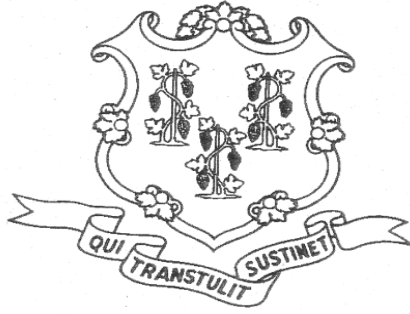


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Autumn Lake Healthcare at New Britain	
Address (No. & Street, City, State, Zip Code) 400 Brittany Farms Rd. New Britain, CT 06053	
Type of Facility Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2022	Report for Year Ending 9/30/2023

License Numbers:	CCNH / RHNS 2402	(Specify)	(Specify)	Medicare Provider 07-5292
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Medicaid Provider Numbers:	CCNH / RHNS 000010520	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Autumn Lake Heathcare at New Britain	License No. 2402	Report for Year Ended 9/30/2023	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 Autumn Lake Heathcare at New Britain [facility name], for the cost report period beginning October 1, 2022 and ending September 30, 2023, 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) Joshua Schechter			Printed Name (Owner) Aryeh Stern		
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 Autumn Lake Healthcare at New Britain	Period Covered:	From 10/1/2022	To 9/30/2023	
Address of Facility 400 Brittany Farms Rd. New Britain, CT 06053				
Report Prepared By CJLC LLC	Phone Number 860-610-9009	Date		
Item	Total	CCNH / RHNS	(Specify)	(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 860-224-3111		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Autumn Lake Heathcare at New Britain		Address (No. & Street, City, State, Zip) 400 Brittany Farms Rd. New Britain, CT 06053		
License Numbers:	CCNH / RHNS 2402	(Specify)	(Specify)	Medicare Provider No. 07-5292
Type of Facility (Check appropriate box(es)) Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home (CCNH) & RHNS Combined <input type="checkbox"/> (Specify) <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 Joshua Schechter		Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire Related Parties*

Name of Facility Autumn Lake Heathcare at New Britain	License No. 2402	Report for Year Ended 9/30/2023	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	%**				
Autumn Lake Heathcare LLC	4260 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Management Company	16/m12	384,700	369,332
Ultimate Therapy LLC	4260 Rte 9, Howell, NJ 07731	<input checked="" type="radio"/>	<input type="radio"/>		Therapy Company (ST, PT, OT)	13/5a, 9a, 10a	1,233,000	1,233,000
New Britain Realty	4260 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Building	22/9, 22/10a	1,943,736	1,943,736
		<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.

General Information and Questionnaire
Basis for Allocation of Costs

Name of Facility Autumn Lake Healthcare at New Britain	License No. 2402	Report for Year Ended 9/30/2023	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.

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

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.

General Information and Questionnaire
Other Lines of Business

Name of Facility Autumn Lake Healthcare at New Brita	License No. 2402	Report for Year Ended 9/30/2023	Page 6	of 37
Square footage of entire facility.		0		
Outpatient Therapy				
Does the Facility provide outpatient therapy services?		No		
<i>If yes, please complete the following:</i>				
Square footage of therapy space.				
Meals on Wheels				
Does the facility provide Meals on Wheels?		No		
<i>If yes, please complete the following:</i>				
Square footage of kitchen				
Number of meals served per week				
No	Are meals included in meals served on page 18 of the Annual Report?			
No	Are direct costs included in the Annual Report?			
<i>If yes, please state where costs are reported.</i>				
No	Are drivers for the program included in the facility's payroll?			
<i>If yes, please complete the following:</i>				
		Amount Reported		
		Annual Report page and line		
Please state the salary amounts of specific cooks and/or dietary aides				
Please state where the cooks and/or dietary aides are reported in the Annual Report				
Apartments, Independent Living, Assisted Living				
Does the facility have apartments, independent living, and/or assisted living?		No		
<i>If yes, please complete the following:</i>				
Square footage of apartments				
Square footage of independent living				
Square footage of assisted living				
Please identify the services provided:				

**General Information and Questionnaire
 Other Lines of Business (Continued)**

Name of Facility Autumn Lake Heathc	License No. 2402	Report for Year Ended 9/30/2023	Page 7	of 37
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Child Day Care

Does the Facility provide Child Day Care? No

If yes, please complete the following:

	Square footage of child day care space.
	Average number of daily participants.
	Number of meals per day provided to child day care.
	Nature of services provided:

Adult Day Care

Does the Facility provide Adult Day Care? No

If yes, please complete the following:

	Square footage of adult day care space.
	Please state where it is located in relation to the facility.
	Average number of daily participants.
	Number of meals per day provided to adult day care.
	Nature of services provided:

Schedule of Resident Statistics

Name of Facility Autumn Lake Healthcare at New Britain			License No. 2402		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total (Specify)	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30			
					Total	CCNH / RHNS	(Specify)	(Specify)	Total	CCNH / RHNS	(Specify)	(Specify)
1. Certified Bed Capacity												
A. On last day of PREVIOUS report period	282	282			282	282						
B. On last day of THIS report period	282	282							282	282		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	253	253			253	253						
B. As of midnight of THIS report period	242	242							242	242		
3. Total Number of Days Care Provided During Period												
A. Medicare	7,938	7,938			6,311	6,311			1,627	1,627		
B. Medicaid (Conn.)	59,126	59,126			44,086	44,086			15,040	15,040		
C. Medicaid (other states)												
D. Private Pay	6,521	6,521			4,765	4,765			1,756	1,756		
E. State SSI for RCH												
F. Other (Specify) HMO, Private Pay, Hospice	17,681	17,681			12,757	12,757			4,924	4,924		
G. Total Care Days During Period (3A thru F)	91,266	91,266			67,919	67,919			23,347	23,347		
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds												
A. Medicaid Bed Reserve Days												
B. Other Bed Reserve Days	32	32			32	32						
5. Total Resident Days (3G + 4A + 4B)	91,298	91,298			67,951	67,951			23,347	23,347		

Schedule of Resident Statistics (Cont'd)

Name of Facility Autumn Lake Healthcare at New Britain				License No. 2402			Report for Year Ended 9/30/2023			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)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(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)	(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)	(Specify)	R.C.H.	ICF-MR					
No. of Residents	15	169		58									
Per Diem Rate													
a. One bed rm.	749.01	291.40		352.10									
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments				TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)					
A. Medicare - Part B				7,995	7,995								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments				321	321								
2. Restorative Treatments				2,888	2,888								
C. Other													
D. Total Physical Therapy Treatments				11,204	11,204								
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B				1,538	1,538								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments				73	73								
2. Restorative Treatments				655	655								
C. Other													
D. Total Speech Therapy Treatments				2,266	2,266								
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B				8,119	8,119								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments				338	338								
2. Restorative Treatments				3,043	3,043								
C. Other													
D. Total Occupational Therapy Treatments				11,500	11,500								

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility Autumn Lake Healthcare at New Britain	License No. 2402	Report for Year Ended 9/30/2023	Page 10	of 37
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Are time records maintained by all individuals receiving compensation? Yes No

Item	Total Cost and Hours								
	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	Hours
A. Salaries and Wages*									
1. Operators/Owners (Complete also Sec. I of Schedule A1)	207,462		117						
2. Administrator(s) (Complete also Sec. III of Schedule A1)	226,664		2,320						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	1,063,587		27,051						
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor									
c. Dietary Workers	1,106,523		52,956						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance									
b. Other Maintenance Workers	231,847		9,862						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers									
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									
b. RN									
1. Direct Care									
2. Administrative**									
c. LPN									
1. Direct Care									
2. Administrative**									
d. Aides and Attendants									
e. Physical Therapists									
f. Speech Therapists									
g. Occupational Therapists									
h. Recreation Workers	228,523		10,336						
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	227,507		7,089						
n. Marketing									
o. Other (Specify)									
See Attached Schedule	49,465		2,185						
<i>A-13. Total Salary Expenditures</i>	3,341,578		111,916						

* 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 in the Adjustment column.

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH / RHNS			(Specify)			(Specify)		
	\$	Adjustment	Hours	\$	Adjustment	Hours	\$	Adjustment	Hours
Salaries Medical Records	\$ 49,465		2,185						
Total	\$ 49,465	\$ -	2,185	\$ -	\$ -	-	\$ -	\$ -	-

Schedule of Other Fees (Page 13)

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Autumn Lake Heathcare at New Britain				2402	9/30/2023			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)	(Specify)							
Section I - Operators/Owners										
Aryeh Stern	207,462				Oversees buildings, high level executive decisions, etc.	117	A1	Owns multiple buildings in NJ, MD and CT.		
								Portion of 2022 were dedicated to overseeing CT buildings.		
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

** Include all employment worked during the cost year.

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Autumn Lake Heathcare at New Britain				2402	9/30/2023			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)	(Specify)							
Section III - Administrators***										
Joshua Schechter	226,664				Administrator	2,320	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				
Autumn Lake Healthcare at New Britain	2402	9/30/2023		13	37				
Total Cost and Hours									
Item	CCNH / RHNS	Adjustment	Hours	(Specify)	Adjustment	Hours	(Specify)	Adjustment	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	220,913		2,403						
2. Dentist	20,781		257						
3. Pharmacist	50,505		254						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	540,680		9,011						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	76,000		339						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**									
d. Administrative Services facility									
1. Infection Control Committee (Quarterly meetings)									
2. Pharmaceutical Committee (Quarterly meetings)									
3. Staff Development Committee (Once annually)									
e. Other (Specify) Cardiology	23,000		257						
9. Speech Therapist									
a. Resident Care	122,660		2,044						
b. Other									
10. Occupational Therapist									
a. Resident Care	569,660	(569,660)	9,494						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	1,639,000		17,821						
2. Administrative***	1,465,500		27,018						
b. LPN									
1. Direct Care	4,758,000		87,005						
2. Administrative***									
c. Aides	7,180,000		225,863						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	16,666,699	(569,660)	381,767						

* 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 in the Adjustment column.

*** 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 Autumn Lake Healthcare at New Britain		License No. 2402	Report for Year Ended 9/30/2023	Page 14	of 37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
HealthDrive Dental	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Prescription	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Procure LTC Pharmacy, 1492 Highland Ave., Cheshire, CT 06410	Pharmacy Consultant	<input type="radio"/>	<input checked="" type="radio"/>		
Ultimate Therapy, 4201 Rte 9, Howell, NJ 07731	Physical Therapist, Occupational Therapist, Speech Therapist	<input checked="" type="radio"/>	<input type="radio"/>		
Accurate Staffing, Inc. (ASI), 14C 53rd St., Brooklyn, NY 11232	Nurse Services	<input type="radio"/>	<input checked="" type="radio"/>		
Jeffrey Kagan, MD, 365 Willard Ave. Ste 2D, Newington, CT 06111	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Lexington Cardiology Associates, 1 Liberty Square, New Britain, CT 06050	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
ProHealth Physicians of Farmington, 21 South Rd., Farmington, CT 06032	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Real Life Medical	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Starling Physicians	Medical Director	<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"/>		
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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
Autumn Lake Healthcare at New Britain	2402	9/30/2023					15	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
1. Administrative and General								
a. Employee Health & Welfare Benefits								
1. Workmen's Compensation	\$ 53,221	53,221						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 24,181	24,181						
4. Social Security (F.I.C.A.)	\$ 226,841	226,841						
5. Health Insurance	\$ 258,958	258,958						
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 2,150	2,150						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 105,786	105,786						
8. Uniform Allowance	\$ 2,275	2,275						
9. Other (Specify) See Attached Schedule	\$ 29,336	29,336						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$ (50,730)	(50,730)	50,730					
d. Accounting and Auditing	\$ 73,757	73,757						
e. Legal (Services should be fully described on Page 15b)	\$ 51,793	51,793						
f. Insurance on Lives of Owners and Operators (Specify)*	\$							
g. Office Supplies	\$ 112,492	112,492						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 24,063	24,063						
2. Cellular Phones	\$ 4,626	4,626	(826)					
i. Appraisal (Specify purpose and attach copy)*	\$							
j. Corporation Business Taxes (franchise tax)	\$ 330,177	330,177	(329,867)					
k. Other Taxes (Not related to property - See Page 22)								
1. Income*	\$							
2. Other (Specify) See Attached Schedule	\$							
3. Resident Day User Fee	\$ 1,221,039	1,221,039						
Subtotal	\$ 2,469,965	2,469,965	(279,963)					

* Facility should self-disallow the expense in the Adjustment column.

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Employee Benefits	\$ 16,664					
Employee Physical	\$ 466					
Union Training & Upgrade	\$ 12,206					
Total	\$ 29,336	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire
Accounting Basis

Name of Facility Autumn Lake Healthcare at New Br	License No. 2402	Report for Year Ended 9/30/2023	Page 15b	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 CJLC LLC 2 Brand Sonnenchine 3 4	Address (No. & Street, City, State, Zip Code) 225 Pitkin St., East Hartford, CT 06108 299 Broadway #600, New York, NY 10007
--	---

Services Provided by This Firm (*describe fully*)

1 Medicaid Cost Report	\$ 17,052
2 Fianancial Statement Preperation & Regular Account Work	\$ 56,705
3	\$
4	\$
	Charge for Services Provided \$ 73,757

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

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Fisher & Phillips 2 Hallmark Specialty 3 4 5	Telephone Number
--	------------------

Address (*No. & Street, City, State, Zip Code*)
 1 PO Box 117253, Atlanta, GA 30368
 2 5420 Lyndon B Johnson Frwy, #1100, Dallas, TX 75240
 3
 4
 5

Services Provided by This Firm (*describe fully*)

1 EPLI Claims	\$ 26,793
2 Insurance Deductibles	\$ 25,000
3	\$
4	\$
5	\$
	Charge for Services Provided \$ 51,793

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

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

Name of Facility	License No.	Report for Year Ended						Page	of
Autumn Lake Healthcare at New Britain	2402	9/30/2023						16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment		
Subtotals Brought Forward:	2,469,965	2,469,965	(279,963)						
i. Travel and Entertainment									
1. Resident Travel and Entertainment	\$								
2. Holiday Parties for Staff	\$ 9,400	9,400							
3. Gifts to Staff and Residents	\$ 19,761	19,761							
4. Employee Travel	\$ 129,236	129,236							
5. Education Expenses Related to Seminars and Conventions	\$ 27,975	27,975							
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)	\$ 3,348	3,348							
2. Advertising Telephone Directory (all such expenses)***	\$								
3. Advertising Other (Specify)*** See Attached Schedule	\$ 111,305	111,305	(111,305)						
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. Dues and Membership Fees to Professional Associations (Specify) See Attached Schedule	\$								
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$								
9. Subscriptions	\$								
10. Contributions*** See Attached Schedule	\$ 17,125	17,125	(17,125)						
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$								
12. Administrative Management Services**	\$ 384,700	384,700							
13. Other (Specify) See Attached Schedule	\$ 747,029	747,029	(14,491)						
C-14 Total Administrative & General Expenditures	\$ 3,919,844	3,919,844	(422,884)						

* 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 in the Adjustment column.

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Office Marketing	\$ 51,045	\$ (51,045)				
Advertising	\$ 56,410	\$ (56,410)				
Marketing	\$ 3,850	\$ (3,850)				
Total Other Advertising	\$ 111,305	\$ (111,305)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Total Dues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Contributions	\$ 17,125	\$ (17,125)				
Total Contributions	\$ 17,125	\$ (17,125)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Fiscal Services	\$ 489,410					
Internet	\$ 11,593					
Licenses	\$ 4,214					
Employee Background Check	\$ 5,954					
Data Processing	\$ 74,359					
Consultants	\$ 133,106					
Bank Charges	\$ 13,902					
Penalties	\$ 12,593	\$ (12,593)				
Resident Pd. Claims	\$ 1,898	\$ (1,898)				
Total Other Administrative and General	\$ 747,029	\$ (14,491)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Autumn Lake Healthcare at New Britain	License No. 2402	Report for Year Ended 9/30/2023	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 #
Autumn Lake Healthcare, LLC	384,700	Management Services	16/m12

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Autumn Lake Healthcare at New Britain		2402	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 707,436	707,436						
2. Non-Food Supplies	\$ 76,961	76,961						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 119,943	119,943						
c. Other (Specify) _____	\$							
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 904,340	904,340						
2E. Dietary Questionnaire	Total	CCNH / RHNS		(Specify)		(Specify)		
F. Resident Meals: Total no. of meals served per day:*								
G. Is cost of employee meals included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No								
H. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.			
I. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
J. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.			
K. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.			
L. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
M. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2D? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify cost.			
N. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No					If yes, specify amt.			
O. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

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

Name of Facility Autumn Lake Healthcare at New Britain		License No. 2402	Report for Year Ended 9/30/2023				Page 19	of 37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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. \$						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	672,548	672,548				
c. Other (Specify) Laundry Supplies		\$	30,383	30,383				
3D. Total Laundry Expenditures (3a + b + c)		\$	702,931	702,931				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Autumn Lake Healthcare at New Britain		2402	9/30/2023				20	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
4. Housekeeping								
a. In-House Care	Sq. Ft. Serviced by Personnel							
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$							
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. \$	1,076,036	1,076,036					
C. Other (<i>Specify</i>) Housekeeping Supplies		\$ 53,431	53,431					
4D. Total Housekeeping Expenditures (4a + b + c)		\$ 1,129,467	1,129,467					
5. Resident Care (Supplies)**								
a. Prescription Drugs***								
1. Own Pharmacy	\$							
2. Purchased from	\$	433,966	433,966	(433,966)				
b. Medicine Cabinet Drugs	\$	14,219	14,219					
c. Medical and Therapeutic Supplies	\$	235,798	235,798	(17,245)				
d. Ambulance/Limousine***	\$	65,060	65,060	(65,060)				
e. Oxygen								
1. For Emergency Use	\$							
2. Other***	\$	6,943	6,943	(6,943)				
f. X-rays and Related Radiological Procedures***	\$	10,893	10,893	(10,893)				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$							
h. Laboratory***	\$	18,907	18,907	(18,907)				
i. Recreation	\$	18,733	18,733					
j. Direct Management Services*	\$							
k. Indirect Management Services*	\$							
l. Cable TV	\$	20,052	20,052					
m. Other (<i>Specify</i>)**** See Attached Schedule	\$	351,220	351,220	(64,889)				
n. Physical Therapy Expense	\$	96	96					
o. Speech Therapy Expense	\$							
5P. Total Resident Care Expenditures (5a - 5o)	\$	1,175,887	1,175,887	(617,903)				

* 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 in the Adjustment column.

**** 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 Autumn Lake Healthcare at New Britain			License No. 2402	Report for Year Ended 9/30/2023	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)	(Specify)	Pg	Line
Waste Wanted Solutions	178 Route 59, Ste. 303, Monsey, NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	81,642			22	6a
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry-\$672,548, Housekeeping-	1,868,527			18,19,2	3b,3b.
Accurate Staffing LLC	14 53rd St., Ste 220, Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Nursing	14,077,500			13	
Network Dr.	Englewood Cliffs, NY 07632	<input type="radio"/>	<input checked="" type="radio"/>		Contract (provide computers/software, etc.)	69,585			16	m13
Future Care Consultants	14 53rd St., Ste 220, Brooklyn, NY 11232	<input type="radio"/>	<input checked="" type="radio"/>		Billing and AR	420,000			16	m13
Hospitality	Blvd., Jersey City, NJ 07304	<input type="radio"/>	<input checked="" type="radio"/>		Purchasing for Food and Dietary Supplies	102,930			18	
Western Environmental Solutions	Blvd., Jersey City, NJ 07304	<input type="radio"/>	<input checked="" type="radio"/>		Maintenance Consulting and Purchasing Service	54,934			22	6a
Point Click Care	PO Box 674802 Detroit MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	38,609			16	m13
Mobile Mini Inc.	PO Box 740773, Cincinnati OH 45274	<input type="radio"/>	<input checked="" type="radio"/>		Storage	19,260			22	6a
On Shift	1621 Euclid Ave., Cleveland, OH 44115	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	21,210			16	m13
Brightview Landscapes LLC		<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	12,281			22	6a
		<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 Autumn Lake Healthcare at New Britain		License No. 2402	Report for Year Ended 9/30/2023				Page 22	of 37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 212,165	212,165						
b. Heat	\$ 99,459	99,459						
c. Light & Power	\$ 206,134	206,134						
d. Water	\$ 91,995	91,995						
e. Equipment Lease (Provide detail on page 22b)	\$ 15,209	15,209						
f. Other (itemize) See Attached Schedule	\$							
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 624,962	624,962						
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 363,634	363,634						
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 66,036	66,036						
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 429,670	429,670						
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 141,214	141,214						
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 141,214	141,214						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 1,504,547	1,504,547						
10. Property Taxes								
a. Real estate taxes paid by owner	\$ 439,189	439,189						
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 2,514,620	2,514,620						

* 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	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Total Other Repairs and Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

General Information and Questionnaire Leases (Excluding Real Property)

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

Name of Facility			License No.	Report for Year Ended			Page	of
Autumn Lake Healthcare at New Britain			2402	9/30/2023			22b	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						
DeLage Landen Financial Services	<input type="radio"/>	<input checked="" type="radio"/>	Copiers	02/22/22	63	15,209	15,209	
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
	<input type="radio"/>	<input checked="" type="radio"/>						
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes	<input type="radio"/> No
Total ***							15,209	

* 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.

Depreciation Schedule

Name of Facility Autumn Lake Healthcare at New Britain		License No. 2402		Report for Year Ended 9/30/2023			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		10,909,021		10,909,021	2,818,164	SL	30	363,634				
2. Disposals (attach schedule)												
3. Acquired during this report period (attach schedule)												
B-4. Subtotal									363,634			
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												
b. Disposals (attach schedule)												
Acquired during this report period (attach schedule):												
c. Administrative												
d. Standard Resident												
e. Specialized Resident												
Total Acquired during this report period												
D-3. Subtotal												
E. Total Depreciation												

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	Pick One	Cost	Useful Life	Depreciation
		Movable Category			
Additions:					
6/29/2023	Electric Bed	Standard Resident	\$ 2,926	5	\$ 585
7/20/2023	Electric Bed	Standard Resident	\$ 2,936	5	\$ 587
7/31/2023	Electric Bed	Standard Resident	\$ 909	5	\$ 182
3/15/2023	Sink	Administrative	\$ 1,268	5	\$ 254
11/8/2022	Electric Bed	Standard Resident	\$ 10,912	5	\$ 2,182
10/19/2022	Dell Notebook	Administrative	\$ 701	5	\$ 140
12/2/2022	Pump & Motor Assembly	Administrative	\$ 1,042	5	\$ 208
12/27/2022	Convection Oven	Administrative	\$ 10,915	5	\$ 2,183
12/19/2022	Robot Coupe	Administrative	\$ 1,964	5	\$ 393
7/1/2022	Dell Laptop	Administrative	\$ 3,134	5	\$ 627
10/27/2022	Freezer	Administrative	\$ 649	5	\$ 130
1/4/2022	Electric Bed	Standard Resident	\$ 1,258	5	\$ 252
12/8/2022	Piping	Administrative	\$ 14,573	5	\$ 2,915
11/25/2022	Dryer	Administrative	\$ 5,876	5	\$ 1,175
3/31/2023	Base, HOD, Ultra	Standard Resident	\$ 1,683	5	\$ 337
7/21/2023	Base, HOD, Ultra	Standard Resident	\$ 2,525	5	\$ 505
1/4/2023	Electric Bed	Standard Resident	\$ 7,003	5	\$ 1,401
4/27/2023	Electric Bed	Standard Resident	\$ 5,628	5	\$ 1,126
9/1/2023	American Express	Administrative	\$ 3,073	5	\$ 615
10/28/2021	Boiler	Administrative	\$ 1,823	5	\$ 365
2/20/2023	BTU Burner	Standard Resident	\$ 5,370	5	\$ 1,074
7/31/2023	Washer	Administrative	\$ 9,270	5	\$ 1,854
1/13/2023	Actuator Motor	Administrative	\$ 740	5	\$ 148
2/2/2023	Protekt Lift	Standard Resident	\$ 2,704	5	\$ 541
6/16/2023	Digital Scale	Standard Resident	\$ 1,319	5	\$ 264
6/1/2023	Avaya IP	Administrative	\$ 598	5	\$ 120
3/8/2023	iPad Pro	Administrative	\$ 1,024	5	\$ 205
8/18/2023	Gate Mag-Lock System	Administrative	\$ 4,601	5	\$ 920
6/26/2023	Control Board	Administrative	\$ 4,175	5	\$ 835
11/16/2022	Driver Side Floor in Truck	Administrative	\$ 1,644	5	\$ 329
3/9/2023	Screen/Lint/Valve/Drain	Administrative	\$ 1,550	5	\$ 310
5/1/2023	Ozone Service	Administrative	\$ 2,122	5	\$ 424
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 115,915		\$ 23,183 *
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:				
10/24/2022	Electrical	\$ 5,350	15	\$ 357
10/2/2022	Renovation Hallway	\$ 1,249	15	\$ 83
10/11/2022	Flooring	\$ 1,650	15	\$ 110
11/29/2022	Laundry Room Renovation	\$ 22,184	15	\$ 1,479
12/11/2022	Laundry Room Renovation	\$ 2,949	15	\$ 197
12/29/2022	Keypaid/MAG Lock	\$ 4,606	15	\$ 307
1/16/2023	Construction	\$ 3,500	15	\$ 233
1/16/2023	Construction	\$ 3,700	15	\$ 247
1/16/2023	Construction	\$ 2,600	15	\$ 173
5/31/2023	Flooring	\$ 6,385	15	\$ 426
6/20/2023	Chain Link Gates	\$ 5,052	15	\$ 337
9/1/2023	Door Lock	\$ 725	15	\$ 48
11/30/2022	Asbuilt	\$ 946	15	\$ 63

Amortization Schedule*

Name of Facility Autumn Lake Heathcare at New Britain			License No. 2402		Report for Year Ended 9/30/2023			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	Var	Var		1,714,878	349,877			120,055	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				317,384				21,159	
C-4. Subtotal									141,214
D. Total Amortization									141,214

* 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 Autumn Lake Healthcare at New Britain	License No. 2402	Report for Year Ended 9/30/2023	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	01/01/15			
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	01/01/15			
4. Date of Initial Licensure	01/01/15			
5. Total Licensed Bed Capacity	282			
6. Square Footage				
7. Acquisition Cost				
a. Land				
b. Building				

Part B - Owner and Related Parties

1st Mortgage 2nd Mortgage 3rd Mortgage 4th Mortgage

1. Financing				
a. Type of Financing (e.g., fixed, variable)				
b. Date Mortgage Obtained				
c. Interest Rate for the Cost Year				
d. Term of Mortgage (number of years)				
e. Amount of Principal Borrowed				
f. Principal balance outstanding as of _____				
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
Autumn Lake Healthcare at New Brit		2402	9/30/2023					26	37
Item		Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
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	
Autumn Lake Healthcare at New B		2402		9/30/2023				27	37	
Item				Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
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)				\$	14,856	14,856				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	14,856	14,856				
14. Insurance										
a. Insurance on Property (buildings only)				\$	749,374	749,374				
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)				\$	749,374	749,374				
15. Total All Expenditures (A-13 thru C-14)				\$	31,744,558	31,744,558	(1,610,447)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare at New Britain	2402	9/30/2023		30	37
Item	Total	CCNH / RHNS	(Specify)	(Specify)	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 20,170,514	20,170,514			
b. Medicaid Room and Board Contractual Allowance **	\$				
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 9,480,583	9,480,583			
b. Medicare Room and Board Contractual Allowance **	\$ (158,263)	(158,263)			
4. a. Private-Pay Residents and Other	\$ 2,313,737	2,313,737			
b. Private-Pay Room and Board Contractual Allowance **	\$				
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$				
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$				
2. a. Medical Supplies - Medicare	\$ (5,655)	(5,655)			
b. Medical Supplies - Medicare Contractual Allowance **	\$ 5,655	5,655			
c. Medical Supplies - Non-Medicare	\$ 7,425	7,425			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 1,161,088	1,161,088			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (935,028)	(935,028)			
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 543,311	543,311			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (409,683)	(409,683)			
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 1,145,539	1,145,539			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (892,940)	(892,940)			
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ 873,479	873,479			
b. Other (<i>Specify</i>) - Non-Medicare	\$ (5,509)	(5,509)			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 33,294,253	33,294,253			
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>)	\$ 314	314			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$				
V. Total Other Revenue (1 thru 8)	\$ 314	314			
VI. Total All Revenue (III +V)	\$ 33,294,567	33,294,567			

* 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)	(Specify)
	Fluenza Billing	\$ 30,684		
	Phneumonia	\$ 17,138		
	Optum (Part B Capitated)	\$ 797,467		
	Other Rev Mcre B -glucose	\$ 20,933		
	Other Rev Mcre B-flu Shot	\$ 6,971		
	Revenue-medicare Prior	\$ 286		
Total Other Resident Revenue - Medicare		\$ 873,479	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Contra - Mcre B - Flu	\$ (6,971)		
	Other Revenue B - NM	\$ 10,133		
	Contra Mcr B -NM	\$ (10,133)		
	Other Rev Mcre B -TL	\$ 1,661		
	Contra Rev Mcre B -TL	\$ (199)		
	Other Rev Mer B - Covid	\$ 1,372		
	Contra - Mcre B - Covid A	\$ (1,372)		
Total Other Resident Revenue		\$ (5,509)	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Interest Income		\$ 314		
Total Interest Income			\$ 314	\$ -	\$ -

Schedule of Other Revenue

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

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page of
Autumn Lake Heathcare at New Britain	2402	9/30/2023	31 37
Account		Amount	
Assets			
A. Current Assets			
1. Cash (<i>on hand and in banks</i>)		\$	1,290,016
2. Resident Accounts Receivable (Less Allowance for Bad Debts)		\$	3,411,446
3. Other Accounts Receivable (Excluding Owners or Related Parties)		\$	
4. Inventories		\$	
5. Prepaid Expenses		\$	201,875
a. _____			
b. _____			
c. _____			
d. See Schedule	201,875		
6. Interest Receivable		\$	
7. Medicare Final Settlement Receivable		\$	
8. Other Current Assets (<i>itemize</i>)		\$	

See Schedule			
A-9. Total Current Assets (Lines A1 thru 8)		\$	4,903,337
B. Fixed Assets			
1. Land		\$	
2. Land Improvements	*Historical Cost _____ Accum. Depreciation _____ Net	\$	
3. Buildings	*Historical Cost _____ Accum. Depreciation _____ Net	\$	
4. Leasehold Improvements	*Historical Cost <u>2,032,262</u> Accum. Depreciation <u>491,091</u> Net	\$	1,541,171
5. Non-Movable Equipment	*Historical Cost _____ Accum. Depreciation _____ Net	\$	
6. Movable Equipment	*Historical Cost _____ Accum. Depreciation _____ 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)		\$	1,541,171

* 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	
		Prepaid Insurance	\$ 201,650
		Prepaid Interest	\$ 225
		Total Prepaid Expenses	\$ 201,875

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
		Total Other Assets	\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
		Capital Lease Payable	\$ 9,306
		Insurance adj	\$ 243,933
		Total Notes Payable	\$ 253,239

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

Page Ref	Line Ref	Description	
		Due to Medicaid	\$ (282,581)
		Due to Medicare	\$ 23,312
		Due To/from Previous Ownr	\$ 25,667
		Due To Medicaid	\$ (80,316)
		Total Other Current Liabilities (Itemize)	\$ (313,918)

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

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

G. Balance Sheet (cont'd)

Name of Facility Autumn Lake Healthcare at New Britain	License No. 2402	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	6,444,508
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	1,000,000
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	10,909,021		
	Accum. Depreciation	3,181,798	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	1,496,628		
	Accum. Depreciation	1,294,198	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	8,929,653
D. Investment and Other Assets				
1. Deferred Deposits			\$	30,240
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	30,240
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	15,404,401

* 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
Autumn Lake Healthcare at New Britain	2402	9/30/2023	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	3,508,005
2. Notes Payable (<i>itemize</i>)			\$	253,239

See Schedule			253,239	
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>)			\$	
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	25,900
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>)			\$	(313,918)

See Schedule			(313,918)	
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	3,473,226

* 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 Autumn Lake Healthcare at New Britain	License No. 2402	Report for Year Ended 9/30/2023	Page 34	of 37
Account				Amount
Total Brought Forward:				3,473,226
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>)				\$ 3,670,323
Name and Address of Lender	Amount	Loan Date		
Stern/Autumn Lake/Landlord	3,670,323	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$
See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 3,670,323
C. Total All Liabilities (Lines A-13 + B-5)				\$ 7,143,549

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

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at New Britain	2402	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	9,045,570
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	9,045,570
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	(2,334,727)
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	
6. Gain or Loss for Period	10/1/2022	thru 9/30/2023	\$	1,550,009
7. Total Net Worth			\$	(784,718)
C. Total Reserves and Net Worth			\$	8,260,852
D. Total Liabilities, Reserves, and Net Worth			\$	15,404,401

H. Changes in Total Net Worth

Name of Facility Autumn Lake Healthcare at New Britain	License No. 2402	Report for Year Ended 9/30/2023	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2022			\$	(2,752,878)
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	33,294,567
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	31,744,558
D. Net Income or Deficit			\$	1,550,009
E. Balance			\$	(1,202,869)
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>)			\$	
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			\$	(1,202,869)