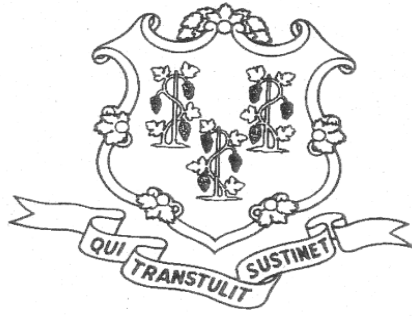


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Autumn Lake Heathcare at Bucks Hill	
Address (No. & Street, City, State, Zip Code) 2187 North Main Street, Waterbury, CT 06704	
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 2400	(Specify)	(Specify)	Medicare Provider 07-5418
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Medicaid Provider Numbers:	CCNH / RHNS 1275846594	(Specify)	(Specify)
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General Information

Name of Facility (as licensed) Autumn Lake Heathcare at Bucks Hill	License No. 2400	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 Bucks Hill [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) Krista Wagner			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 Bucks Hill		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 2187 North Main Street, Waterbury, CT 06704				
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 203-757-0731		Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Autumn Lake Heathcare at Bucks Hill		Address (No. & Street, City, State, Zip) 2187 North Main Street, Waterbury, CT 06704		
License Numbers:	CCNH / RHNS 2400	(Specify)	(Specify)	Medicare Provider No. 07-5418
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 Krista Wagner		Nursing Home Administrator's License No.:	2041	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2023	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

Names of Stockholders Owning at Least 10% of Shares			

**General Information and Questionnaire
Individual Proprietorship**

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at Bucks Hill	2400	9/30/2023	3B	37
If this facility is owned or operated as an individual proprietorship, provide the following information:				
Owner(s) of Facility				

**General Information and Questionnaire
 Related Parties***

Name of Facility Autumn Lake Heathcare at Bucks Hill	License No. 2400	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	114,300	114,300
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	663,000	663,000
Bucks Hill Realty LLC	4260 Rte 9, Howell, NJ 07731	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Building	22/9, 22/10a	831,301	831,301
		<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 Heathcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2023	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> 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 Bucks Hil	License No. 2400	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. 2400	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 Bucks Hill			License No. 2400		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	90	90			90	90							
B. On last day of THIS report period	90	90							90	90			
2. Number of Residents													
A. As of midnight of PREVIOUS report period	83	83			83	83							
B. As of midnight of THIS report period	81	81							81	81			
3. Total Number of Days Care Provided During Period													
A. Medicare	5,375	5,375			4,000	4,000			1,375	1,375			
B. Medicaid (Conn.)	20,692	20,692			15,512	15,512			5,180	5,180			
C. Medicaid (other states)													
D. Private Pay	2,114	2,114			1,622	1,622			492	492			
E. State SSI for RCH													
F. Other (Specify) HMO, Private Pay, Hospice	2,524	2,524			1,886	1,886			638	638			
G. Total Care Days During Period (3A thru F)	30,705	30,705			23,020	23,020			7,685	7,685			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	148	148			73	73			75	75			
B. Other Bed Reserve Days	22	22			17	17			5	5			
5. Total Resident Days (3G + 4A + 4B)	30,875	30,875			23,110	23,110			7,765	7,765			

Schedule of Resident Statistics (Cont'd)

Name of Facility Autumn Lake Heathcare at Bucks Hill			License No. 2400			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)	(Specify)	(Specify)		
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days									CCNH / RHNS	(Specify)	(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	53		13									
Per Diem Rate													
a. One bed rm.	734.75	283.25		374.39									
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				5,530	5,530								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments				122	122								
2. Restorative Treatments				1,102	1,102								
C. Other													
D. Total Physical Therapy Treatments				6,754	6,754								
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B				604	604								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments				8	8								
2. Restorative Treatments				70	70								
C. Other													
D. Total Speech Therapy Treatments				682	682								
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B				3,034	3,034								
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments				76	76								
2. Restorative Treatments				687	687								
C. Other													
D. Total Occupational Therapy Treatments				3,797	3,797								

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of					
Autumn Lake Healthcare at Bucks Hill	2400	9/30/2023	10	37					
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No									
	Total Cost and Hours								
Item	CCNH / 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)	168,232		2,080						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)									
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	270,588		8,090						
5. Dietary Service									
a. Head Dietitian									
b. Food Service Supervisor									
c. Dietary Workers	386,416		19,773						
6. Housekeeping Service									
a. Head Housekeeper									
b. Other Housekeeping Workers									
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance									
b. Other Maintenance Workers	61,449		2,080						
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	154,282		6,806						
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	133,663		4,235						
n. Marketing									
o. Other (Specify)									
See Attached Schedule	13,192		531						
<i>A-13. Total Salary Expenditures</i>	1,395,284		43,712						

* 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	\$ 13,192		531						
Total	\$ 13,192	\$ -	531	\$ -	\$ -	-	\$ -	\$ -	-

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 Bucks Hill				2400	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	Owens 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 Bucks Hill				2400	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***										
Krista Wagner	168,232				Administrator	2,080	A2			
Section IV - Assistant Administrators										

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

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

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

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Autumn Lake Healthcare at Bucks Hill	2400	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	62,104		872						
2. Dentist	4,200		72						
3. Pharmacist	18,396		118						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care	392,984		6,550						
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	36,000		174						
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)									
9. Speech Therapist									
a. Resident Care	25,043		417						
b. Other									
10. Occupational Therapist									
a. Resident Care	244,973	(244,973)	4,083						
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	844,188		12,329						
2. Administrative***	408,141		10,371						
b. LPN									
1. Direct Care	1,444,733		31,961						
2. Administrative***									
c. Aides	1,980,748		74,397						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	5,461,510	(244,973)	141,344						

* 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 Bucks Hill		License No. 2400		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			
LTC Management	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Prescription	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"/>			
RADD, 503 Wolcott Road, Wolcott, CT 06716	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>			
Accurate Staffing, Inc. (ASI), 14C 53rd St., Brooklyn, NY 11232	Nurse Services	<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"/>			
		<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 Bucks Hill	2400	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	\$ 16,197	16,197						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 10,186	10,186						
4. Social Security (F.I.C.A.)	\$ 88,830	88,830						
5. Health Insurance	\$ 47,486	47,486						
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 995	995						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 45,589	45,589						
8. Uniform Allowance	\$ 1,175	1,175						
9. Other (<i>Specify</i>) See Attached Schedule	\$ 4,981	4,981						
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$ 128,869	128,869	(128,869)					
d. Accounting and Auditing	\$ 62,379	62,379						
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$ 672	672						
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 40,413	40,413						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 15,181	15,181						
2. Cellular Phones	\$ 1,503	1,503						
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ 180,007	180,007	(179,757)					
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	\$ 477,982	477,982						
Subtotal	\$ 1,122,445	1,122,445	(308,626)					

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

(Carry Subtotals forward to next page)

General Information and Questionnaire
Accounting Basis

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	Report for Year Ended 9/30/2023	Page 15b	of 37
The records of this facility for the period covered by this report were maintained on the following basis:				
<input checked="" type="radio"/> Accrual <input type="radio"/> Cash <input type="radio"/> Modified Cash				
Is the accounting basis for this period the same as for the previous period? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain.				
Independent Accounting Firm				
Name of Accounting Firm		Address (No. & Street, City, State, Zip Code)		
1 CJLC LLC		225 Pitkin St., East Hartford, CT 06108		
2 Brand Sonnenchine		299 Broadway #600, New York, NY 10007		
3				
4				
Services Provided by This Firm (<i>describe fully</i>)				
1 Medicaid Cost Report		\$	10,840	
2 Financial Statement Preparation & Regular Account Work		\$	51,539	
3		\$		
4		\$		
			Charge for Services Provided	
			\$ 62,379	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 15/1d				
Legal Services Information				
Name of Legal Firm or Independent Attorney			Telephone Number	
1 Goldman, Gruder & Woods LLC			203-899-8900	
2				
3				
4				
5				
Address (<i>No. & Street, City, State, Zip Code</i>)				
1 200 Connecticut Ave., Norwalk, CT 06854				
2				
3				
4				
5				
Services Provided by This Firm (<i>describe fully</i>)				
1 Annual reports filed in NJ and CT for all the Bucks Hill entities		\$	672	
2		\$		
3		\$		
4		\$		
5		\$		
			Charge for Services Provided	
			\$ 672	
Are These Charges Reflected in the Expenditure Portion of This Report? If Yes, Specify Expense Classification and Line No.				
<input checked="" type="radio"/> Yes <input type="radio"/> No 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 Bucks Hill	2400	9/30/2023				16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Subtotals Brought Forward:		1,122,445	1,122,445	(308,626)			
i. Travel and Entertainment							
1. Resident Travel and Entertainment	\$						
2. Holiday Parties for Staff	\$ 9,400	9,400					
3. Gifts to Staff and Residents	\$ 2,887	2,887					
4. Employee Travel	\$ 15,617	15,617					
5. Education Expenses Related to Seminars and Conventions	\$ 26,945	26,945					
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)	\$ 705	705					
2. Advertising Telephone Directory (all such expenses)***	\$						
3. Advertising Other (Specify)*** See Attached Schedule	\$ 53,055	53,055	(53,055)				
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	\$ 7,125	7,125	(7,125)				
11. Services Provided by Contract (Specify and Complete Schedule C-2, Page 21 for each firm or individual)	\$						
12. Administrative Management Services**	\$ 114,300	114,300					
13. Other (Specify) See Attached Schedule	\$ 395,325	395,325	(17,727)				
C-14 Total Administrative & General Expenditures	\$ 1,747,804	1,747,804	(386,533)				

* 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	\$ 14,359	\$ (14,359)				
Advertising	\$ 38,696	\$ (38,696)				
Total Other Advertising	\$ 53,055	\$ (53,055)	\$ -	\$ -	\$ -	\$ -

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	\$ 7,125	\$ (7,125)				
Total Contributions	\$ 7,125	\$ (7,125)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Employee Paid Claims	\$ 3,528	\$ (3,528)				
Fiscal Services	\$ 292,807					
Internet	\$ 8,540					
Licenses	\$ 873					
Employee Background Check	\$ 4,147					
Data Processing	\$ 21,803					
Consultants	\$ 39,669					
Bank Charges	\$ 9,759					
Fraud	\$ 10,301	\$ (10,301)				
Penalties	\$ 2,883	\$ (2,883)				
Resident paid claims	\$ 1,015	\$ (1,015)				
Total Other Administrative and General	\$ 395,325	\$ (17,727)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	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	114,300	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 Bucks Hill		2400	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 220,185	220,185						
2. Non-Food Supplies	\$ 24,992	24,992						
3. Other (Specify) _____	\$							
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 64,881	64,881						
c. Other (Specify) _____	\$							
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 310,058	310,058						
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		License No.	Report for Year Ended				Page	of
Autumn Lake Healthcare at Bucks Hill		2400	9/30/2023				19	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)		\$	179,625	179,625				
c. Other (Specify) Laundry Supplies		\$	151,238	151,238				
3D. Total Laundry Expenditures (3a + b + c)		\$	330,863	330,863				
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 Bucks Hill		2400	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. \$	286,547	286,547				
	C. Other (<i>Specify</i>) Housekeeping Supplies	\$	18,728	18,728				
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	305,275	305,275				
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from	\$	160,054	160,054	(160,054)			
	b. Medicine Cabinet Drugs	\$	9,568	9,568				
	c. Medical and Therapeutic Supplies	\$	121,827	121,827	(2,090)			
	d. Ambulance/Limousine***	\$	168	168	(168)			
	e. Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$	1,211	1,211	(1,211)			
	f. X-rays and Related Radiological Procedures***	\$	6,809	6,809	(6,809)			
	g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
	h. Laboratory***	\$	20,621	20,621	(20,621)			
	i. Recreation	\$	11,867	11,867				
	j. Direct Management Services*	\$						
	k. Indirect Management Services*	\$						
	l. Cable TV	\$	20,886	20,886				
	m. Other (Specify)**** See Attached Schedule	\$	180,185	180,185	(42,207)			
	n. Physical Therapy Expense	\$	99	99				
	o. Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	533,295	533,295	(233,160)			

* 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.

Schedule of Other Resident Care

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Diapers	\$ 60,936					
Medical Waste	\$ 689					
Mattresses	\$ 4,461					
M'caid - I/V	\$ 32,182	\$ (32,182)				
IV Supplies	\$ 9,857	\$ (9,857)				
PICC/Midline Insertion	\$ 12,496					
Medical Equipment (Minor)	\$ 30,627					
PPE Expense (covid)	\$ 28,769					
Respiratory Therapy	\$ 168	\$ (168)				
Total Other Resident Care	\$ 180,185	\$ (42,207)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility			License No.	Report for Year Ended				Page of		
Autumn Lake Heathcare at Bucks Hill			2400	9/30/2023				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
Unitex Textile Rental Services	Pkwy, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Supply and Services	132,200			19	3c
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Dietary Services	64,881			18	2b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	179,625			19	3b
Healthcare Services	3220 Tillman Dr. #300, Bensalem, PA 19020	<input type="radio"/>	<input checked="" type="radio"/>		Housekeeping Services	273,461			20	4b
Med-Apparel Services	Parkway, Mount Vernon, NY 10550	<input type="radio"/>	<input checked="" type="radio"/>		Laundry Supply & Services	19,860			19	3c
Furture Care Consultants	14 53rd Street, Suite 220, Brooklyn, NJ 11232	<input type="radio"/>	<input checked="" type="radio"/>		Billing, AP and Payroll Services	252,000			16	m13
Accurate Staffing LLC	920 Blairhill Road, Suite B118. Charlotte NC	<input type="radio"/>	<input checked="" type="radio"/>		Outsourced Nursing Staff/Employees	4,667,740			13	B11a,
Wast Wanted Solutions	178 Rt 59, Ste 303, Monsey, NY 10952	<input type="radio"/>	<input checked="" type="radio"/>		Garbage	15,258			22	6a
Point Click Care	PO Box 674802, Detroit, MI 48267	<input type="radio"/>	<input checked="" type="radio"/>		Data Processing	12,590			16	m13
Network Dr.	Ave., Englewood Cliffs, NJ 07632	<input type="radio"/>	<input checked="" type="radio"/>		contract (Provided computers/software, etc)	40,917			16	m13
Hospitality Consulting	Blvd., Jersey City, NJ 07304	<input type="radio"/>	<input checked="" type="radio"/>		Purchasing for Food and Dietary supplies	247,483			18	
NCL Services	Wolcott Rd., Wolcott, CT 06716	<input type="radio"/>	<input checked="" type="radio"/>		Snow Removal	36,031			22	6a
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

** Refer to Page 4 for definition of related.

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Autumn Lake Healthcare at Bucks Hill	2400	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 143,634	143,634						
b. Heat	\$ 43,806	43,806						
c. Light & Power	\$ 41,295	41,295						
d. Water	\$ 30,141	30,141						
e. Equipment Lease (Provide detail on page 22b)	\$							
f. Other (itemize)	\$							
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 258,876	258,876						
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$							
b. Building & Building Improvements	\$ 104,034	104,034						
c. Non-Movable Equipment	\$							
d. Movable Equipment	\$ 23,422	23,422						
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 127,456	127,456						
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$							
c. Leasehold Improvements	\$ 93,044	93,044						
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 93,044	93,044						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 688,040	688,040						
10. Property Taxes								
a. Real estate taxes paid by owner	\$ 143,261	143,261						
b. Real estate taxes paid by lessor	\$							
c. Personal property taxes	\$							
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,051,801	1,051,801						

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

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 Autumn Lake Heathcare at Bucks Hill			License No. 2400			Report for Year Ended 9/30/2023		Page 22b	of 37
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed		
	Yes	No							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input checked="" type="radio"/>	<input 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 ***

* 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 Bucks Hill			License No. 2400		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			3,121,005		3,121,005	806,262	SL	30	104,034				
2. Disposals (attach schedule)													
3. Acquired during this report period (attach schedule)													
B-4. Subtotal										104,034			
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				Var	Var	473,487		473,487	422,225	SL	5	18,967	
b. Disposals (attach schedule)													
Acquired during this report period (attach schedule):													
c. Administrative						10,883						2,177	
d. Standard Resident						11,392						2,278	
e. Specialized Resident													
Total Acquired during this report period						22,275						4,455	
D-3. Subtotal													23,422
E. Total Depreciation													127,456

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:					
2/16/2013	Electric Low Bed	Standard Resident	\$ 1,625	5	\$ 325
7/17/2023	Electric Standard Bed	Standard Resident	\$ 909	5	\$ 182
7/17/2023	Mattress	Standard Resident	\$ 740	5	\$ 148
2/10/2023	Lifter	Standard Resident	\$ 1,542	5	\$ 308
4/6/2023	Sling	Standard Resident	\$ 1,252	5	\$ 250
9/27/2022	Laptop	Administrative	\$ 1,673	5	\$ 335
1/26/2023	Laptop	Administrative	\$ 758	5	\$ 152
1/27/2023	Apple Ipad	Administrative	\$ 609	5	\$ 122
9/11/2023	All-in-One Computer	Administrative	\$ 7,843	5	\$ 1,569
3/3/2023	Wheelchair	Standard Resident	\$ 696	5	\$ 139
11/22/2022	Chiller Pump	Standard Resident	\$ 4,627	5	\$ 925
Total additions for Movable Equipment			\$ 22,275		\$ 4,455 *
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:				
	Sprinkler	\$ 3,487	15	\$ 232
	Sprinkler	\$ 3,314	15	\$ 221
	Security	\$ 930	15	\$ 62
	Security	\$ 880	15	\$ 59
	Fix underground pipes	\$ 3,595	15	\$ 240
	Lighting in walk in cooler	\$ 585	15	\$ 39
	Kitchen Exhaust System	\$ 650	15	\$ 43
	Wiring	\$ 1,035	15	\$ 69
	Telephone Interface	\$ 1,722	15	\$ 115
	Doors	\$ 1,000	15	\$ 67
	Doors	\$ 1,191	15	\$ 79
	Lead Testing	\$ 574	15	\$ 38
	Oven	\$ 690	15	\$ 46
	Driveway Repairs	\$ 1,109	15	\$ 74
	Sewer Pipe	\$ 1,004	15	\$ 67
	Sewer Pipe	\$ 2,056	15	\$ 137
	Western	\$ 1,522	15	\$ 101
	Kitchen Exhaust System	\$ 691	15	\$ 46
	AC	\$ 1,168	15	\$ 78
	Renovations	\$ 86,724	15	\$ 5,782
Total additions for Leasehold Improvement		\$ 113,926		\$ 7,595 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Autumn Lake Heathcare at Bucks Hill			License No. 2400		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		1,303,142	330,489			85,449	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)				113,926				7,595	
C-4. Subtotal									93,044
D. Total Amortization									93,044

* 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 Bucks Hill	License No. 2400	Report for Year Ended 9/30/2023	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input type="radio"/> Yes	<input checked="" type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description	Total				
1. Date Land Purchased	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	90				
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 Bucks Hill		2400	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 Bucks		2400		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)			\$	6,482	6,482				
13. Total All Interest Expense (12B7 + 12C3 + 12D)			\$	6,482	6,482				
14. Insurance									
a. Insurance on Property (buildings only)			\$	199,216	199,216				
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)			\$	199,216	199,216				
15. Total All Expenditures (A-13 thru C-14)			\$	11,600,464	11,600,464	(864,666)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Autumn Lake Healthcare at Bucks Hill	2400	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>)	\$ 5,980,903	5,980,903			
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>)	\$ 5,001,054	5,001,054			
b. Medicare Room and Board Contractual Allowance **	\$ (69,747)	(69,747)			
4. a. Private-Pay Residents and Other	\$ 634,409	634,409			
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	\$				
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 22,658	22,658			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$				
3. a. Physical Therapy - Medicare	\$ 607,032	607,032			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (441,259)	(441,259)			
c. Physical Therapy - Non-Medicare	\$				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$				
4. a. Speech Therapy - Medicare	\$ 149,786	149,786			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (94,943)	(94,943)			
c. Speech Therapy - Non-Medicare	\$				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 479,543	479,543			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (392,477)	(392,477)			
c. Occupational Therapy - Non-Medicare	\$				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$				
6. a. Other (<i>Specify</i>) - Medicare	\$ 194,791	194,791			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 43,614	43,614			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 12,115,364	12,115,364			
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>)	\$ 299	299			
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$				
V. Total Other Revenue (1 thru 8)	\$ 299	299			
VI. Total All Revenue (III +V)	\$ 12,115,663	12,115,663			

* 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	\$ 6,017		
	Phneumonia	\$ 520		
	Other Rev Mcre A -med Sup	\$ 10,883		
	Contra Mcre A - Med Sup	\$ (10,883)		
	Optum (Part B Capitated)	\$ 171,046		
	Other Rev Mcre B -glucose	\$ 20,639		
	Other Rev Mcre B-flu Shot	\$ 600		
	Other Rev Mcre B-Pneumoni	\$ (600)		
	Contra - Mcre B - Glucose	\$ (3,431)		
Total Other Resident Revenue - Medicare		\$ 194,791	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Grant Income	\$ 43,510		
	Other Rev Mcre B -TL	\$ 83		
	Contra Rev Mcre B -TL	\$ 21		
	Other Rev Mcre B - Covid	\$ 2,782		
	Contra - Mcre B - Covid A	\$ (2,782)		
Total Other Resident Revenue		\$ 43,614	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
	Interest Income		\$ 299		
Total Interest Income			\$ 299	\$ -	\$ -

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 Bucks Hill	2400	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	270,402
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,035,541
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	1,328,533
a. _____				
b. _____				
c. _____				
d. See Schedule		1,328,533		
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)			\$	2,634,476
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>1,417,067</u>		\$	993,533
	Accum. Depreciation <u>423,534</u>	Net		
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)			\$	993,533

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
		Prepaid Insurance	\$ 53,140
		Prepaid Interest	\$ 715
		Prepaid Expenses	\$ 1,274,678
		Total Prepaid Expenses	\$ 1,328,533

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	\$ 3,176
		Insurance Adj	\$ 69,870
		Total Notes Payable	\$ 73,046

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

Page Ref	Line Ref	Description	
		Due to Medicaid	\$ (47,621)
		Due to Medicare	\$ 12,961
		Due from Previous Owner	\$ (120,365)
		Due To Medicaid	
		Total Other Current Liabilities (Itemize)	\$ (155,025)

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 Bucks Hill	License No. 2400	Report for Year Ended 9/30/2023	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,628,009
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	342,482
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	3,121,005		
	Accum. Depreciation	910,293	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	495,762		
	Accum. Depreciation	445,648	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	2,603,308
D. Investment and Other Assets				
1. Deferred Deposits			\$	17,555
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)			\$	17,555
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	6,248,872

* 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 Bucks Hill		2400	9/30/2023	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	995,713
2. Notes Payable (<i>itemize</i>)				\$	73,046

See Schedule					73,046
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				\$	9,705
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>)				\$	(155,025)

See Schedule					(155,025)
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	923,439

* 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 Bucks Hill	License No. 2400	Report for Year Ended 9/30/2023	Page 34	of 37
Account			Amount	
Total Brought Forward:			923,439	
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>)				\$ 598,615
Name and Address of Lender	Amount	Loan Date		
Stern/Autumn Lake/Landlord	598,615	Various		
4. Other Long-Term Liabilities (<i>itemize</i>)				\$

See Schedule				
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 598,615
C. Total All Liabilities (Lines A-13 + B-5)				\$ 1,522,054

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

Name of Facility	License No.	Report for Year Ended	Page	of
Autumn Lake Healthcare at Bucks Hill	2400	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			\$	2,641,049
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	2,641,049
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	1,570,570
6. Gain or Loss for Period			\$	515,199
	10/1/2022	thru	9/30/2023	
7. Total Net Worth			\$	2,085,769
C. Total Reserves and Net Worth			\$	4,726,818
D. Total Liabilities, Reserves, and Net Worth			\$	6,248,872

H. Changes in Total Net Worth

Name of Facility Autumn Lake Healthcare at Bucks Hill	License No. 2400	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			\$	4,917,240
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	12,115,663
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	11,600,464
D. Net Income or Deficit			\$	515,199
E. Balance			\$	5,432,439
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			\$	5,432,439
				09/30/23