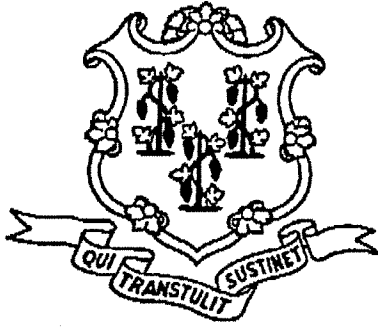


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) Athena Holdings d/b/a Laurel Ridge Health Care Center	
Address (No. & Street, City, State, Zip Code) 642 Danbury Road Ridgefield, CT 06877	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 2247	RHNS	(Specify)	Medicare Provider No. 07-5395
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Medicaid Provider Numbers:	CCNH 2247	RHNS	ICF-MR
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For Department Use Only

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

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General Information

Name of Facility (as licensed) Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2017	Page 1	of 37
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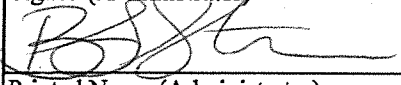
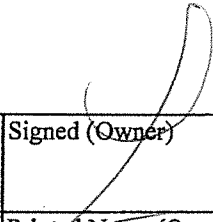
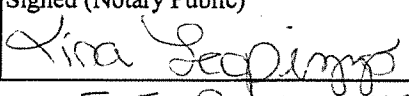
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Holdings d/b/a Laurel Ridge Health Care Center [facility name] for the cost report period beginning October 01, 2016 and ending September 30, 2017, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

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

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

Signed (Administrator) 		Date 2-9-18	Signed (Owner) 		Date 2-9-18
Printed Name (Administrator) Bernadette Stevenson			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of CT	Date 2-9-18	Signed (Notary Public) 	Comm. Expires 6/30/21	
Address of Notary Public 505 Pensfield Hill Rd Portland, CT 06480					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	Period Covered:	From 10/1/2016	To 9/30/2017	
Address of Facility 642 Danbury Road Ridgefield, CT 06877				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/9/2018		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid..... \$				
2. Laundry wages paid..... \$				
3. Housekeeping wages paid..... \$				
4. Nursing wages paid..... \$				
5. All other wages paid..... \$				
6. Total Wages Paid \$				
7. Total salaries paid..... \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 203-438-8226		Report for Year Ended 09/30/17	Page 2	of 37
Name of Facility (as shown on license) Athena Holdings d/b/a Laurel Ridge Health Care Center		Address (No. & Street, City, State, Zip) 642 Danbury Road Ridgefield, CT 06877		
License Numbers:	CCNH 2247	RHNS	(Specify)	Medicare Provider No. 07-5395
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="checkbox"/> PROPRIETORSHIP <input checked="" type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROFIT CORP. <input type="checkbox"/> NON-PROFIT CORP. <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> TRUST				
If this facility opened or closed during report year provide:		Date Opened	Date Closed	
Has there been any change in ownership or operation during this report year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain fully.				
Change to % of ownership by members				
Administrator				
Name of Administrator Bernadette Stevenson		Nursing Home Administrator's License No.:	1831	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

**General Information and Questionnaire
 Corporate Owners**

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2017	Page 3A	of 37
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If this facility is owned or operated as a corporation, provide the following information:

Legal Name of Corporation	Business Address	State(s) in Which Incorporated	

Name of Directors, Officers	Business Address	Title	No. Shares Held by Each

Not Applicable

Names of Stockholders Owning at Least 10% of Shares

General Information and Questionnaire Related Parties*

Name of Facility	License No.	Report for Year Ended	Page	of	
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017	4	37	
<p>Are any individuals receiving compensation from the facility related through marriage, ability to control, ownership, family or business association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are any individuals or companies which provide goods or services, including the rental of property or the loaning of funds to this facility, related through family association, common ownership, control, or business association to any of the owners, operators, or officials of this facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," provide the following information:</p>					
Name of Related Individual or Company	Business Address	Also Provides Goods/Services to Non-Related Parties	Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Actual Cost to the Related Party
Miscellaneous Facilities	Various	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> %**	Interfacility Loans	Pg 33 A2	
Athena Health Care	135 South Rd., Farmington, CT 06032	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> %**	Management Fees	Pg. 17, Pg 15 le	\$661,115
Athena Health Care	135 South Rd, Farmington, CT 06032	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> %**	See Attached		
Athena Captive	135 South Rd, Farmington, CT 06032	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> %**	Workers Comp Captive	Pg 15 1a1	\$421,407
Athena Health Care Assoc. 401k Plan	135 South Rd, Farmington, CT 06032	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> %**	Facility participates in common 401k plan		
Laurelridge Landlord LLC	135 South Rd, Farmington, CT 06032	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> %**	Lease of Property	Pg 22, L9 & L10b, Pg 27 Ln 14a	\$974,037
Procare LTC	110 Bi-County Blvd., Farmingdale, NY 11735	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> %**	Pharmacy Services	Pg 13 B3, PG 20 Lu5a2 & Pg 16 5b	\$245,528
		Yes <input type="checkbox"/> No <input type="checkbox"/> %**			
		Yes <input type="checkbox"/> No <input type="checkbox"/> %**			

* Use additional sheets if necessary.

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

Laurel Ridge
 RELATED PARTIES QUESTIONNAIRE
 PAGE 4

FACILITY NAME	ADDRESS	Also Provided Goods/Services to Non-Related Parties		Description of Goods/Services Provided	Indicate Where Costs are Included in Annual Report Page # / Line #	Costs Reported	Actual Cost to the Related Party	
		Yes	No					%**
Athena Health Care	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>50%	Nursing Department Consultant Employee Relations Purchased Service-Administration Data processing, Lobbying, Payroll processing, Business promotion, Office supplies Maintenance & Repairs Postage Cyber security insurance	Pg 13 B 11a2 Pg 16 15 Pg 16 m12 Pg 16 m13 Pg 22 6a Pg 16, m7 Pg 27, 14a	\$6,968 4,198 903 9,261 44,733 97 1,696	\$6,968 4,198 903 9,261 44,733 97 1,696
Athena Health Care Insurance	135 South Rd Farmington, CT 06032	<input checked="" type="checkbox"/>	<input type="checkbox"/>	>50%	Health Insurance		1,279,269	1,279,269
TOTAL							\$1,347,125	\$1,347,125

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2017	Page 5	of 37
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If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

Not Applicable

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

Not Applicable

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

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

Not Applicable: No Non-Nursing Home Cost Centers

General Information and Questionnaire
Accounting Basis

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

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

Services Provided by This Firm (*describe fully*)

1 2017 Year End Audit & Tax Return	\$ 9,500
2 Medicare Cost Report	\$ 2,700
3	\$ -
4	\$ -
	Charge for Services Provided
	\$12,200

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No **Pg 15, Line1d**

Legal Services Information

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

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

1 200 Connecticut Ave. Norwalk, CT 06854
2 185 Asylum Street, Hartford, CT 06103
3 185 Asylum Street, Hartford, CT 06103
4 31 Whitney Ave, New Haven, CT 06510
5 7 Randolph Rd., Howell, NJ 07731

Services Provided by This Firm (*describe fully*)

1 A/R Collections:Disallowed	\$ 4,530
2 Annual Report/Audit letter -(\$138) allowed;Misc issues -(\$492) disallowed	\$ 630
3 Keybank Loan Mod, legal services, :disallow	\$ 1,295
4 Keybank Loan Mod fees:disallowed	\$ 450
5 Conservatorship fee: disallowed;Medicaid Appl	\$ 2,500
	Charge for Services Provided
	\$9,405

Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.
 Yes No **Pg 15, Line1e**

Schedule of Resident Statistics

Name of Facility	License No.		Report for Year Ended		Page of	
	2247		09/30/17		8 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30	Period 7/1 Thru 9/30
1. Certified Bed Capacity						
A. On last day of PREVIOUS report period.....	126	126		126	126	
B. On last day of THIS report period.....	126	126		126	126	
2. Number of Residents						
A. As of midnight of PREVIOUS report period.....	124	124		123	123	124
B. As of midnight of THIS report period.....	124	124		115	115	124
3. Total Number of Days Care Provided During Period						
A. Medicare.....	6,213	6,213		4,536	4,536	1,677
B. Medicaid (Conn.).....	34,211	34,211		25,859	25,859	8,352
C. Medicaid (other states).....						
D. Private Pay.....	2,386	2,386		1,739	1,739	647
E. State SSI for RCH.....						
F. Other (Specify) Managed Care	460	460		416	416	44
G. Total Care Days During Period (3A thru F).....	43,270	43,270		32,550	32,550	10,720
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds						
A. Medicaid Bed Reserve Days.....	147	147		144	144	3
B. Other Bed Reserve Days.....	72	72		59	59	13
5. Total Resident Days (3G + 4A + 4B).....	43,489	43,489		32,753	32,753	10,736

Annual Report of Long-Term Care Facility

CSP-9 Rev. 9/2002

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247			Report for Year Ended 9/30/2017			Page 9	of 37			
4. Were there any changes in the certified bed capacity during the report year? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "YES", provide the following information:													
Date of Change	Place of Change (Specify)			Change in Beds						Capacity After Change			Reason for Change
	CCNH (1)	RHNS (2)	(3)	Lost			Gained			CCNH	RHNS	(Specify)	
				(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH	RHNS	(Specify)		
1st change.....													
2nd change.....													
3rd change.....													
4th change.....													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	18		91		6			9					
Per Diem Rate													
a. One bed rm.	651.63		268.65		534.00			437.78					
b. Two bed rms.	651.63		268.65		504.00			437.78					
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	(Specify)					
A. Medicare - Part B					7,604	7,604							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					1,438	1,438							
2. Restorative Treatments													
C. Other					13,186	13,186							
D. Total Physical Therapy Treatments					22,228	22,228							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					601	601							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					202	202							
2. Restorative Treatments													
C. Other					1,709	1,709							
D. Total Speech Therapy Treatments					2,512	2,512							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					2,823	2,823							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments					957	957							
2. Restorative Treatments													
C. Other					13,177	13,177							
D. Total Occupational Therapy Treatments					16,957	16,957							

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	137,590	2,050				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	266,933	10,310				
5. Dietary Service						
a. Head Dietitian	54,736	1,368				
b. Food Service Supervisor	57,670	2,021				
c. Dietary Workers	449,779	27,565				
6. Housekeeping Service						
a. Head Housekeeper	52,862	1,957				
b. Other Housekeeping Workers	253,078	16,234				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance	96,791	2,219				
b. Other Maintenance Workers	63,699	2,816				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers	167,817	10,763				
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	207,423	4,260				
b. RN						
1. Direct Care	508,526	11,039				
2. Administrative**	565,947	18,364				
c. LPN						
1. Direct Care	1,128,232	42,842				
2. Administrative**						
d. Aides and Attendants	1,699,433	103,228				
e. Physical Therapists	569,672	16,258				
f. Speech Therapists	154,734	3,029				
g. Occupational Therapists	278,435	7,252				
h. Recreation Workers	220,229	9,708				
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	273,768	7,420				
n. Marketing						
o. Other (Specify)						
<i>A-13. Total Salary Expenditures</i>	7,207,354	300,703				

* 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				
	2247		9/30/2017						
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section I - Operators/Owners									
Not Applicable									
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).									
Judith Hyland	140,769		Health & Life Ins.'s, Payroll Taxes	Social Services Director		A12, m		2,080	

* No allowance for salaries will be considered unless full information is provided. Use additional sheets if required.
 ** Include all employment worked during the cost year.

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

Name of Facility (as licensed)	License No.	Report for Year Ended		Page	of				
		2247	9/30/2017			12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS (Specify)							
Section III - Administrators***									
Bernadette Steveson 10/30/16-09/30/17) Maternity leave		133,008		Day-to-day operations of nursing home.	1,932	A2			
David Fife 10/01-10/29/16		4,582		Day to day operations of the nursing home facility.	117	A2			
David Fife-cont.							Bayview Healthcare 301 Rope Ferry Rd. Waterford, CT 06385	625	30,464
Section IV - Assistant Administrators									
David Fife-cont.							Glastonbury HealthCC 1175 Hebron Ave. Glastonbury, CT 06033	1,338	67,544

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended	Page	of		
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017	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.....	13,698	60				
3. Pharmacist.....	11,383	130				
4. Podiatrist.....						
5. Physical Therapy						
a. Resident Care.....	6,214	135				
b. Other.....						
6. Social Worker.....						
7. Recreation Worker.....						
8. Physicians						
a. Medical Director (entire facility).....	57,780	905				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**.....	2,157					
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.....	4,876	14				
b. Other.....						
10. Occupational Therapist						
a. Resident Care.....	11,104	229				
b. Other.....						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	1,318	22				
2. Administrative***	8,959	144				
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides.....	53,583	152				
d. Other.....						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	171,072	1,791				

* 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		License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247	align="center">9/30/2017		14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship		
		Yes	No			
Orthocare Specialist, 60 Old New Milford Rd, Brookfield, CT 06840	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Dr Frederick Kayal, 300 Federal Road, Brookfield, CT 06804	Asst Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Edward Berman, MD, 30 Prospect ST, Suite 500, Ridgefield, CT 06877	Medical Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Healthdrive Medical & Dental Group, 1 Prestige Dr Suite 107, Meriden, CT 06450	Dentist	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Athena Health Care Services, 135 South Rd Farmington, Ct 06032	MDS fill-in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners		
Caremount Medical, P.C., PO Box 65050, Baltimore, MD 21261	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
ProCare LTC, 1492 Highland Avenue, Cheshire, CT 06410	Pharmacist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners: Minority Interest		
Western CT Medical, PO Box 8932 Belfast, ME 04915	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Cardiology Physicans of Fairfield, PO Box 8500 Philidelphia, PA 19178	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Urology Assoc Of Danbury, 51-53 Kenosia Ave, Danbury, CT 06810	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Bridgeport Hospital, 267 Grant St, Bridgeport, CT 06610	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
WestCT Ortho, PO Box 26303, Oklahoma City, OK 73126	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
RN Staff, PO Box 823461, Philadelphia, PA	Physical/Occupational Therapist/RN	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
CT Family Orthopdeics, PO Box 1065, Windsor, Ct 06095	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Danbury Hospital, 20 Stony Hill Rd, Bethel, CT 06801	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Health Drive Audiology Group, 888 Worcester St, Worcester, MA 02482	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Danbury Orthopedic, 226 White St, Danbury, CT 06810	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
AAA Nursing Care, 3303 Main St., Stratford, CT 06614	Nursing Pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Health Drive Eye Care Group, 888 Worcester St., Wellesley, MA 02482	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Ortho CT, PC, PO Box 26303, Oklahoma City, OK 73126	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Yale Medical Group, PO Box 418618, Boston, MA 02241	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Northeast Medical Group, Inc., PO Box 415126, Boston, MA 02241	Physicians	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

* Use additional sheets if necessary.

** Refer to Page 4 for definition of related.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation.....	\$ 421,407	421,407			
2. Disability Insurance.....	\$				
3. Unemployment Insurance.....	\$ 108,166	108,166			
4. Social Security (F.I.C.A.).....	\$ 528,994	528,994			
5. Health Insurance.....	\$ 1,192,164	1,192,164			
6. Life Insurance (employees only) (not-owners and not-operators).....	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators).....	\$ 25,976	25,976			
8. Uniform Allowance.....	\$ 327	327			
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*	\$ 1,504,201	1,504,201			
d. Accounting and Auditing.....	\$ 12,200	12,200			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 9,405	9,405			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies.....	\$ 67,938	67,938			
h. Telephone and Cellular Phones.....					
1. Telephone & Pagers.....	\$ 64,489	64,489			
2. Cellular Phones.	\$ 494	494			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$				
j. Corporation Business Taxes (<i>franchise tax</i>).	\$ 250	250			
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	\$ 783,332	783,332			
Subtotal	\$ 4,719,343	4,719,343			

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

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	4,719,343	4,719,343			
l. Travel and Entertainment					
1. Resident Travel and Entertainment.....	\$				
2. Holiday Parties for Staff.....	\$				
3. Gifts to Staff and Residents.....	\$ 29,778	29,778			
4. Employee Travel.....	\$ 5,427	5,427			
5. Education Expenses Related to Seminars and Conventions	\$ 3,897	3,897			
6. Automobile Expense (not purchase or depreciation).....	\$				
7. Other (Specify).....	\$				
See Attached Schedule					
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (all such expenses).....	\$ 14,854	14,854			
2. Advertising Telephone Directory (all such expenses)***	\$ 100	100			
3. Advertising Other (Specify)***.....	\$ 25,236	25,236			
See Attached Schedule					
4. Fund-Raising***.....	\$				
5. Medical Records.....	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***.....	\$				
7. Postage.....	\$ 8,876	8,876			
* 8. Dues and Membership Fees to Professional Associations (Specify).....	\$ 9,021	9,021			
See Attached Schedule					
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions.....	\$ 2,700	2,700			
10. Contributions***.....	\$				
See Attached Schedule					
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$				
12. Administrative Management Services**.....	\$ 448,300	448,300			
13. Other (Specify).....	\$ 98,033	98,033			
See Attached Schedule					
C-14 Total Administrative & General Expenditures	\$ 5,365,565	5,365,565			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Promotional	\$ 25,236		
Total Other Advertising	\$ 25,236	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
ALTCFM	\$ 85		
CT Association OF Health Care	\$ 8,936		
Total Dues	\$ 9,021	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Licenses	\$ 1,260		
Bank Charges	\$ 10,453		
Payroll Processing Fees	\$ 23,979		
Employee Physicals & Background Checks	\$ 14,941		
Data Processing	\$ 37,804		
CMP Case # 2017-01-LTC-108	\$ 9,596		
Total Other Administrative and General	\$ 98,033	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$628,583	Contract Attached to a Prior Year	See Below
Allocation of the above	\$414,865 \$100,573 \$113,145	Admin/Gen 66% Indirect 16% Direct 18%	Pg 16, Line 12 Pg 18, Line 2C Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	\$33,435	Admin/Gen	Pg16, Line 12

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017		18	37
Item	Total	CCNH	RHNS	(Specify)	
2. Dietary					
a. In-House Preparation & Service					
1. Raw Food.....	\$ 272,080	272,080			
2. Non-Food Supplies.....	\$ 38,438	38,438			
3. Other (Specify) _____	\$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**.....	\$ 100,573	100,573			
d. Other (Specify) _____	\$				
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 411,091	411,091			
2F. Dietary Questionnaire	Total	CCNH	RHNS	(Specify)	
G. Resident Meals: Total no. of meals served per day:*	356	356			
H. Is cost of employee meals included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No			
I. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify cost. = \$93		
L. Is any revenue collected from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)					
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
O. Is any revenue collected from employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify amount. = \$85		
P. Where is the revenue received reported in the Cost Report? (Page/Line Item)	Pg 18, 2a1				

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

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017		19	37
Item	Total	CCNH	RHNS	(Specify)	
3. Laundry					
a. In-House Processing*	Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***	Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***	Lbs.				
	Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***	Lbs.				
	Amt. \$				
4. Repair and/or purchase of linens.***	Lbs.				
	Amt. \$	18,161	18,161		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$				
c. Management Services**	\$				
d. Other (Specify) Supplies = \$13,444	\$	13,444	13,444		
3E. Total Laundry Expenditures (3a + b + c + d)	\$	31,605	31,605		
3F. Laundry Questionnaire					
G. Is cost of employee laundry included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
H. Did you receive revenue from employees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
I. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				
J. Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify cost.		
K. Did you receive revenue from these people?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, specify amount.		
L. Where is the revenue received reported in the Cost Report?	(Page/Line Item)				

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

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

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017		20	37
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	32,694	32,694		
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)....	\$	32,694	32,694		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy.....	\$				
2. Purchased from Procare	\$	232,447	232,447		
b. Medicine Cabinet Drugs.....	\$	9,385	9,385		
c. Medical and Therapeutic Supplies.....	\$	194,641	194,641		
d. Ambulance/Limousine***	\$	396	396		
e. Oxygen					
1. For Emergency Use.....	\$				
2. Other***	\$	25,933	25,933		
f. X-rays and Related Radiological Procedures***	\$	21,438	21,438		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	33,094	33,094		
i. Recreation.....	\$	24,755	24,755		
j. Other (Specify)**** See Attached Schedule	\$	231,650	231,650		
5K. Total Resident Care Expenditures (5a - 5j).....	\$	773,739	773,739		

* 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.

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

Name of Facility		License No.	Report for Year Ended	Page	of				
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247	9/30/2017	21	37				
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***			
		Yes	No			CCNH	RHNS (Specify)	Pg	Line
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Payroll Processing	23,979		16	m13
CT Waste Processing	PO Box 99, Plainville, CT 06062	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Rubbish Removal	23,621		22	6f
Jacovino's Lawn Care Service	15 Pineridge Rd, Prospect, CT 06712	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping	23,636		22	6f
Kleiber Landscaping and Tree Deisgn	35 Farview Ave. Apt 2, Danbury, CT 06810	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Groundskeeping and Snow Removal	19,132		22	6f
Procare	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Common Owners: Minority Interest	Pharmacy Services	245,528		20	5a2
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						
		<input type="checkbox"/>	<input type="checkbox"/>						

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

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

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2017			Page 22	of 37
Item	Total	CCNH	RHNS	(Specify)		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance..... \$	105,133	105,133				
b. Heat..... \$	66,529	66,529				
c. Light & Power..... \$	124,415	124,415				
d. Water..... \$	46,259	46,259				
e. Equipment Lease (Provide detail on page 6)..... \$	26,990	26,990				
f. Other (itemize)..... \$	135,720	135,720				
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f) \$	505,046	505,046				
7. Depreciation (complete schedule page 23*)						
a. Land Improvements..... \$	4,375	4,375				
b. Building & Building Improvements..... \$	59,212	59,212				
c. Non-Movable Equipment..... \$	19,498	19,498				
d. Movable Equipment..... \$	65,355	65,355				
*7e. Total Depreciation Costs (7a + b + c + d) \$	148,440	148,440				
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense..... \$						
b. Mortgage Expense..... \$						
c. Leasehold Improvements..... \$	63,527	63,527				
d. Other (Specify)..... \$						
*8e. Total Amortization Costs (8a + b + c + d) \$	63,527	63,527				
9. Rental payments on leased real property less real estate taxes included in item 10b..... \$	681,370	681,370				
10. Property Taxes						
a. Real estate taxes paid by owner..... \$						
b. Real estate taxes paid by lessor..... \$	212,143	212,143				
c. Personal property taxes..... \$	13,901	13,901				
11. Total Property Expenses (7e + 8e + 9 + 10) \$	1,119,381	1,119,381				

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 32,406		
Rubbish Removal	\$ 23,621		
Snow Removal	\$ 12,302		
Supplies	\$ 67,391		
Total Other Repairs and Maintenance	\$ 135,720	\$ -	\$ -

Depreciation Schedule

Name of Facility	License No.		Report for Year Ended				Page	of
	2247		9/30/2017					
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	58,327		58,327	19,597			4,375	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
A-4. Subtotal						Various		4,375
B. Building and Building Improvements								
1. Acquired prior to this report period	790,401		790,401	614,190	S/L	Various	59,212	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
B-4. Subtotal						Various		59,212
C. Non-Movable Equipment								
1. Acquired prior to this report period	328,728		328,728	230,137	SL	Various	19,498	
2. Disposals (attach schedule)								
3. Acquired during this report period (attach schedule)								
C-4. Subtotal						Various		19,498
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								
b. Disposals (attach schedule)								
c. Acquired during this report period (attach schedule)								
2.a. Leased Movable Equipment **								
a. Acquired prior to this report period								
b. Acquired during this report period (attach schedule)								
D-3. Subtotal								65,355
E. Total Depreciation								148,440

** Leased movable equipment is shown for Cost Reporting purposes and is NOT included in the total Facility expense. Therefore, this allowable capital cost was added back on Page 29, line 39.

Schedule of Land Improvements Acquired during this report period

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

*Ties to Page 23, Line A3

**Ties to Page 23, Line A2

Schedule of Building Improvements Acquired during this report period

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

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

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

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Amortization Schedule*

Name of Facility		License No.		Report for Year Ended		Page	of		
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247		9/30/2017		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal.....									
B. Mortgage Expense									
1. Finance Fees									
2.									
3.									
B-4. Subtotal.....									
C. Leasehold Improvements and Other (Specify)									
1. Acquired prior to this report period	9	2016	Various	5,095,260	572,446		Var	53,825	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2017	Various	238,664		S/L	Var	9,701	
C-4. Subtotal.....									63,526
D. Total Amortization									63,526

* Straight-line method must be used.
 ** Specify which of the following bases were used:
 A. Minimum of 5 years or 60 months.
 B. Life of mortgage; OR
 C. Remaining Life of Lease; OR
 D. Actual Life if owned by Related Party.

Amortization Schedule - Detail of Leasehold Improvements & Other

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017	24A	37
C. Leasehold Improvements (Specify)				
1. Acquired prior to this report period		77,951	53,825	
2. Disposals (attach schedule)				
3. Acquired during this report period	Various		9,701	
C-4. Subtotal.....				63,526
C. Other (Specify)				
1. Bed License Purchase	None	494,495		
2. Bed License Purchase	None			
C-4. Subtotal.....				
Total Acquired prior to this report period		572,446	53,825	
Total Disposals				
Total Acquired during this report period			9,701	

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

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2017	Page 25	of 37
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11. Property Questionnaire

Part A

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

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

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

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	10,300,900			
f. Principal balance outstanding as of 9/30/2017	9,359,380			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				

Part C - Arms-Length Leases for Real Property Improvements Only

Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017			26	37
Item	Total	CCNH	RHNS	(Specify)		
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage.....	\$					
Name of Lender	Rate					
Address of Lender						
2. Second Mortgage.....	\$					
Name of Lender	Rate					
Address of Lender						
3. Third Mortgage.....	\$					
Name of Lender	Rate					
Address of Lender						
4. Fourth Mortgage.....	\$					
Name of Lender	Rate					
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount.....	\$					
2. Loan Origination Date.....						
3. Interest Rate %.....						
4. Term.....						
5. CHEFA Interest Expense.....						
12 B7. Total Building Interest Expense (A1 - A4 + B5)	\$					

(Carry Subtotals forward to next page)

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

Name of Facility	License No.	Report for Year Ended			Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017			27	37
Item		Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:						
12. C. Movable Equipment						
1. Automotive Equipment.....		\$				
A. Item	Rate	Amount				
Lender						
Address of Lender						
2. Other (Specify).....		\$	4,385	4,385		
A. Item	Rate	Amount				
Lighting fixt./energy upgrade	6.70%	60,550				
Lender						
Address of Lender						
B. Item	Rate	Amount				
		-				
Lender						
Address of Lender						
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2).....		\$	4,385	4,385		
12. D. Other Interest Expense (Specify).....		\$	27,325	27,325		
Vender Interest = (\$13,845); Line of Credit Interest & Fees = \$41,170						
13. Total All Interest Expense (12B7 + 12C3 + 12D).....		\$	31,710	31,710		
14. Insurance						
a. Insurance on Property (buildings only).....		\$	82,708	82,708		
b. Insurance on Automobiles.....		\$				
c. Insurance other than Property (as specified above)						
1. Umbrella (Blanket Coverage).....		\$				
2. Fire and Extended Coverage.....		\$				
3. Other (Specify).....		\$				
14d. Total Insurance Expenditures (14a + b + c)...		\$	82,708	82,708		
15. Total All Expenditures (A-13 thru C-14).....		\$	15,731,965	15,731,965		

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center				2247	9/30/2017	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs.....	\$			
2.			Salaries not related to Resident Care....	\$			
3.	10	A12g	Occupational Therapy.....	\$ 278,435	278,435		
4.	Var	Var	Other - See attached Schedule.....	\$ 3,107	3,107		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **.....	\$ 2,157	2,157		
6.	13	B10a	Occupational Therapy.....	\$ 11,104	11,104		
7.			Other - See attached Schedule.....	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits.....	\$			
9.	15	1c	Bad Debts.....	\$ 1,504,201	1,504,201		
10.	15	1d&e	Accounting & Legal.....	\$ 9,267	9,267		
11.			Telephone.....	\$			
12.	15	1h2	Cellular Telephone.....	\$ 134	134		
13.			Life insurance premiums on the life of Owners, Partners, Operators.....	\$			
14.	16	13	Gifts, flowers and coffee shops.....	\$ 29,778	29,778		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees.....	\$ 200	200		
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative....	\$			
17.			Automobile Expense (e.g. personal use).	\$			
18.	16	m2&3	Unallowable Advertising *.....	\$ 25,336	25,336		
19.			Income Tax / Corporate Business Tax...	\$			
20.			Fund Raising / Contributions.....	\$			
21.			Unallowable Management Fees.....	\$			
22.	16	m6	Barber and Beauty.....	\$			
23.	Var	Var	Other - See attached Schedule.....	\$ 20,049	20,049		
Page 18 - Dietary Expenditures							
24.	18	2a1	Meals to employees, guests and others who are not residents.....	\$ 1,517	1,517		
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents.....	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees and others who are not residents.....	\$			
Subtotal (Items 1 - 26)				\$ 1,885,285	1,885,285		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 1,885,285	1,885,285		
Page 20 - Resident Care Supplies***							
27.	20	5a1&2	Prescription Drugs.....	\$ 232,447	232,447		
28.	20	5d	Ambulance/Limousine.....	\$ 396	396		
29.	20	5f	X-rays, etc.....	\$ 21,438	21,438		
30.	20	5h	Laboratory.....	\$ 33,094	33,094		
31.	20	5c	Medical Supplies.....	\$ 12,600	12,600		
32.	20	5e2	Oxygen (non emergency).....	\$ 25,933	25,933		
33.	20	5j	Occupational Therapy.....	\$ 148	148		
34.	Var	Var	Other - See Attached Schedule.....	\$ 31,485	31,485		
Page 22 - Maintenance and Property							
35.	Var	Var	Excess Movable Equipment Depreciation See Attached Schedule.....	\$ 6,263	6,263		
36.			Depreciation on Unallowable Motor Vehicles.....	\$			
37.			Unallowable Property and Real Estate Taxes.....	\$			
38.			Rental of Building Space or Rooms.....	\$			
39.			Other - See Attached Schedule.....	\$			
Page 27 - Insurance							
40.			Mortgage Insurance.....	\$			
41.			Property Insurance.....	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities.....	\$			
43.	20	5j	Radio and Television Revenue.....	\$ 10,253	10,253		
44.			Vending Machine Revenue.....	\$			
45.			Purchase Discounts and Allowances.....	\$			
46.			Duplications of functions or services....	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest.....	\$			
48.	30	rv5	Interest Income on Accounts Rec.....	\$ 9	9		
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule.....	\$			
Not For Profit Providers Only							
50.	Var	Var	Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule.....	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 2,259,351	2,259,351		

*** Items billed directly to Department of Social Services and/or Health Services in CT, or other states, Medicare, and private-pay residents. Identify separately by category as indicated on Page 20.

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental	23,300		
20	5b	E-box	8,185		
Total Other Ancillary Costs			\$ 31,485	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Equip AJE	6,263		
Total Excess Movable Equipment Depreciation			6,263		

Schedule of Other Property Adjustments

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

Schedule of Other Adjustments

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

F. Statement of Revenue

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2017		Page 30	of 37
Item		Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (CT only).....	\$	17,300,142	17,300,142		
b. Medicaid Room and Board Contractual Allowance **.....	\$	(8,068,243)	(8,068,243)		
2. a. Medicaid (All other states).....	\$				
b. Other States Room and Board Contractual Allowance **.....	\$				
3. a. Medicare Residents (all inclusive).....	\$	2,658,970	2,658,970		
b. Medicare Room and Board Contractual Allowance **.....	\$	634,503	634,503		
4. a. Private-Pay Residents and Other.....	\$	2,053,547	2,053,547		
b. Private-Pay Room and Board Contractual Allowance **.....	\$	(151,109)	(151,109)		
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare.....	\$	250,391	250,391		
b. Prescription Drugs - Medicare Contractual Allowance **.....	\$	(245,711)	(245,711)		
c. Prescription Drugs - Non-Medicare.....	\$	90,611	90,611		
d. Prescription Drugs - Non-Medicare Contractual Allowance **.....	\$	(90,611)	(90,611)		
2. a. Medical Supplies - Medicare.....	\$				
b. Medical Supplies - Medicare Contractual Allowance **.....	\$				
c. Medical Supplies - Non-Medicare.....	\$				
d. Medical Supplies - Non-Medicare Contractual Allowance **.....	\$				
3. a. Physical Therapy - Medicare.....	\$	1,007,680	1,007,680		
b. Physical Therapy - Medicare Contractual Allowance **.....	\$	(786,525)	(786,525)		
c. Physical Therapy - Non-Medicare.....	\$	279,125	279,125		
d. Physical Therapy - Non-Medicare Contractual Allowance **.....	\$	(278,200)	(278,200)		
4. a. Speech Therapy - Medicare.....	\$	266,530	266,530		
b. Speech Therapy - Medicare Contractual Allowance **.....	\$	(226,836)	(226,836)		
c. Speech Therapy - Non-Medicare.....	\$	88,940	88,940		
d. Speech Therapy - Non-Medicare Contractual Allowance **.....	\$	(88,940)	(88,940)		
5. a. Occupational Therapy - Medicare.....	\$	746,700	746,700		
b. Occupational Therapy - Medicare Contractual Allowance **.....	\$	(673,008)	(673,008)		
c. Occupational Therapy - Non-Medicare.....	\$	190,900	190,900		
d. Occupational Therapy - Non-Medicare Contractual Allowance **.....	\$	(190,900)	(190,900)		
6. a. Other (Specify) - Medicare.....	\$				
b. Other (Specify) - Non-Medicare.....	\$	13,667	13,667		
III Total Resident Revenue (Section I thru Section II.).....	\$	14,781,623	14,781,623		
IV. Other Revenue*					
1. Meals sold to guests, employees & others.....	\$				
2. Rental of rooms to non-residents.....	\$				
3. Telephone.....	\$				
4. Rental of Television and Cable Services.....	\$				
5. Interest Income (Specify).....	\$	9	9		
6. Private Duty Nurses' Fees.....	\$				
7. Barber, Coffee, Beauty and Gift shops.....	\$				
8. Other (Specify).....	\$	27,894	27,894		
V. Total Other Revenue (1 thru 8).....	\$	27,903	27,903		
VI. Total All Revenue (III + V).....	\$	14,809,526	14,809,526		

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

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>).....			\$	164,720
2. Resident Accounts Receivable (Less Allowance for Bad Debts).....			\$	904,567
3. Other Accounts Receivable (Excluding Owners or Related Parties).....			\$	
4. Inventories.....			\$	19,432
5. Prepaid Expenses.....			\$	321,587
a. Prepaid Insurance	200,867			
b. Prepaid Interest	13,770			
c. Prepaid Expenses	106,950			
d.				
6. Interest Receivable.....			\$	
7. Medicare Final Settlement Receivable.....			\$	
8. Other Current Assets (<i>itemize</i>).....			\$	145,489
A/R Related Parties	145,489			
A-9. Total Current Assets (Lines A1 thru 8)			\$	1,555,795
B. Fixed Assets				
1. Land.....			\$	
2. Land Improvements	*Historical Cost.....	58,327	\$	34,355
	Accum. Depreciation	(23,972) Net.....		
3. Buildings	*Historical Cost.....	790,404	\$	117,002
	Accum. Depreciation	(673,402) Net.....		
4. Leasehold Improvements	*Historical Cost.....	920,217	\$	778,740
	Accum. Depreciation	(141,477) Net.....		
5. Non-Movable Equipment	*Historical Cost.....	328,727	\$	79,090
	Accum. Depreciation	(249,637) Net.....		
6. Movable Equipment	*Historical Cost.....	1,768,889	\$	193,641
	Accum. Depreciation	(1,575,248) Net.....		
7. Motor Vehicles	*Historical Cost.....		\$	
	Accum. Depreciation	Net.....		
8. Minor Equipment-Not Depreciable.....			\$	
9. Other Fixed Assets (<i>itemize</i>).....			\$	34,195
Equipment Carryforward AJE	34,195			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	1,237,023

* 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
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	2,792,818
C. Leasehold or like property recorded for Equity Purposes.				
1. Land.....			\$	800,000
2. Land Improvements				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
3. Buildings				
	*Historical Cost.....	9,000,000		
	Accum. Depreciation	(3,858,588)	Net.....	\$
4. Non-Movable Equipment				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
5. Movable Equipment				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
6. Motor Vehicles				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
7. Minor Equipment-Not Depreciable.....			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	5,941,412
D. Investment and Other Assets				
1. Deferred Deposits.....			\$	
2. Escrow Deposits.....			\$	
3. Organization Expense				
	*Historical Cost.....	_____		
	Accum. Depreciation	_____	Net.....	\$
4. Goodwill (Purchased Only).....			\$	3,919,211
5. Investments Related to Resident Care (<i>itemize</i>).....			\$	
6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	(2,070,610)
Name and Address		Amount	Loan Date	
Due from Related Party		(2,070,610)	3/29/2012	
7. Other Assets (<i>itemize</i>).....			\$	58,064
Deposits-IRS		16,892		
Deposits-Utility/Deferred Finance Fees		12,670		
Project Development		28,502		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,906,665
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	10,640,895

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable.....			\$	1,501,533
2. Notes Payable (<i>itemize</i>).....			\$	790,961
Line of Credit				598,961
Due to Related Party				192,000
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>).....			\$	
Name of Lender		Purpose	Amount	Date Due
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>).....			\$	180,143
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>).....			\$	
6. Accrued Payroll Taxes Payable.....			\$	4,372
7. Medicare Final Settlement Payable.....			\$	
8. Medicare Current Financing Payable.....			\$	
9. Mortgage Payable (<i>Current Portion</i>).....			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>).....			\$	1,945
11. Accrued Income Taxes*.....			\$	
12. Other Current Liabilities (<i>itemize</i>).....			\$	328,343
Acc'd Operating Expenses				123,455
Acc'd Expense - CT Sales Tax				(97)
Provider Taxes Due				190,419
Acc'd Health Ins				14,566
A-13. Total Current Liabilities (Lines A1 thru 12).....			\$	2,807,297

* Business Income Tax (not that withheld from employees). Attach copy of owner's Federal Income Tax Return. (Carry Total forward to next page)

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

G. Balance Sheet (cont'd)

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2017	Page 34	of 37	
Account				Amount	
Total Brought Forward:				2,807,297	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>).....				\$ 122,102	
Name of Lender	Purpose	Amount	Date Due		
Graybar Lease-energy upgrades		55,494	12/10/21		
Eversource energy upgrades		66,608	05/16/19		
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>).....				\$ 999,443	
<u>Due to Related Landlord</u>		999,443			

B-5. Total Long-Term Liabilities (Lines B1 thru 4).....				\$ 1,121,545	
C. Total All Liabilities (Lines A-13 + B-5).....				\$ 3,928,842	

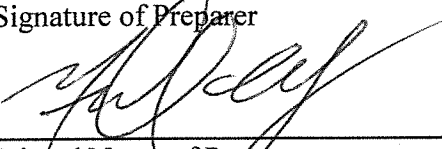
G. Balance Sheet (cont'd) Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land.....			\$	800,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized.....			\$	5,141,412
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.....			\$	5,941,412
B. Net Worth				
1. Owner's Capital.....			\$	
2. Capital Stock.....			\$	
3. Paid-in Surplus.....			\$	
4. Treasury Stock.....			\$	
5. Cumulated Earnings.....			\$	1,693,080
6. Gain or Loss for Period			\$	(922,439)
10/1/2016 thru 9/30/2017				
7. Total Net Worth.....			\$	770,641
C. Total Reserves and Net Worth			\$	6,712,053
D. Total Liabilities, Reserves, and Net Worth			\$	10,640,895

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center	2247	9/30/2017	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	2,394,333
B. Total Revenue (From Statement of Revenue Page 30)			\$	14,809,526
C. Total Expenditures (From Statement of Expenditures Page 27)			\$	15,731,965
D. Net Income or Deficit.....			\$	(922,439)
E. Balance.....			\$	1,471,894
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
		(729,100)		
	2016 Pension reversal	10,000		
	2016 Health Insurance	19,134		
	2016 Prior Year expense adj.s	(1,287)		
2. Other (<i>itemize</i>)				
F-3. Total Additions.....			\$	(701,253)
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>).....			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>).....			\$	
Purpose		Amount		
3. Total Deductions.....			\$	
H. Balance at End of Period			\$	770,641
	09/30/17			

I. Preparer's/Reviewer's Certification

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2017	Page 37	of 37
<i>Check appropriate category</i>				
CCNH	RHNS	Other (<i>Specify</i>)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer 	Title CEO	Date Signed 2/9/18		
Printed Name of Preparer Athena Health Care Associates, Inc				
Address 135 South Road Farmington, CT 06032		Phone Number (860) 751-3900		

Cost report forms generated by Athena Health Care Associates, Inc as approved in letter dated 12/11/13.