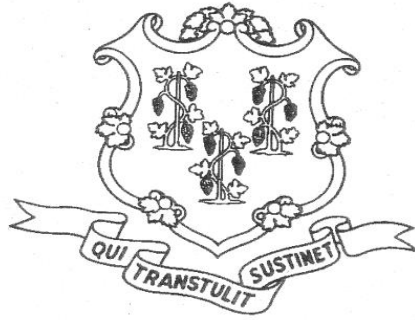


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2023

Name of Facility (as licensed) Athena Holdings d/b/a Laurel Ridge Health Care Center	
Address (No. & Street, City, State, Zip Code) 642 Danbury Road Ridgefield, CT 06877	
Type of Facility 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 2247	(Specify)	(Specify)	Medicare Provider 07-5395
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Medicaid Provider Numbers:	CCNH / RHNS 2247	(Specify)	(Specify)
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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Cent	2247	9/30/2023	1	37

Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Holdings d/b/a Laurel Ridge Health Care Center [facility name], for the cost report period beginning October 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) Carol Anne Salvietti			Printed Name (Owner) Lawrence Santilli		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

Table of Contents

General Information - Administrator's/Owner's Certification	1
General Information and Questionnaire - Data Required for Real Wage Adjustment	1A
General Information and Questionnaire - Type of Facility - Organization Structure	2
General Information and Questionnaire - Partners/Members	3
General Information and Questionnaire - Corporate Owners	3A
General Information and Questionnaire - Individual Proprietorship	3B
General Information and Questionnaire - Related Parties	4
General Information and Questionnaire - Basis for Allocation of Costs	5
General Information and Questionnaire - Other Lines of Business	6
General Information and Questionnaire - Other Lines of Business (Continued)	7
Schedule of Resident Statistics	8
Schedule of Resident Statistics (Cont'd)	9
A. Report of Expenditures - Salaries & Wages	10
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives	11
Schedule A1 - Salary Information for Operators/Owners; Administrators, Assistant Administrators and Other Relatives (Cont'd)	12
B. Report of Expenditures - Professional Fees	13
Report of Expenditures - Schedule B-1 - Information Required for Individual(s) Paid on Fee for Service Basis	14
C. Expenditures Other than Salaries - Administrative and General	15
C. Expenditures Other than Salaries (Cont'd) - Administrative and General	16
Schedule C-1 - Management Services	17
C. Expenditures Other than Salaries (Cont'd) - Dietary	18
C. Expenditures Other than Salaries (Cont'd) - Laundry	19
C. Expenditures Other than Salaries (Cont'd) - Housekeeping and Resident Care	20
Report of Expenditures - Schedule C-2 - Individuals or Firms Providing Services by Contract	21
C. Expenditures Other than Salaries (Cont'd) - Maintenance and Property	22
Depreciation Schedule	23
Amortization Schedule	24
C. Expenditures Other than Salaries (Cont'd) - Property Questionnaire	25
C. Expenditures Other than Salaries (Cont'd) - Interest	26
C. Expenditures Other than Salaries (Cont'd) - Interest and Insurance	27
F. Statement of Revenue	30
G. Balance Sheet	31
G. Balance Sheet (Cont'd)	32
G. Balance Sheet (Cont'd)	33
G. Balance Sheet (Cont'd)	34
G. Balance Sheet (Cont'd) - Reserves and Net Worth	35
H. Changes in Total Net Worth	36
I. Preparer's/Reviewer's Certification	37

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center		Period Covered:	From 10/1/2022	To 9/30/2023
Address of Facility 642 Danbury Road Ridgefield, CT 06877				
Report Prepared By Athena Health Care Associates, Inc		Phone Number (860) 751-3900	Date 3/1/2024	
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	Report for Year Ended 9/30/2023	Page 2	of 37
Name of Facility (as shown on license) Athena Holdings d/b/a Laurel Ridge Health Care Center		Address (No. & Street, City, State, Zip) 642 Danbury Road Ridgefield, CT 06877			
License Numbers:	CCNH / RHNS 2247	(Specify)	(Specify)	Medicare Provider No. 07-5395	
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 Caitlin Cannavaro			Nursing Home Administrator's License No.:	2184	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name Not Applicable			License No.:		

**General Information and Questionnaire
 Partners/Members**

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Cent		License No. 2247	Report for Year Ended 9/30/2023	Page 3	of 37
Legal Name of Partnership/LLC		Business Address		State(s) and/or Town(s) in Which Registered	
Name of Partners/Members	Business Address	Title		% Owned	
Conservators for Lawrence E.	135 South Rd. Farmington, CT 06032			14.1272	
Lawrence G. Santilli	135 South Rd. Farmington, CT 06032	Manager		57.3728	
Krista Santillii	135 South Rd. Farmington, CT 06032			6	
L&F Schwartz Family Limited	135 South Rd. Farmington, CT 06032			3	
Estate of Nicole Nocera	135 South Rd. Farmington, CT 06032			5	
David Reis Family Trust #2	135 South Rd. Farmington, CT 06032			1.6	
David Reis Family Trust #3	135 South Rd. Farmington, CT 06032			4.8	
David Reis Family Trust #4	135 South Rd. Farmington, CT 06032			1.6	

**General Information and Questionnaire
 Related Parties***

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Cente	License No. 2247	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	%**				
Misc Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>		Interfacility Loans	Pg 33 A2		
Athena Health Care	135 South Rd, Farmington, CT	<input checked="" type="radio"/>	<input type="radio"/>	>50%	See Attached			
Athena Captive	135 South Rd, Farmington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15 1a1	319,566	319,566
Athena Health Care 401k Plan	135 South Rd, Farmington, CT	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Facility participates in 401k plan			
Laurelridge Landlord LLC	135 South Rd, Farmington, CT	<input type="radio"/>	<input checked="" type="radio"/>	>95%	Lease of Property/Property Taxes/Insurance	P 22, L9 & L 10b,	1,078,227	1,078,227
Procure LTC	110 Bi-County Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<5%	Pharmacy Services	P13 B3, Pg 20 Lu5a	350,359	350,359
Athena Health Care Insurance	135 South Rd, Farmington, CT	<input checked="" type="radio"/>	<input type="radio"/>	>50%	Self Insured Employee Health & Dental Insu	Pg15, 1a5	1,095,786	1,095,786
Procure LTC	110 Bi-County Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	<5%	Pharmacy Services	p34, B4 & Pg27,L2e	37,266	37,266
		<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 Athena Holdings d/b/a Laurel Ridge Health Care	License No. 2247	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.

Not Applicable

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

Not Applicable

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

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

Not Applicable: No Non-Nursing Home Cost Centers

General Information and Questionnaire
Other Lines of Business

Name of Facility Athena Holdings d/b/a Laurel Ridge H	License No. 2247	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 Athena Holdings d/b/a	License No. 2247	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 Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247		Report for Year Ended 9/30/2023				Page 8	of 37		
	Total All Levels	Total CCNH / RHNS Level	Total	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	126	126			126	126						
B. On last day of THIS report period	126	126							126	126		
2. Number of Residents												
A. As of midnight of PREVIOUS report period	99	99			99	99						
B. As of midnight of THIS report period	112	112							112	112		
3. Total Number of Days Care Provided During Period												
A. Medicare	6,195	6,195			4,840	4,840			1,355	1,355		
B. Medicaid (Conn.)	30,657	30,657			22,148	22,148			8,509	8,509		
C. Medicaid (other states)												
D. Private Pay	2,126	2,126			1,553	1,553			573	573		
E. State SSI for RCH	135	135			107	107			28	28		
F. Other (Specify)												
G. Total Care Days During Period (3A thru F)	39,113	39,113			28,648	28,648			10,465	10,465		
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												
5. Total Resident Days (3G + 4A + 4B)	39,113	39,113			28,648	28,648			10,465	10,465		

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care C	License No. 2247	Report for Year Ended 9/30/2023	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH / RHNS	(Specify)	(Specify)	Lost			Gained			CCNH / RHNS	(Specify)	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	CCNH / RHNS	(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	3	99		4		6		
Per Diem Rate								
a. One bed rm.	604.89	#####		684.00		406.32		
b. Two bed rms.	604.89	#####		654.00		406.32		
c. Three or more bed rms.								

7. Total Number of Physical Therapy Treatments	TOTAL	CCNH / RHNS	(Specify)	Outpatient	(Specify)
A. Medicare - Part B	3,235	3,235			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	590	590			
2. Restorative Treatments					
C. Other	7,009	7,009			
D. Total Physical Therapy Treatments	10,834	10,834			
8. Total Number of Speech Therapy Treatments					
A. Medicare - Part B	731	731			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	169	169			
2. Restorative Treatments					
C. Other	1,006	1,006			
D. Total Speech Therapy Treatments	1,906	1,906			
9. Total Number of Occupational Therapy Treatments					
A. Medicare - Part B	2,372	2,372			
B. Medicaid (Exclusive of Part B)					
1. Maintenance Treatments	528	528			
2. Restorative Treatments					
C. Other	6,617	6,617			
D. Total Occupational Therapy Treatments	9,517	9,517			

Annual Report of Long-Term Care Facility

CSP-10 Rev. 3/2023

Report of Expenditures - Salaries & Wages

Name of Facility		License No.		Report for Year Ended		Page		of	
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247		9/30/2023		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)									
2. Administrator(s) (Complete also Sec. III of Schedule A1)	149,849		1,944						
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	23,078		480						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	299,824		10,777						
5. Dietary Service									
a. Head Dietitian	71,987		1,699						
b. Food Service Supervisor	68,938		2,050						
c. Dietary Workers	554,945		24,788						
6. Housekeeping Service									
a. Head Housekeeper	56,383		1,950						
b. Other Housekeeping Workers	264,985		13,816						
7. Repairs & Maintenance Services									
a. Engineer or Chief of Maintenance	113,396		2,022						
b. Other Maintenance Workers	114,708		4,411						
8. Laundry Service									
a. Supervisor									
b. Other Laundry Workers	215,146		11,618						
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	194,864		3,233						
b. RN									
1. Direct Care	507,670		8,145						
2. Administrative**	605,823		17,042						
c. LPN									
1. Direct Care	1,762,621		41,418						
2. Administrative**									
d. Aides and Attendants	2,300,723		85,438						
e. Physical Therapists	485,413		11,481						
f. Speech Therapists	105,232		2,084						
g. Occupational Therapists	255,436	(255,436)	5,846						
h. Recreation Workers	341,045		11,707						
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	155,466	(4,926)	4,572	Marketing adj					
n. Marketing									
o. Other (Specify) See Attached Schedule									
<i>A-13. Total Salary Expenditures</i>	8,647,532	(260,362)	266,521						

* 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
Total	\$ -	\$ -	-	\$ -	\$ -	-	\$ -	\$ -	-

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
Athena Holdings d/b/a Laurel Ridge Health Care Center				2247		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										
Not Applicable										
Section II - Other related parties of Operators/Owners employed in and paid by facility (EXCEPT those who may be the Administrator or Assistant Administrators who are identified on Page 12).										

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

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

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

Name of Facility (as licensed)				License No.	Report for Year Ended			Page	of	
Athena Holdings d/b/a Laurel Ridge Health Care Center				2247	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***										
Caitlyn Cannavaro 3/1/23-9/30/23	81,868			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility	1,040				
Sobha Lamontagne 10/1/22 - 12/31/22	67,981			Health & life insurances, Payroll Taxes	Day to day operations of the nursing home facility	904	A2			
Carol Salvietti, regional administrator for Athena worked 1/1/23-3/1/23										
Section IV - Assistant Administrators										
Caitlyn Cannavaro	23,078					480	A3			

*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.

Annual Report of Long-Term Care Facility

CSP-13 Rev. 3/2023

B. Report of Expenditures - Professional Fees

Name of Facility	License No.	Report for Year Ended						Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Ce	2247	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									
2. Dentist									
3. Pharmacist	12,753		150						
4. Podiatrist									
5. Physical Therapy									
a. Resident Care									
b. Other									
6. Social Worker									
7. Recreation Worker									
8. Physicians									
a. Medical Director (entire facility)	61,680		589						
b. Utilization Review (Title 18 and 19 only) monthly meeting									
c. Resident Care**	(107)	107							
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	5,034		14						
b. Other									
10. Occupational Therapist									
a. Resident Care									
b. Other									
11. Nurses and aides and attendants									
a. RN									
1. Direct Care	145,009		1,399						
2. Administrative***									
b. LPN									
1. Direct Care	18,725		267						
2. Administrative***									
c. Aides	32,785		742						
d. Other									
12. Other (Specify) See Attached Schedule									
B-13 Total Fees Paid in Lieu of Salaries	275,879	107	3,161						

* 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 Athena Holdings d/b/a Laurel Ridge Health Care Center		License No. 2247	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		
Nurse Network, Access Capital, Inc., 405 Park Avenue, New York, NY 10022	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Dr Frederick Kayal, 300 Federal Road, Brookfield, CT 06804	Asst Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Edward Berman, MD, 30 Prospect ST, Suite 500, Ridgefield, CT 06877	Medical Director	<input type="radio"/>	<input checked="" type="radio"/>		
Dependable Nursing LLC 1162 West Woods Road, Hamden, CT 06518	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Heritage 7 Private Nursing - 265 Hazard Avenue, Enfield, CT 06082	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
Delta-T-Group Hartford Inc. P.O. Box 884 Bryn Mawr, PA 19010	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
ProCare LTC, 1492 Highland Avenue, Cheshire, CT 06410	Pharmacist	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	
Masstex, 3 Electronics Avenue, Danvers, MA 01923	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
Genie HealthCare 50 Milestone Road Building 100, Suite 100 East Windsor NJ 08520	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>		
The Nurse Network, LLC, P.O. Boxes 982, Southington, CT 06489	Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
Health Drive Audiology Group, 888 Worcester St, Worcester, MA 02482	Physicians	<input type="radio"/>	<input checked="" type="radio"/>		
Norton & Associates, 34 Elm Street, Cohasset, MA 02025	Nursing	<input type="radio"/>	<input checked="" type="radio"/>		
SDX Dysphagia Experts, 21 Waterville Road, Avon, CT 06001	Speech Therapy	<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		
		<input type="radio"/>	<input checked="" type="radio"/>		

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

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended					Page	of
Athena Holdings d/b/a Laurel Ridge Health Care	2247	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	\$ 319,566	319,566						
2. Disability Insurance	\$							
3. Unemployment Insurance	\$ 67,144	67,144						
4. Social Security (F.I.C.A.)	\$ 620,477	620,477						
5. Health Insurance	\$ 900,298	900,298						
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 185,380	185,380						
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 5,708	5,708						
8. Uniform Allowance	\$							
9. Other (<i>Specify</i>) See Attached Schedule	\$							
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$							
c. Bad Debts*	\$	109,548	(109,548)					
d. Accounting and Auditing	\$ 14,620	17,831	(3,211)					
e. Legal (<i>Services should be fully described on Page 15b</i>)	\$	27,256	(27,256)					
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$							
g. Office Supplies	\$ 45,591	45,591						
h. Telephone and Cellular Phones								
1. Telephone & Pagers	\$ 90,500	90,500						
2. Cellular Phones	\$ 59	504	(445)					
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$							
j. Corporation Business Taxes (<i>franchise tax</i>)	\$							
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	\$ 691,348	691,348						
Subtotal	\$ 2,940,691	3,081,151	(140,460)					

* 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 Athena Holdings d/b/a Laurel Ridge	License No. 2247	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	Address (No. & Street, City, State, Zip Code)
1 PKFOD	Four Corporate Drive, Suite 488, Shelton, CT 06484
2 Marcum	555 Long Wharf Dr, 12th Floor, New Haven CT 06511
3 Midcap Financial Services	7255 Woodmont Ave., Bethesda, MD
4	

Services Provided by This Firm (*describe fully*)

1 2023 Year End Audit & Tax Return-allowed	\$ 7,500
2 Medicare Cost Report- Allowed	\$ 2,835
3 Midcap Audit Fees- Disallow	\$ 7,496
4	\$
	Charge for Services Provided
	\$ 17,831

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

- Yes No Pg 15, Line1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Athena Health care	860-751-3900
2 Treasurer, State of CT/Probate Court, N Fairfield, Steven Woods	203-794-8508/203 790-7656
3 Midcap Financial Services/Greystone & Co.	301-760-7600/ 917 421-4563
4 Pilicy & Ryan, PC	860-274-0018
5 Winters & Winters/Goldman Gruder	

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

1 135 South Rd Farmington, CT
2 One School Street, Bethel, CT 06801, POBox 371, Danbury, CTn06813
3 7255 Woodmont Ave., Bethesda, MD/152 W 57th St, NY,NY 10019
4 365 Main St, Watertown, CT 06795
5 315 Highland Ave, Cheshire, CT

Services Provided by This Firm (*describe fully*)

1 PPP loan consultation: disallowed	\$ 2,218
2 Conservatorship fees: disallowed	\$ 1,953
3 LOC Midcap:Disallow	\$ 12,825
4 Annual Reports: Allow	\$ 230
5 Collections: Disallow	\$ 10,030
	Charge for Services Provided
	\$ 27,256

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

- Yes No Pg 15, Line1e

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

Name of Facility	License No.	Report for Year Ended					Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Cent	2247	9/30/2023					16	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
Subtotals Brought Forward:	2,940,691	3,081,151	(140,460)					
l. Travel and Entertainment								
1. Resident Travel and Entertainment \$								
2. Holiday Parties for Staff \$	2,620	2,620						
3. Gifts to Staff and Residents \$	1,177	15,344	(14,167)					
4. Employee Travel \$	2,020	2,020						
5. Education Expenses Related to Seminars and Conventions \$	5,306	5,306						
6. Automobile Expense (<i>not purchase or depreciation</i>) \$	93	93						
7. Other (<i>Specify</i>) See Attached Schedule \$								
m. Other Administrative and General Expenses								
1. Advertising Help Wanted (<i>all such expenses</i>) \$	9,048	9,048						
2. Advertising Telephone Directory (<i>all such expenses</i>)*** \$								
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule \$		2,171	(2,171)					
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 \$	4,585	4,585						
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule \$	6,789	6,789						
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.*** \$								
9. Subscriptions \$	1,500	1,500						
10. Contributions*** See Attached Schedule \$		200	(200)					
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>) \$								
12. Administrative Management Services** \$	145,649		145,649					
13. Other (<i>Specify</i>) See Attached Schedule \$	174,316	215,588	(41,272)					
C-14 Total Administrative & General Expenditures \$	3,293,794	3,346,415	(52,621)					

* 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
Promotional	\$ 2,171	\$ (2,171)				
Total Other Advertising	\$ 2,171	\$ (2,171)	\$ -	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
CT Assoc of Health Care	\$ 6,789					
Total Dues	\$ 6,789	\$ -	\$ -	\$ -	\$ -	\$ -

Schedule of Contributions

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
DONATIONS	\$ 200	\$ (200)				
Total Contributions	\$ 200	\$ (200)	\$ -	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment
Energy audit fee	\$ 15,953					
Licenses	\$ 1,110					
Bank Charges	\$ 34,952	\$ (34,952)				
Payroll Processing Fees	\$ 20,542					
Emp physicals & Background checks	\$ 10,466	\$ (200)				
State of CT Citation 2018-64, 6K/CMS 2019-01-LTC0075	\$ 53,525	\$ (6,120)				
Data Processing	\$ 79,040					
Total Other Administrative and General	\$ 215,588	\$ (41,272)	\$ -	\$ -	\$ -	\$ -

Schedule C-1 - Management Services*

Name of Facility	License No.	Report for Year Ended	Page of
Athena Holdings d/b/a Laurel Ridge Health	2247	9/30/2023	17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	220,681	Contract Attached to a Prior Year	See Below
Allocation of the above	145,649	Admin/Gen 66%	Pg 16, Line 12
	35,309	Indirect 16%	Pg 18, Line 2C
	39,723	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032		Admin/Gen	Pg16, Line 12

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247	9/30/2023				18	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
2. Dietary								
a. In-House Preparation & Service								
1. Raw Food	\$ 365,949	365,949						
2. Non-Food Supplies	\$ 41,522	41,522						
3. Other (Specify) _____	\$ 7,266	7,266						
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$							
c. Other (Specify) _____	\$							
2D. Total Dietary Expenditures (2a + b + c + d)	\$ 414,737	414,737						
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 checked="" type="radio"/> Yes <input type="radio"/> No							
H. Did you receive revenue from employees?	<input checked="" type="radio"/> Yes <input 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
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247	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. \$	10,993	10,993				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$						
c. Other (Specify) Supplies		\$	1,849	1,849				
3D. Total Laundry Expenditures (3a + b + c)		\$	12,842	12,842				
3E. Laundry Questionnaire								
F. Is cost of employee laundry included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
G. Did you receive revenue from employees?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
H. Where is the revenue received reported in the Cost Report? (Page/Line Item)								
I. Is Cost of laundry provided to persons other than employees or residents included in 3D?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify cost.				
J. Did you receive revenue from these people?		<input type="radio"/> Yes <input checked="" type="radio"/> No		If yes, specify amt.				
K. Where is the revenue received reported in the Cost Report? (Page/Line Item)								

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

All allocations should add to total recorded in 3D.

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Athena Holdings d/b/a Laurel Ridge Health Ca		2247	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. \$	52,558	52,558				
b.	Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel						
		Amt. \$						
	C. Other (<i>Specify</i>)	\$						
4D.	Total Housekeeping Expenditures (4a + b + c)	\$	52,558	52,558				
5.	Resident Care (Supplies)**							
a.	Prescription Drugs***							
	1. Own Pharmacy	\$						
	2. Purchased from Procure	\$		342,318	(342,318)			
b.	Medicine Cabinet Drugs	\$	308	4,553	(4,245)			
c.	Medical and Therapeutic Supplies	\$	278,512	296,012	(17,500)			
d.	Ambulance/Limousine***	\$		1,977	(1,977)			
e.	Oxygen							
	1. For Emergency Use	\$						
	2. Other***	\$		22,878	(22,878)			
f.	X-rays and Related Radiological Procedures***	\$		18,958	(18,958)			
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$						
h.	Laboratory***	\$		42,486	(42,486)			
i.	Recreation	\$	20,721	20,721				
j.	Direct Management Services*	\$	39,723		39,723			
k.	Indirect Management Services*	\$	35,309		35,309			
l.	Cable TV	\$						
m.	Other (Specify)**** See Attached Schedule	\$	50,452	61,279	(10,827)			
n.	Physical Therapy Expense	\$						
o.	Speech Therapy Expense	\$						
5P.	Total Resident Care Expenditures (5a - 5o)	\$	425,025	811,182	(386,157)			

* 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
Cable TV Fees	\$ 14,427	\$ (10,827)				
Physical Therapy Supplies	\$ 6,181					
Medical Equip. Rental-Medicaid	\$ 25,493					
Oxygen Concentrator Rentals	\$ 15,437					
Medical Equip Rental-Other	\$ (259)					
Total Other Resident Care	\$ 61,279	\$ (10,827)	\$ -	\$ -	\$ -	\$ -

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

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247		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
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	20,542			16	m13
CWPM, LLC	25 Norton Place, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	26,673			22	6f
Procare	111 Executive Blvd., Farmingdale, NY 11735	<input type="radio"/>	<input checked="" type="radio"/>	Common Owners: Minority Interest	Pharmacy Services	350,359			22	6f
Kleiber Landscaping and Tree Deisgn	35 Farview Ave. Apt 2, Danbury, CT 06810	<input type="radio"/>	<input checked="" type="radio"/>		Groundskeeping and Snow Removal	36,130			22	6f
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							
		<input type="radio"/>	<input checked="" type="radio"/>							

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

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

Name of Facility	License No.	Report for Year Ended					Page	of
Athena Holdings d/b/a Laurel Ridge Health Ca	2247	9/30/2023					22	37
Item	Total	CCNH / RHNS	Adjustment	(Specify)	Adjustment	(Specify)	Adjustment	
6. Maintenance & Operation of Plant								
a. Repairs & Maintenance	\$ 89,879	89,879						
b. Heat	\$ 3,497	3,497						
c. Light & Power	\$ 113,260	113,260						
d. Water	\$ 80,012	80,012						
e. Equipment Lease (Provide detail on page 22b)	\$ 15,380	15,380						
f. Other (itemize)	\$ 81,327	81,327						
See Attached Schedule								
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 383,355	383,355						
7. Depreciation (complete schedule page 23*)								
a. Land Improvements	\$ 3,586	3,586						
b. Building & Building Improvements	\$ 741	741						
c. Non-Movable Equipment	\$ 3,893	3,893						
d. Movable Equipment	\$ 19,217	23,160	(3,943)	carryforward				
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 27,437	31,380	(3,943)					
8. Amortization (Complete att. Schedule Page 24*)								
a. Organization Expense	\$							
b. Mortgage Expense	\$ 5,304	5,304						
c. Leasehold Improvements	\$ 112,425	112,425						
d. Other (Specify)	\$							
*8e. Total Amortization Costs (8a + b + c + d)	\$ 117,729	117,729						
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 607,517	607,517						
10. Property Taxes								
a. Real estate taxes paid by owner	\$							
b. Real estate taxes paid by lessor	\$ 321,060	321,060						
c. Personal property taxes	\$ 10,896	10,896						
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,084,639	1,088,582	(3,943)					

* 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
Groundskeeping	\$ 13,732					
Rubbish Removal	\$ 26,673					
Snow Removal	\$ 22,397					
Supplies	\$ 18,525					
Total Other Repairs and Maintenance	\$ 81,327	\$ -	\$ -	\$ -	\$ -	\$ -

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
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247	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						
Pitney Bowes, 60 Wellington Rd, Milford, CT 06484	<input type="radio"/>	<input checked="" type="radio"/>	DM 125 Mailing System	03/21/21	42 Months	831	831	
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox 3655IX Copier System	10/28/21	48 Months	14,549	14,549	
	<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 ***							15,380	

* 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 Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247		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	58,327		58,327	45,424	S/L	Various	3,586				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)					S/L	Various					
A-4. Subtotal									3,586		
B. Building and Building Improvements											
1. Acquired prior to this report period	790,401		790,401	786,361	S/L	Various	741				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)					S/L	Various					
B-4. Subtotal									741		
C. Non-Movable Equipment											
1. Acquired prior to this report period	310,129		310,129	292,447	S/L	Various	3,893				
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)					S/L	Various					
C-4. Subtotal									3,893		
	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			9	2021	1,907,957	1,907,957	1,821,359	S/L	Various	22,431	
b. Disposals (attach schedule)											
Acquired during this report period (attach schedule):											
c. Administrative			9	2022	10,136		10,136	S/L	Various	729	
d. Standard Resident											
e. Specialized Resident											
Total Acquired during this report period					10,136		10,136			729	
D-3. Subtotal											23,160
E. Total Depreciation											31,380

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:					
Nov-22	Mattresses	Administrative	\$ 1,239	5	\$ 124
Dec-22	Snowblower	Administrative	\$ 1,483	5	\$ 148
Dec-22	Bladder Scanner	Administrative	\$ 4,021	7	\$ 287
Jan-23	Dishwasher Cradle/assembly	Administrative	\$ 2,023	10	\$ 101
Apr-23	chairs	Administrative	\$ 1,370	10	\$ 69
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 10,136		\$ 729 *
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
Dec-22	HVAC motors	\$ 1,967	10	\$ 97
Jan-23	Heating valves	\$ 2,212	10	\$ 110
Feb-23	Electric lock for auto doors	\$ 1,754	10	\$ 87
Feb-23	water softener valve	\$ 1,436	10	\$ 71
Feb-23	boiler	\$ 1,277	10	\$ 63
Mar-23	sprinkler heads	\$ 5,945	25	\$ 118
Mar-23	ceiling tiles	\$ 1,143	10	\$ 56
Apr-23	fire sprinkler	\$ 14,333	25	\$ 286
Apr-23	water heater	\$ 40,033	10	\$ 2,001
Jul-23	plumbing	\$ 9,316	25	\$ 186
Aug-23	elevator	\$ 60,096	10	\$ 3,005
Aug-23	air handling unit	\$ 25,092	15	\$ 836
Sep-23	concrete sidewalk	\$ 7,786	15	\$ 260
Jul-23	carpeting	\$ 2,127	5	\$ 213
Total additions for Leasehold Improvement		\$ 174,517		\$ 7,389 *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Annual Report of Long-Term Care Facility

Amortization Schedule*

Name of Facility			License No.		Report for Year Ended			Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247		9/30/2023			24	37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Finance Fees	2	2018	36 months	15,904	7,068			5,304	
2.									
3.									
B-4. Subtotal									5,304
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2022	Various	5,706,529	1,073,225		Var	105,036	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2023	Various	174,517		S/L	Var	7,389	
C-4. Subtotal									112,425
D. Total Amortization									117,729

* 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 Athena Holdings d/b/a Laurel Ridge H	License No. 2247	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				
2. Date Structure Completed				
3. If NOT Original Owner, Date of Purchase	01/12/01			
4. Date of Initial Licensure	01/12/01			
5. Total Licensed Bed Capacity	126			
6. Square Footage				
7. Acquisition Cost				
a. Land	1,687,627			
b. Building	9,308,667			
Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)	HUD			
b. Date Mortgage Obtained	03/29/12			
c. Interest Rate for the Cost Year	3.22%			
d. Term of Mortgage (number of years)	35			
e. Amount of Principal Borrowed	10,300,900			
f. Principal balance outstanding as of _____	8,125,087			
Complete if Mortgage was Refinanced During Current Cost Year				
g. Type of Financing (e.g., fixed, variable)				
h. Date of Refinancing				
i. New Interest Rate				
j. Term of Mortgage (number of years)				
k. Amount of Principal Borrowed				
l. Principal Outstanding on Note Paid-Off				
Part C - Arms-Length Leases for Real Property Improvements Only				
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease

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

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

Name of Facility		License No.	Report for Year Ended				Page	of
Athena Holdings d/b/a Laurel Ridge I		2247	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	
Athena Holdings d/b/a Laurel Ridg		2247		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)				\$	11,863	11,863				
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	11,863	11,863				
14. Insurance										
a. Insurance on Property (buildings only)				\$	154,768	154,768				
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)				\$	154,768	154,768				
15. Total All Expenditures (A-13 thru C-14)				\$	14,496,737	15,199,713	(702,976)			

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Heal	2247	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>)	\$ 20,319,749	20,319,749			
b. Medicaid Room and Board Contractual Allowance **	\$ (10,205,761)	(10,205,761)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$				
b. Medicare Room and Board Contractual Allowance **	\$ 2,583,166	2,583,166			
4. a. Private-Pay Residents and Other	\$ 2,395,139	2,395,139			
b. Private-Pay Room and Board Contractual Allowance **	\$ (21,983)	(21,983)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$ 123,170	123,170			
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (123,170)	(123,170)			
c. Prescription Drugs - Non-Medicare	\$ 17,119	17,119			
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (17,119)	(17,119)			
2. a. Medical Supplies - Medicare	\$ 4,900	4,900			
b. Medical Supplies - Medicare Contractual Allowance **	\$				
c. Medical Supplies - Non-Medicare	\$ 560	560			
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (560)	(560)			
3. a. Physical Therapy - Medicare	\$ 613,328	613,328			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (493,214)	(493,214)			
c. Physical Therapy - Non-Medicare	\$ 61,100	61,100			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (61,100)	(61,100)			
4. a. Speech Therapy - Medicare	\$ 225,135	225,135			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (162,728)	(162,728)			
c. Speech Therapy - Non-Medicare	\$ 53,041	53,041			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (53,041)	(53,041)			
5. a. Occupational Therapy - Medicare	\$ 561,326	561,326			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (463,495)	(463,495)			
c. Occupational Therapy - Non-Medicare	\$ 21,762	21,762			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (21,762)	(21,762)			
6. a. Other (<i>Specify</i>) - Medicare	\$				
b. Other (<i>Specify</i>) - Non-Medicare	\$ 66,950	66,950			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,422,512	15,422,512			
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>)	\$ 157,996	159,287	(1,291)		
6. Private Duty Nurses' Fees	\$				
7. Barber, Coffee, Beauty and Gift shops	\$				
8. Other (<i>Specify</i>)	\$ 218,164	218,164			
V. Total Other Revenue (1 thru 8)	\$ 376,160	377,451	(1,291)		
VI. Total All Revenue (III +V)	\$ 15,798,672	15,799,963	(1,291)		

* 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)
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Retroactives	\$ 66,950		
Total Other Resident Revenue		\$ 66,950	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH / RHNS	(Specify)	(Specify)
pg31, L A2	Accts Rec Interest	N/A	\$ 331		
	ERC Interest		\$ 158,956	\$ (1,291)	
Total Interest Income			\$ 159,287	\$ (1,291)	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH / RHNS	(Specify)	(Specify)
	Bad Debt Recoveries	\$ 218,164		
Total Other Revenue		\$ 218,164	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge He	2247	9/30/2023	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	33,532
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,306,836
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(871,256)
4. Inventories			\$	22,755
5. Prepaid Expenses			\$	346,697
a. Insurance	127,300			
b. Operating Exp	219,397			
c. _____				
d. See Schedule				
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)			\$	2,838,564
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	58,327	\$	9,317
	Accum. Depreciation	49,010		Net
3. Buildings	*Historical Cost	790,401	\$	3,299
	Accum. Depreciation	787,102		Net
4. Leasehold Improvements	*Historical Cost	1,465,996	\$	776,184
	Accum. Depreciation	689,812		Net
5. Non-Movable Equipment	*Historical Cost	310,129	\$	13,789
	Accum. Depreciation	296,340		Net
6. Movable Equipment	*Historical Cost	1,917,651	\$	73,132
	Accum. Depreciation	1,844,519		Net
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation			Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	439
Equipment carryforward adj		439		
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	876,160

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

(Carry Total forward to next page)

Schedule of Prepaid Expenses Page 31 Line A5

Page Ref	Line Ref	Description	
Total Prepaid Expenses			\$ -

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

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

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

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

Schedule of Other Assets Page 32 Line D7

Page Ref	Line Ref	Description	
Total Other Assets			\$ -

Schedule of Notes Payable (Itemize) Page 33 Line A2

Page Ref	Line Ref	Description	
Total Notes Payable			\$ -

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

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

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	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge He	2247	9/30/2023	32	37
Account			Amount	
Total Brought Forward:			\$	3,714,724
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	800,000
2. Land Improvements				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
3. Buildings				
	*Historical Cost	9,000,000		
	Accum. Depreciation	5,243,202	Net	\$ 3,756,798
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	4,556,798
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	3,919,211
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	(2,070,610)
Name and Address		Amount	Loan Date	
Related Party		(2,070,610)	3/29/12	
7. Other Assets (<i>itemize</i>)			\$	68,629
Deferred Finance Fees/Amort Finance Fees		68,629		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	1,917,230
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	10,188,752

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

G. Balance Sheet (cont'd)

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Ca	2247	9/30/2023	33	37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	2,624,228
2. Notes Payable (<i>itemize</i>)			\$	(1,513,363)
Line of Credit				(1,513,363)
See Schedule				
3. Loans Payable for Equipment (<i>Current portion</i>) (<i>itemize</i>)			\$	
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (<i>Exclusive of Owners and/or Stockholders only</i>)			\$	381,976
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	
6. Accrued Payroll Taxes Payable			\$	364,052
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*			\$	(16,398)
12. Other Current Liabilities (<i>itemize</i>)			\$	2,196,654
Operating Expenses (360,929)				
CT Sales Tax 17				
Provider Taxes Due 2,557,566				
See Schedule				
A-13. Total Current Liabilities (Lines A1 thru 12)			\$	4,037,149

* 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 Athena Holdings d/b/a Laurel Ridge Health	License No. 2247	Report for Year Ended 9/30/2023		Page 34	of 37
Account				Amount	
Total Brought Forward:				4,037,149	
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>)				\$ 280,839	
Name and Address of Lender	Amount	Loan Date			
	280,839				
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ (1,866,881)	
Due to Related LL		(1,866,881)			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ (1,586,042)	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 2,451,107	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge H	2247	9/30/2023	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	800,000
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	3,756,798
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	4,556,798
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	2,580,598
6. Gain or Loss for Period	10/1/2022	thru	9/30/2023	\$ align="right">600,249
7. Total Net Worth			\$	3,180,847
C. Total Reserves and Net Worth			\$	7,737,645
D. Total Liabilities, Reserves, and Net Worth			\$	10,188,752

H. Changes in Total Net Worth

Name of Facility Athena Holdings d/b/a Laurel Ridge Hea	License No. 2247	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			\$	270,199		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	15,799,963		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	15,199,714		
D. Net Income or Deficit			\$	600,249		
E. Balance			\$	870,448		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
ERC Credit	2,317,494					
Prior year accounting accrual rounding	(7,100) 5					
2. Other <i>(itemize)</i>						
F-3. Total Additions					\$	2,310,399
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			\$	3,180,847		

I. Preparer's/Reviewer's Certification

Name of Facility Athena Holdings d/b/a Laurel Ridge	License No. 2247	Report for Year Ended 9/30/2023	Page 37	of 37
<i>Check appropriate category</i>				
Chronic and Convalescent Nursing <input checked="" type="checkbox"/> Home (CCNH) & RHNS Combined	<input type="checkbox"/> (Specify)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer	Title	Date Signed		
Printed Name of Preparer				
Athena Health Care Associates, Inc				
Address Address		Phone Number		
135 South Road Farmington, CT 06032		(860) 751-3900		
Contacted Person Regarding Additional Information Needed Regarding This Report		Phone Number		
Amanda Doncet		(860) 751-3900		
Contact Email Address				
adoncet@athenahealthcare.com				