	9/30/2018				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
Marvin J. Ostreicher, 184 Wildacare Ave, Lawrence, NY 1159				Same as employees	Supervises operations, deals with DNS & other	53	p. 16 / m13	See attached		
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.

MARVIN J. OSTREICHER- OWNER
 TIME STUDY
 YEAR END SEPTEMBER 30, 2018

	BEDS	Total w/ Bnft
Augusta	72	45.19
Belair	102	50.90
Bethel	161	57.21
Bloomfield	120	53.32
Brattleboro	80	47.05
Brentwood	78	45.83
Brewer	111	53.11
Bristol	132	52.61
Cambridge	160	60.60
Catskill	136	55.04
Colony	92	51.58
Country	111	56.86
Dover	112	53.47
Eastside	69	46.37
Eliot	114	53.93
Glen Falls	120	53.32
Huntington	320	72.22
Kennebunk	78	50.58
Hebrew Home	257	75.23
Ludlowe	144	57.39
Maple View	120	52.32
Marlborough	120	50.32
Maywood	120	57.57
Milford	120	51.07
Newton Wellseley	110	51.76
Norway	70	46.23
Poughkeepsie	200	59.88
Regency	130	50.89
Reservoir	144	65.64
Riverside	345	74.64
Rutland	125	51.36
Sachem	111	49.36
Sands Point	180	61.74
Utica	117	46.00
Village Crest	95	51.40
Water's Edge	150	57.53
Westgate	104	49.61
Winship	72	45.44
Total	5,002	2,064.62
Vacation		
Sick		
Personal		
Holiday		
Total		

**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	9/30/2018			12	37	
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Raymond L Wilkens	137,001			Same as employees	Management & Supervision of healthcare	2,080	a2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Bristol Crossings LLC	2329	9/30/2018	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary (For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	8,555	Disallowed				
3. Pharmacist	14,642	Disallowed				
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	375,836	6,808				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	72,000	266				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	6,887	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	106,350	1,534				
b. Other						
10. Occupational Therapist						
a. Resident Care	379,451	6,882				
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	25,903	Disallowed				
B-13 Total Fees Paid in Lieu of Salaries	989,624	15,490				

* 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 9/30/2018	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"/>		
Procure 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 Tpy	<input checked="" type="radio"/>	<input type="radio"/>	Common Ownership	
IPC Healthcare Inc, P.O. Box 844959 Los Angeles CA 80084-4929	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Swallowing Diagnostic, PO Box 484 Avon, CT	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Mass Tex Imaging LLC 3 Electronic Ave #201 Danvers, MA 01923-1099	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
ProHealth Physicians P.O. Box 150472 Hartford CT 06115-0472	Physician Fees	<input type="radio"/>	<input checked="" type="radio"/>		
Connecticut Orthopedic Specialist PC 2408 Whitney Avenue Hamden, CT 06518-3029	Physician Fees	<input type="radio"/>	<input checked="" type="radio"/>		
Healthdrive Audiology Group 888 Worcester St. Wellesley, MA, 02482	Physician Fees	<input type="radio"/>	<input checked="" type="radio"/>		
University Physicians P.O. Box 1440 Hartford, CT 06143-1440	Physician Fees	<input type="radio"/>	<input checked="" type="radio"/>		
Yale New Haven Hospital 20 York Street New Haven, CT 06510-3220	Physician Fees	<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"/>		
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		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings LLC	2329	9/30/2018	15	37
Item	Total	CCNH	RHNS	(Specify)
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 399,356	399,356		
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 95,669	95,669		
4. Social Security (F.I.C.A.)	\$ 421,679	421,679		
5. Health Insurance	\$ 593,275	593,275		
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 13,901	13,901		
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	\$ 30,590	30,590		
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 10,653	10,653		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 29,092	29,092		
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 29,006	29,006		
2. Cellular Phones	\$ 5,829	5,829		
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 668	668		
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	\$ 821,630	821,630		
Subtotal	\$ 2,451,348	2,451,348		

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Bristol Crossings LLC	2329	9/30/2018		16	37
Item	Total	CCNH	RHNS	(Specify)	
<i>Subtotals Brought Forward:</i>	2,451,348	2,451,348			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 1,334	1,334			
3. Gifts to Staff and Residents	\$ 11,911	11,911			
4. Employee Travel	\$ 2,334	2,334			
5. Education Expenses Related to Seminars and Conventions	\$ 1,005	1,005			
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	\$ 37,256	37,256			
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	\$ 2,209	2,209			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 9,683	9,683			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 1,000	1,000			
9. Subscriptions	\$ 4,797	4,797			
10. Contributions*** See Attached Schedule	\$ 675	675			
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 601,926	601,926			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 368,141	368,141			
<i>C-14 Total Administrative & General Expenditures</i>	\$ 3,493,619	3,493,619			

* 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)
Advertising Promotional - Administration	\$ 377		
Advertising Promotional - Marketing	\$ 36,879		
Total Other Advertising	\$ 37,256	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CAHCF	\$ 8,983		
ALTCFM	\$ 700		
Total Dues	\$ 9,683	\$ -	\$ -

Schedule of Contributions

Description	CCNH	RHNS	(Specify)
Political Contributions - Administration - Disallowed	\$ 675		
Total Contributions	\$ 675	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
IT Services - Administration	\$ 44,556		
Consulting Fees - Administration	\$ 1,933		
Penalties - Administration - Disallowed	\$ 7,150		
Purchased Services - Administration Staff	\$ 31,200		
Purchased Services - Fiscal Operations	\$ 39,461		
Licenses and Permits - Administration	\$ 1,800		
Bank Charges - Administration - Disallowed	\$ 14,532		
Background Check - Administration	\$ 9,273		
Crime Insurance - Administration - Disallowed	\$ 1,310		
Miscellaneous Expense - Administration - Disallowed	\$ 6,461		
Amortization of Goodwil - Disallowed	\$ 198,939		
Prior Period Expense	\$ 11,526		
Total Other Administrative and General	\$ 368,141	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2018	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	601,926	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.**

Start Date: 10/1/2017
 End Date: 9/30/2018

	0101	0102	0103	0104	0105	0106	0107	0108	0109	0110	0112	
	Bloomfield	Bristol	Cambridge	Ludlowe	Maple View Manor	Marlborough	Milford	New Milford	Regency	Riverside	Water's Edge	
Beds	90	132	160	144	120	90	120	95	130	345	150	
Bed %	1.78%	2.60%	3.16%	2.84%	2.37%	1.78%	2.37%	1.87%	2.56%	6.80%	2.96%	
300001-0000-00-000-0	TROY Shared Cost	(1,943.94)	(2,742.10)	(3,324.01)	(2,991.65)	(2,493.45)	(1,943.94)	(2,493.45)	(1,973.65)	(2,700.62)	(7,167.87)	(3,116.89)
391500-0000-00-000-0	Misc. Other Income-Nat. Mgmt. - - -	(1.81)	(2.65)	(3.21)	(2.89)	(2.41)	(1.81)	(2.41)	(1.91)	(2.61)	(6.92)	(3.01)
400000-0000-00-000-0	Salary-National Healthcare Management - - -	264,999.02	364,469.85	441,813.25	397,631.70	331,394.61	264,999.02	331,394.61	262,318.45	358,952.32	952,686.82	414,240.51
401000-0000-04-000-0	FICA-National Healthcare Management-Fiscal Oper - -	17,230.93	23,620.40	28,632.84	25,769.50	21,476.78	17,230.93	21,476.78	17,000.17	23,262.74	61,741.11	26,845.71
401100-0000-04-000-0	FUI-National Healthcare Management-Fiscal Oper - -	122.65	176.14	213.50	192.18	160.15	122.65	160.15	126.74	173.47	460.40	200.17
401200-0000-04-000-0	SUI-National Healthcare Management-Fiscal Oper - -	925.43	1,370.82	1,661.73	1,495.53	1,246.47	925.43	1,246.47	986.69	1,350.09	3,583.22	1,558.05
401201-0000-00-000-0	SUI - NY-National Healthcare Management - - -	99.64	109.61	132.86	119.58	99.64	99.64	99.64	78.87	107.94	286.49	124.56
401250-0000-00-000-0	NY MTA Tax-Nat. Mgmt. - - -	513.04	687.23	833.06	749.74	624.88	513.04	624.88	494.61	676.82	1,796.39	781.06
401300-0000-04-000-0	Health Insurance-National Healthcare-Fiscal Op - -	23,804.70	32,374.53	39,244.43	35,320.56	29,437.89	23,804.70	29,437.89	23,300.86	31,884.16	84,625.87	36,798.26
401400-0000-04-000-0	Workers Compensation-National Health-Fiscal Op - -	(77.84)	168.85	204.88	184.32	153.83	(77.84)	153.83	121.79	166.50	441.80	192.22
401600-0000-04-000-0	Disability Expense-National Healthca-Fiscal Op - -	(2.29)	(2.52)	(3.05)	(2.75)	(2.29)	(2.29)	(2.29)	(1.81)	(2.48)	(6.58)	(2.86)
401700-0000-04-000-0	Pension-National Healthcare Managem-Fiscal Op - -	3,611.35	5,295.00	6,418.82	5,776.89	4,815.09	3,611.35	4,815.09	3,811.31	5,215.02	13,841.42	6,018.90
401800-0000-04-000-0	Employee Benefits - Other-National H-Fiscal Op - -	765.51	962.82	1,166.99	1,050.39	875.37	765.51	875.37	692.88	948.16	2,516.49	1,094.20
402000-0000-04-000-0	Holiday Expense-National Healthcare -Fiscal Op - -	1,470.14	1,623.17	1,967.41	1,770.81	1,475.56	1,470.14	1,475.56	1,167.93	1,598.36	4,242.47	1,844.61
410000-0000-04-000-0	Supplies-National Healthcare Managem-Fiscal Op - -	1,113.16	1,446.66	1,753.81	1,578.28	1,315.29	1,113.16	1,315.29	1,041.26	1,424.67	3,781.51	1,644.29
410000-0000-08-000-0	Supplies-National Healthcare Managem-Maintenan - -	0.20	0.30	0.36	0.32	0.27	0.20	0.27	0.21	0.29	0.78	0.34
410000-0000-09-000-0	Supplies-National Healthcare Managem-Housekeep - -	18.93	26.69	32.38	29.13	24.28	18.93	24.28	19.20	26.30	69.81	30.35
411000-0000-04-000-0	Food-National Healthcare Management-Fiscal Oper - -	20.06	27.04	32.78	29.51	24.59	20.06	24.59	19.45	26.63	70.67	30.73
431000-0000-04-000-0	Consulting Fees-National Healthcare -Fiscal Op - -	3,349.05	4,263.06	5,167.60	4,650.98	3,876.11	3,349.05	3,876.11	3,068.01	4,198.32	11,143.22	4,845.38
432000-0000-03-000-0	Accounting Fees-National Healthcare -Administr - -	323.10	465.10	563.72	507.39	422.91	323.10	422.91	334.74	458.02	1,215.68	528.65
433000-0000-03-000-0	Legal Fees-National Healthcare Manag-Administr - -	24,519.09	33,704.09	40,856.21	36,771.08	30,647.18	24,519.09	30,647.18	24,257.98	33,193.69	88,101.52	38,309.69
433100-0000-03-000-0	Legal Fees - Labor-National Healthca-Administr - -	(20.11)	(29.49)	(35.75)	(32.18)	(26.82)	(20.11)	(26.82)	(21.23)	(29.05)	(77.09)	(33.52)
433300-0000-03-000-0	Legal Fees - Non-reimbursa-National -Administr - -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
440000-0000-03-000-0	Purch Services-National Healthcare M-Administr - -	8,110.46	10,634.36	12,890.41	11,601.74	9,669.40	8,110.46	9,669.40	7,653.29	10,473.00	27,796.95	12,086.98
440000-0000-08-000-0	Purch Services-National Healthcare M-Maintenan - -	3,689.99	4,657.05	5,645.05	5,080.76	4,234.32	3,689.99	4,234.32	3,351.62	4,586.36	12,172.96	5,293.01
440000-0000-09-000-0	Purch Services-National Healthcare M-Housekeep - -	550.95	707.55	857.74	771.99	643.33	550.95	643.33	509.19	696.80	1,849.61	804.26
440000-0000-12-000-0	Purch Services-National Healthcare Ma-Security - -	3.49	3.83	4.65	4.18	3.49	3.49	3.49	2.76	3.78	10.03	4.36
440001-0000-08-000-0	Ground Services-Nat. Mgmt.-Maintenance - -	18.23	25.09	30.45	27.37	22.84	18.23	22.84	18.05	24.71	65.63	28.57
441000-0000-03-000-0	Computer Expense-National Healthcare-Administr - -	9,602.89	13,073.52	15,847.76	14,263.11	11,887.53	9,602.89	11,887.53	9,409.41	12,875.56	34,173.29	14,859.73
452000-0000-25-000-0	Equipment Rental-National Healthcare-Fiscal Op - -	2,319.41	3,138.88	3,804.96	3,424.55	2,854.12	2,319.41	2,854.12	2,259.02	3,091.35	8,204.98	3,567.68
461000-0000-03-000-0	Telephone-National Healthcare Manage-Administr - -	2,817.94	3,819.97	4,630.55	4,167.56	3,473.48	2,817.94	3,473.48	2,749.31	3,762.17	9,985.33	4,341.96
461100-0000-03-000-0	Telephone - Cell-National Healthcare-Administr - -	1,536.11	2,072.18	2,511.95	2,260.77	1,884.24	1,536.11	1,884.24	1,491.39	2,040.77	5,416.67	2,355.34
462000-0000-25-000-0	Electric-National Healthcare Managem-Property - -	1,837.33	2,467.33	2,990.89	2,691.80	2,243.49	1,837.33	2,243.49	1,775.81	2,429.96	6,449.47	2,804.43
463000-0000-25-000-0	Gas-National Healthcare Management-Property - -	305.79	428.06	518.92	467.02	389.27	305.79	389.27	308.12	421.60	1,118.98	486.59
466000-0000-25-000-0	Water-National Healthcare Management-Property - -	132.24	179.75	217.90	196.11	163.47	132.24	163.47	129.35	177.04	469.89	204.33
471000-0000-25-000-0	Rent-National Healthcare Management-Property - -	14,794.21	19,905.81	24,129.69	21,717.14	18,100.00	14,794.21	18,100.00	14,326.56	19,604.14	52,032.82	22,625.55
472000-0000-25-000-0	Personal Property Taxes-National Hea-Fiscal Op - -	820.78	1,099.95	1,333.33	1,199.88	1,000.03	820.78	1,000.03	791.68	1,083.24	2,875.08	1,250.08
473000-0000-25-000-0	Real Estate Taxes-National Healthcar-Fiscal Op - -	(716.91)	(780.76)	(946.34)	(851.77)	(709.74)	(716.91)	(709.74)	(561.77)	(768.82)	(2,040.66)	(887.27)
484000-0000-04-000-0	Amort Exp - LHI-National Healthcare -Fiscal Op - -	582.08	940.32	1,139.91	1,025.95	855.15	582.08	855.15	676.88	926.15	2,458.10	1,068.92
486000-0000-04-000-0	Dep Exp - Moveable Equip-National He-Fiscal Op - -	8,998.22	12,011.33	14,559.99	13,104.26	10,921.61	8,998.22	10,921.61	8,644.68	11,829.25	31,396.88	13,652.33
491000-0000-03-000-0	Dues and Subscriptions-National Hea-Administr - -	392.70	526.60	638.32	574.53	478.78	392.70	478.78	379.01	518.58	1,376.35	598.50
500000-0000-03-000-0	Licenses and Permits-National Health-Administr - -	123.38	176.67	214.25	192.80	160.69	123.38	160.69	127.18	174.03	461.97	200.86
501000-0000-03-000-0	Advertising Employment-National Hea-Administr - -	5,150.47	6,788.98	8,229.43	7,406.65	6,172.94	5,150.47	6,172.94	4,886.01	6,685.99	17,745.85	7,716.36
501100-0000-03-000-0	Advertising Promotional-National Hea-Administr - -	6,954.58	8,856.77	10,735.89	9,662.06	8,051.97	6,954.58	8,051.97	6,373.80	8,722.33	23,149.01	10,064.86
503000-0000-03-000-0	Interest-National Healthcare Managem-Administr - -	895.38	1,098.38	1,331.31	1,198.33	998.60	895.38	998.60	790.44	1,081.65	2,871.00	1,248.33
503600-0000-03-000-0	Bank Charges-Nat. Mgmt.-Administration - -	757.75	1,056.89	1,281.21	1,153.05	961.02	757.75	961.02	760.70	1,040.90	2,762.72	1,201.37
504000-0000-03-000-0	Postage-National Healthcare Managem-Administr - -	939.48	1,285.69	1,558.48	1,402.60	1,168.99	939.48	1,168.99	925.33	1,266.22	3,360.57	1,461.38
509000-0000-03-000-0	Seminars-National Healthcare Managem-Administr - -	592.62	822.89	997.58	897.78	748.24	592.62	748.24	592.26	810.47	2,151.03	935.31
510000-0000-03-000-0	Liability Insurance-National Healthc-Administr - -	1,518.24	2,077.00	2,517.78	2,266.01	1,888.66	1,518.24	1,888.66	1,494.90	2,045.59	5,429.23	2,360.84
511000-0000-03-000-0	Auto Insurance-National Healthcare M-Administr - -	996.03	1,333.80	1,616.83	1,455.12	1,212.80	996.03	1,212.80	959.97	1,313.58	3,486.44	1,516.05
512000-0000-03-000-0	Umbrella Insurance-National Healthca-Administr - -	(442.70)	(430.00)	(521.18)	(469.13)	(390.86)	(442.70)	(390.86)	(309.32)	(423.38)	(1,123.82)	(488.58)
513000-0000-03-000-0	Crime Insurance-National Healthcare -Administr - -	947.46	1,166.02	1,413.38	1,272.10	1,060.18	947.46	1,060.18	839.13	1,148.33	3,047.81	1,325.23
517000-0000-03-000-0	Wor' kmans Comp Insurance-National	278.49	306.35	371.32	334.21	278.49	278.49	278.49	220.42	301.67	800.70	348.15
520000-0000-03-000-0	Auto Expense-National Healthcare Man-Administr - -	530.80	907.18	1,099.76	989.67	825.02	530.80	825.02	653.07	893.56	2,371.43	1,031.20
520100-0000-03-000-0	Auto Lease Expense-National Healthca-Administr - -	2,720.79	3,695.41	4,479.70	4,031.69	3,360.32	2,720.79	3,360.32	2,659.89	3,639.77	9,659.84	4,200.42
521000-0000-03-000-0	Travel Expense-National Healthcare M-Administr - -	5,832.23	7,907.91	9,585.93	8,627.39	7,190.06	5,832.23	7,190.06	5,691.44	7,788.04	20,670.14	8,987.55
522000-0000-03-000-0	Hotel Expense-National Healthcare Ma-Administr - -	4,712.59	6,429.75	7,794.21	7,014.86	5,846.35	4,712.59	5,846.35	4,627.67	6,332.36	16,806.94	7,307.98
541000-0000-03-000-0	Misc. Expense-Nat. Mgmt.-Administration - -	777.96	1,039.12	1,259.58	1,133.63	944.89	777.96	944.89	747.81	1,023.30	2,716.08	1,181.08
541000-0000-31-000-0	Misc. Expense-National Healthcare Ma-Misc. Exp - -	1,780.05	2,037.60	2,469.82	2,223.01	1,852.43	1,780.05	1,852.43	1,466.23	2,006.59	5,325.83	2,315.68
541001-0000-03-000-0	Political Contributions-Nat. Mgmt.-Administra - -	118.95	130.85	158.60	142.75	118.95	118.95	118.95	94.15	128.85	342.00	148.70
542000-0000-31-000-0	Corporate Tax - State-National Health-Misc. Exp - -	609.38	928.50	1,125.59	1,013.04	844.18	609.38	844.18	668.29	914.48	2,426.93	1,055.17
544000-0000-25-000-0	Sales Tax - Conn.-National Healthcar-Fiscal Op - -											

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 9/30/2018	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 295,860	295,860		
2.	Non-Food Supplies	\$ 31,351	31,351		
3.	Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____		\$			
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 327,211	327,211		
2F. Dietary Questionnaire		Total	CCNH	RHNS	(Specify)
G.	Resident Meals: Total no. of meals served per day:*				
H.	Is cost of employee meals included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
I.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
J.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K.	Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
L.	Is any revenue collected from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
M.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N.	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
O.	Is any revenue collected from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
P.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				

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

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

Name of Facility Bristol Crossings LLC		License No. 2329	Report for Year Ended 9/30/2018	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. \$	109	109	
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. \$	3,522	3,522	
b.	Purchased Services (<i>by contract other than through Management Services</i>) (Complete Schedule C-2 att. Page 21)	\$	124,720	124,720	
c.	Other (<i>Specify</i>) Diapers	\$	47,467	47,467	
3D.	Total Laundry Expenditures (3a + b + c)	\$	175,818	175,818	
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue from these people?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
L.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			

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

All allocations should add to total recorded in 3E.

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

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

Name of Facility Bristol Crossings LLC		License No. 2329	Report for Year Ended 9/30/2018		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. \$	39,062	39,062		
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)	\$	39,062	39,062		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from PCA	\$	389,332	389,332		
b.	Medicine Cabinet Drugs	\$	13,298	13,298		
c.	Medical and Therapeutic Supplies	\$	127,849	127,849		
d.	Ambulance/Limousine***	\$	3,584	3,584		
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	27,616	27,616		
f.	X-rays and Related Radiological Procedures***	\$	23,476	23,476		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$	34,847	34,847		
i.	Recreation	\$	15,831	15,831		
j.	Direct Management Services*	\$				
k.	Indirect Management Services*	\$				
l.	Other (Specify)**** See Attached Schedule	\$	71,248	71,248		
5M.	Total Resident Care Expenditures (5a - 5j)	\$	707,081	707,081		

* 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)
IV Expense - Rehabilitation Therapy and Ancillary	\$ 6,205		
Purchased Services - Nursing	\$ 9,663		
Equipment Rental - Nursing - Disallow	\$ 17,462		
Equipment Rental - Rehabilitation Therapy and Ancillary - Disallow	\$ 12,581		
Respiratory Therapy Fee	\$ 14,175		
Equipment Rental - Respiratory	\$ 11,162		
Total Other Resident Care	\$ 71,248	\$ -	\$ -

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 9/30/2018				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	1370 Coney Island Ave. Brooklyn, NY 11230	<input type="radio"/>	<input checked="" type="radio"/>		Waste Services/Monthly Recycling Services	26,787			22	6f
Med- Apparel Services	Mt Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen	23,334			19	3b
Unitex Textile	Mt Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry/Linen	101,386			19	3b
Custom Grounds	111 Mines Road, Bristol, CT 06010	<input type="radio"/>	<input checked="" type="radio"/>		Snow Landscaping	18,272			22	6f
M.J. Daly & Sons	110 Mattatuck HTS, Waterbury CT 06705	<input type="radio"/>	<input checked="" type="radio"/>		HVAC	14,077			22	6A
Bay State Elevator Company	P.O. Box 5 Dalton, MA 01227-0005	<input type="radio"/>	<input checked="" type="radio"/>		Elevator Maintenance	12,999			22	6A
Integrated Health Systems	PO Box 23072 Overland Park, KS 66283	<input type="radio"/>	<input checked="" type="radio"/>		Computer Maintenance System	14,808			16	m13
Smartlinx	333 Thornall St. 4th Floor Edison, NJ 08837	<input type="radio"/>	<input checked="" type="radio"/>		Time & Attendance	11,269			16	m13
ADP	P.O. Box 842875, Boston, MA 02284	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	15,157			16	m13
Iron Mountain	PO Box 27128 New York NY 10087	<input type="radio"/>	<input checked="" type="radio"/>		Record Management	21,990			16	m13
		<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
Bristol Crossings LLC	2329	9/30/2018			22	37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 69,225	69,225				
b. Heat	\$ 17,229	17,229				
c. Light & Power	\$ 163,620	163,620				
d. Water	\$ 18,431	18,431				
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 43,440	43,440				
f. Other (<i>itemize</i>)	\$ 49,359	49,359				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 361,304	361,304				
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 99,213	99,213				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 99,213	99,213				
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 12,511	12,511				
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 12,511	12,511				
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	\$ 214,727	214,727				
c. Personal property taxes	\$ 17,374	17,374				
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,603,825	1,603,825				

* 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)
Supplies	\$ 877		
Purchased Services - Maintenance	\$ 280		
Ground Services - Maintenance	\$ 18,272		
Pest Contol - Maintenance	\$ 1,212		
Carting Maintenance	\$ 27,887		
Short Term Lease Pitney Bowes Mailing Machine	\$ 831		
Total Other Repairs and Maintenance	\$ 49,359	\$ -	\$ -

Depreciation Schedule

Name of Facility Bristol Crossings LLC			License No. 2329			Report for Year Ended 9/30/2018			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			7,055,034		7,055,034	1,998,543	SL	Various					
2. Disposals (attach schedule)				*Equity Purp									
3. Acquired during this report period (attach schedule)													
B-4. Subtotal													
C. Non-Movable Equipment													
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								
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						1,185,738		1,185,738	618,790	S/L	Various	95,197	
b. Disposals (attach schedule)													
c. Acquired during this report period (attach schedule)						41,249		41,249		S/L	Various	4,016	
D-3. Subtotal													99,213
E. Total Depreciation													99,213

Bristol Crossings LLC
9/30/2018

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
10/31/2017	Laptop - Latitude 7480	\$ 1,433	3	\$ 478
10/31/2017	Computer	\$ 920	3	\$ 307
10/31/2017	2 Computers	\$ 1,825	3	\$ 608
10/31/2017	Resident Room TVs - disallow	\$ 3,519	5	\$ 704
10/31/2017	Tax on AeroServ Hotfood	\$ 359	10	\$ 36
10/31/2017	Tax on rexx Hi-Lo Bed	\$ 271	15	\$ 18
1/31/2018	Food Processor	\$ 1,695	10	\$ 127
1/31/2018	10 Mattresses - disallow	\$ 2,097	5	\$ 315
4/30/2018	Reliant 600 Lift	\$ 2,696	10	\$ 135
4/30/2018	Computer Laptop	\$ 1,435	3	\$ 239
5/31/2018	Carpet Extractor	\$ 2,201	8	\$ 115
6/30/2018	Vacuum	\$ 1,270	8	\$ 53
1/1/2018	Sales Tax on 6 TVs	\$ 223	5	\$ 34
6/30/2018	8 Healthcare Grade TVs - disallow	\$ 3,908	5	\$ 261
7/1/2018	Sales Tax on 8 Health Grade TVs	\$ 248	5	\$ 12
6/30/2018	Vita Scan	\$ 8,340	7	\$ 397
8/31/2018	Service Cart	\$ 1,281	10	\$ 21
8/31/2018	Roll - Weight Scale	\$ 1,462	10	\$ 24
8/31/2018	Mattress - disallow	\$ 1,383	5	\$ 46
9/30/2018	Nobles Speedshine	\$ 1,236	5	\$ 20
9/30/2018	Nobles Speedshine	\$ 1,314	5	\$ 22
9/30/2018	2 Mattresses - disallow	\$ 1,383	5	\$ 23
9/30/2018	Computer	\$ 750	3	\$ 21
Total additions for Movable Equipment		\$ 41,249		\$ 4,016 *
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:				
2/28/2018	Heat Pump	\$ 3,003	10	\$ 200
2/28/2018	Office Heater	\$ 1,448	10	\$ 97
2/28/2018	Carpet Replace	\$ 2,557	5	\$ 341
3/31/2018	Heater	\$ 1,452	10	\$ 85
3/31/2018	Carpet Install	\$ 2,159	5	\$ 252
4/30/2018	120 Gal Electric Water	\$ 1,799	10	\$ 90
6/30/2018	Sump Pump	\$ 1,264	10	\$ 42
9/30/2018	4 GE 9000 BTU	\$ 2,871	10	\$ 24
Total additions for Leasehold Improvement		\$ 16,553		\$ 1,131 *
Deletions:				
2/28/2018	Carpet	\$ (4,207)		\$ (1,823)
Total deletions for Leasehold Improvement		\$ (4,207)		\$ (1,823) **

*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 9/30/2018			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							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period			Various	124,359	55,093			13,203	
2. Disposals (attach schedule)				(4,207)	(1,823)			(1,823)	
3. Acquired during this report period (attach schedule)			Various	16,553				1,131	
C-4. Subtotal									12,511
D. Total Amortization									12,511

* 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 9/30/2018	Page 25	of 37
11. Property Questionnaire				
Part A				
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.				
Description		Total		
1. Date Land Purchased		06/16/66		
2. Date Structure Completed		09/01/72		
3. If NOT 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		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
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 9/30/18		9,524,000		
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
Bristol Crossings LLC	2329	9/30/2018	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
Bristol Crossings LLC	2329	9/30/2018	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)	\$	5,006	5,006	
Administration \$215;Property \$1,460;Computer \$3,331				
13. Total All Interest Expense (12B7 + 12C3 + 12D)	\$	5,006	5,006	
14. Insurance				
a. Insurance on Property (buildings only)	\$	67,390	67,390	
b. Insurance on Automobiles	\$			
c. Insurance other than Property (as specified above)				
1. Umbrella (Blanket Coverage)	\$	10,969	10,969	
2. Fire and Extended Coverage	\$			
3. Other (Specify)	\$			
14d. Total Insurance Expenditures (14a + b + c)	\$	78,359	78,359	
15. Total All Expenditures (A-13 thru C-14)	\$	13,425,854	13,425,854	

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Bristol Crossings LLC				2329	9/30/2018	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.	10	12m	Salaries not related to Resident Care	\$ 32,636	32,636		
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
Page 13 - Professional Fees							
5.	13	8E/8	Resident Care Physicians **	\$ 6,887	6,887		
6.	13	10a	Occupational Therapy	\$ 379,451	379,451		
7.			Other - See attached Schedule	\$ 76,417	76,417		
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting	\$			
10a.			Legal	\$ 10,653	10,653		
11.			Telephone	\$			
12.	15	lh2	Cellular Telephone	\$ 4,749	4,749		
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 *	\$ 37,256	37,256		
19.	16	lj	Income Tax / Corporate Business Tax	\$ 668	668		
20.	16	m8/m	Fund Raising / Contributions	\$ 675	675		
21.	16	m12/	Unallowable Management Fees	\$ 277,193	277,193		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 368,698	368,698		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
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)				\$ 1,195,283	1,195,283		

* 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)
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
13	B2	Dentist	\$ 8,555		
13	B3	Pharmacist	\$ 14,642		
13	B12	Consulting Fees - Nursing	\$ 16,610		
13	B12	Consulting Fees - Rehabilitation Therapy and Ancillary	\$ 9,293		
13	B8a	Medical Director	\$ 27,317		
Total Other Fees Adjustments			\$ 76,417	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
15	1a1	Benefits of Salaries not Related to Resident Care	\$ 8,188		
15	M13	Penalties	\$ 7,150		
16	L3	Gifts to Residents and Staff	\$ 11,911		
16	M13	Bank Charges	\$ 14,532		
16	M13	Miscellaneous Expenses	\$ 6,461		
16	M13	Crime Insurance	\$ 1,310		
16	M13	Prior Period Expense	\$ 11,526		
17	M13	Amortization of Goodwill	\$ 198,939		
16	M8a	Unallowable Dues	\$ 1,000		
15	1a1	Workers Compensation Retro Expense	\$ 107,681		
Total Other A&G Adjustments			\$ 368,698	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Bristol Crossings LLC				2329	9/30/2018	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,195,283	1,195,283		
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 389,332	389,332		
28.	20	5d	Ambulance/Limousine	\$ 3,584	3,584		
29.	20	5f	X-rays, etc	\$ 23,476	23,476		
30.	20	5h	Laboratory	\$ 34,847	34,847		
31.	20	5c	Medical Supplies	\$ 12,180	12,180		
32.	20	5e2	Oxygen (non emergency)	\$ 27,616	27,616		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 76,919	76,919		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 7,823	7,823		
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.	\$			
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$			
46.			Management Fees Indirect	\$			
47.			Other - Direct	\$ 3,322	3,322		
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)				\$ 1,774,382	1,774,382		

*** 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
9/30/2018

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	51	IV Expense - Rehabilitation Therapy and Ancillary	\$ 6,205		
20	51	Purchased Services - Nursing	\$ 2,917		
20	51	Equipment Rental - Nursing - Disallow	\$ 17,462		
20	51	Equipment Rental - Rehabilitation Therapy and Ancillary - Disallow	\$ 12,581		
20	51	Respiratory Therapy Fee	\$ 14,175		
20	5i	Cable TV Expense - Resident Rooms	\$ 12,104		
20	5a2/b	Procure LTC Pharmacy of CT (disallowance of markups)	\$ 313		
20	51	Equipment Rental - Respiratory - Disallow	\$ 11,162		
Total Other Ancillary Costs			\$ 76,919	\$ -	\$ -

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	\$ 7,661		
Total Excess Movable Equipment Depreciation			\$ 7,823	\$ -	\$ -

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)
27	14b	Interest - Admin	\$ 215		
30	IV8	Misc. Other income	\$ 2,929		
30	IV5	Interest Income	\$ 178		
Total Other Adjustments			\$ 3,322	\$ -	\$ -

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2018		Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 14,460,321	14,460,321			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,525,013)	(6,525,013)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,146,467	3,146,467			
b. Medicare Room and Board Contractual Allowance **	\$ 102,384	102,384			
4. a. Private-Pay Residents and Other	\$ 2,600,479	2,600,479			
b. Private-Pay Room and Board Contractual Allowance **	\$ (578,111)	(578,111)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 274,972	274,972			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (274,972)	(274,972)			
c. Prescription Drugs - Non-Medicare	\$ 74,661	74,661			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (72,402)	(72,402)			
2. a. Medical Supplies - Medicare	\$ 5,752	5,752			
b. Medical Supplies - Medicare Contractual Allowance **	\$ (5,752)	(5,752)			
c. Medical Supplies - Non-Medicare	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 686,509	686,509			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (537,559)	(537,559)			
c. Physical Therapy - Non-Medicare	\$ 53,122	53,122			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (52,743)	(52,743)			
4. a. Speech Therapy - Medicare	\$ 214,609	214,609			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (146,037)	(146,037)			
c. Speech Therapy - Non-Medicare	\$ 6,046	6,046			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (5,766)	(5,766)			
5. a. Occupational Therapy - Medicare	\$ 736,070	736,070			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (568,716)	(568,716)			
c. Occupational Therapy - Non-Medicare	\$ 53,612	53,612			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (53,585)	(53,585)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 18,570	18,570			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 12	12			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 13,612,930	13,612,930			
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>)	\$ 178	178			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ (56,208)	(56,208)			
V. Total Other Revenue (1 thru 8)	\$ (56,030)	(56,030)			
VI. Total All Revenue (III +V)	\$ 13,556,900	13,556,900			

* 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	\$ (43,529)		
30, line II6	Medicare Part A IV Therapy	\$ 12,096		
30, line II6	Medicare Part A Lab	\$ 19,513		
30, line II6	Medicare Part A X-Ray	\$ 11,921		
30, line II6	Medicare Prior Period	\$ (4,151)		
30, line II6	Mgd Medicare Contra	\$ (27,464)		
30, line II6	Mgd Medicare IV Therapy	\$ 7,639		
30, line II6	Mgd Medicare X-Ray	\$ 9,291		
30, line II6	Mgd Medicare Pt A Lab	\$ 9,318		
30, line II6	Mgd Medicare Oxygen	\$ (146)		
30, line II6	Mgd Medicare Oxygen Contra	\$ 146		
30, line II6	Medicare Pt A Settlement	\$ 16,344		
30, line II6	Mgd Medicare Flu/Pneumonia	\$ 3,590		
30, line II6	Medicare Pt B B Flu/Pneumonia - Bristol	\$ 4,002		
Total Other Resident Revenue - Medicare		\$ 18,570	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
30, line II6	Medicaid Contra Other	\$ (2,634)		
30, line II6	Medicaid Lab	\$ 1,015		
30, line II6	Medicaid X-Ray	\$ 141		
30, line II6	Common Insurance Contra Other	\$ (14,601)		
30, line II6	Common Insurance IV Therapy	\$ 12,149		
30, line II6	Common Insurance Lab	\$ 572		
30, line II6	Common Insurance X-Ray	\$ 1,880		
30, line II6	Hospice Contra Other	\$ (71)		
30, line II6	Hospice X-Ray	\$ 71		
30, line II6	Private Lab	\$ 13		
30, line II6	Medicaid IV Therapy	\$ 1,477		
Total Other Resident Revenue		\$ 12	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
30, IV5	Interest Income		178		
Total Interest Income			\$ 178	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
30, line IV3	Miscellaneous Other Income (UHC \$30,161; Bristol Hospital \$79; Other Income \$2,929)	33,169		
30, line IV3	Provision for Income Taxes	(89,377)		
Total Other Revenue		\$ (56,208)	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings LLC	2329	9/30/2018	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	851,156
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,447,464
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	43,835
5. Prepaid Expenses			\$	211,969
a. Worker's Compensation	61,996			
b. Taxes (personal property, real estate, coporate)	68,881			
c. General Insurance	7,461			
d. See Schedule	73,631			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	34,770
Cash Patient Funds	34,770			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,589,194
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>136,705</u>		\$	70,924
	Accum. Depreciation <u>65,781</u>	Net		
5. Non-Movable Equipment	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
6. Movable Equipment	*Historical Cost <u>1,226,987</u>		\$	508,984
	Accum. Depreciation <u>718,003</u>	Net		
7. Motor Vehicles	*Historical Cost _____		\$	
	Accum. Depreciation _____	Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	804,908

* 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	9/30/2018	32	37
Account			Amount	
Total Brought Forward:			\$	3,394,102
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	1,998,543	Net	\$ 5,056,491
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable				\$
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	5,056,491
D. Investment and Other Assets				
1. Deferred Deposits				\$
2. Escrow Deposits				\$
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)				\$ 1,591,511
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>)				\$ 202,598
	Due from Related	202,598		
	See Schedule			
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,794,109
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	10,244,702

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

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
31	A5	Other	37,666
31	A5	Management Assets	35,965
Total Prepaid Expenses			\$ 73,631

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 Other Fixed Assets (Itemize)			\$ -

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

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	
33	A12	Due to Medicaid	15,069
33	A12	Accrued Pension	13,901
Total Other Current Liabilities (Itemize)			\$ 28,970

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

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

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G. Balance Sheet (cont'd)

Name of Facility		License No.	Report for Year Ended	Page	of
Bristol Crossings LLC		2329	9/30/2018	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	408,449
2. Notes Payable (<i>itemize</i>)				\$	

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>)				\$	369,124
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>)				\$	2,981,889
Accrued Expenses		24,339	Accrued Worker's Compe	51,954	
Patient Funds		34,770	Due to Realty	2,372,626	
Revenue Assessment		213,269	Due to Related - Short Te	229,321	
Accrued Accounting Fee		26,640	See Schedule	28,970	
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	3,759,462

* 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 9/30/2018	Page 34	of 37
Account			Amount	
Total Brought Forward:			3,759,462	
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>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 182,519
Due to Related - Long Term		106,497		
Net Deferred Tax Liability		76,022		
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 182,519
C. Total All Liabilities (Lines A-13 + B-5)				\$ 3,941,981

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

Name of Facility	License No.	Report for Year Ended	Page	of
Bristol Crossings LLC	2329	9/30/2018	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	5,056,491
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			\$	5,056,491
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,115,184
6. Gain or Loss for Period			\$	131,046
	10/1/2017	thru 9/30/2018		
7. Total Net Worth			\$	1,246,230
C. Total Reserves and Net Worth			\$	6,302,721
D. Total Liabilities, Reserves, and Net Worth			\$	10,244,702

H. Changes in Total Net Worth

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2018	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2017			\$	1,624,992
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	13,556,900
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	13,425,854
D. Net Income or Deficit			\$	131,046
E. Balance			\$	1,756,038
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	500,000
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
Investors			500,000	
2. Other Withdrawings <i>(Specify)</i>			\$	9,808
Purpose		Amount		
Comissioner of Revenue Services		9,808		
3. Total Deductions			\$	509,808
H. Balance at End of Period			\$	1,246,230

I. Preparer's/Reviewer's Certification

Name of Facility Bristol Crossings LLC	License No. 2329	Report for Year Ended 9/30/2018	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Blum, Shapiro & Company, P.C.				
Address		Phone Number		
2 Enterprise Drive, Shelton, CT 06484		860-561-6853		
Annual Report Contact		Phone Number		
George Thomas		860-561-6853		
Annual Report Contact Email Address				
GTHOMAS@blumshapiro.com				