

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2022

Name of Facility (as licensed) Athena Holdings d/b/a Laurel Ridge Health Care Center	
Address (No. & Street, City, State, Zip Code) 642 Danbury Road Ridgefield, CT 06877	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)	
Report for Year Beginning 10/1/2021	Report for Year Ending 9/30/2022

License Numbers:	CCNH 2247	RHNS	(Specify)	Medicare Provider 07-5395
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Medicaid Provider Numbers:	CCNH 2247	RHNS	ICF-IID
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For Department Use Only

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

General Information

Name of Facility (as licensed) Athena Holdings d/b/a Laurel Ridge Health Care Cent	License No. 2247	Report for Year Ended 9/30/2022	Page 1	of 37
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Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Athena Holdings d/b/a Laurel Ridge Health Care Center [facility name], for the cost report period beginning October 1, 2021 and ending September 30, 2022, 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)

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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 10/1/2021	To 9/30/2022	
Address of Facility 642 Danbury Road Ridgefield, CT 06877				
Report Prepared By Athena Health Care Associates, Inc	Phone Number (860) 751-3900	Date 2/16/2023		
Item	Total	CCNH	RHNS	(Specify)
1. Dietary wages paid \$				
2. Laundry wages paid \$				
3. Housekeeping wages paid \$				
4. Nursing wages paid \$				
5. All other wages paid \$				
6. Total Wages Paid \$				
7. Total salaries paid \$				
8. Total Wages and Salaries Paid (As per page 10 of Report) \$				

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire

Type of Facility - Organization Structure

	Phone No. of Facility 203-438-8226	Report for Year Ended 9/30/2022	Page 2	of 37
Name of Facility (as shown on license) Athena Holdings d/b/a Laurel Ridge Health Care Center		Address (No. & Street, City, State, Zip) 642 Danbury Road Ridgefield, CT 06877		
License Numbers:	CCNH 2247	RHNS	(Specify)	Medicare Provider No. 07-5395
Type of Facility (Check appropriate box(es))				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input type="checkbox"/> (Specify)				
Type of Ownership (Check appropriate box)				
<input type="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 Sobha Lamontagne		Nursing Home Administrator's License No.:	001688	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name		License No.:		
Not Applicable				

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 9/30/2022	Page 3	of 37
Legal Name of Partnership/LLC Athena Holdings, LLC		Business Address 642 Danbury Rd, Ridgefield, CT 06877		State(s) and/or Town(s) in Which Registered CT	
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 Santilli	135 South Rd, Farmington, CT 06032			6	
L&F Schwartz Family Limited	135 South Rd, Farmington, CT 06032			3	
Estate of Nicola Nocera	135 South Rd, Farmington, CT 06032			5	
David Reis Family Trusts #2	135 South Rd, Farmington, CT 06032			1.6	
David Reis Family Trusts #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 Center	License No. 2247	Report for Year Ended 9/30/2022	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	%**				
Miscellaneous Facilities	Various	<input checked="" type="radio"/>	<input type="radio"/>		Interfacility Loans	Pg 33 A2		
		<input type="radio"/>	<input checked="" type="radio"/>					
Athena Health Care	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>		See Attached			
Athena Captive	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Workers Comp Captive	Pg 15 1a1	342,039	342,039
Athena Health Care Assoc. 401k Plan	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Facility participates in common 401k plan			
Laurelridge Landlord LLC	135 South Rd, Farmington, CT 06032	<input type="radio"/>	<input checked="" type="radio"/>		Lease of Property/Property Taxes/Insurance	Pg 22, L9 & L10b, Pg 2	1,061,498	1,061,498
Procare LTC	110 Bi-County Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>		Pharmacy Services	Pg 13 B3, PG 20 Lu5a2	356,378	356,378
Athena Health Care Insurance	135 South Rd, Farmington, CT 06032	<input checked="" type="radio"/>	<input type="radio"/>		Self Insured Employee Health & Dental Insurance	Pg 15, 1a5	962,590	962,590
		<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 9/30/2022	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.

NA

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

NA

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.

NA

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	9/30/2022			6	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	624		
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox Copiers	12/28/17	50 Months	11,208	11,208		
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Copier System	02/05/19	48 months	5,360	5,360		
Leaf, PO Box 644006, Cincinnati, OH 45264	<input type="radio"/>	<input checked="" type="radio"/>	Xerox 3655IX Copier System	02/26/19	48 Months	766	766		
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
	<input type="radio"/>	<input checked="" type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?							<input type="radio"/> Yes <input checked="" type="radio"/> No	Total ***	17,958

* 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.

General Information and Questionnaire
Accounting Basis

Name of Facility Athena Holdings d/b/a Laurel Ridge	License No. 2247	Report for Year Ended 9/30/2022	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

- Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Dworkin, Hillman, Lamorte	Four Corporate Drive, Suite 488, Shelton, CT 06484
2 Marcum	555 Long Wharf Dr, 12th Floor, New Haven CT 06511
3 Midcap Financial Services	7255 Woodmont Ave., Bethesda, MD
4	

Services Provided by This Firm (*describe fully*)

1 2020 Year End Audit & Tax Return- allowed	\$ 10,400
2 Medicare Cost Report- Allowed	\$ 2,750
3 Midcap Audit Fees- Disallow	\$ 4,865
4	\$
	Charge for Services Provided
	\$ 18,015

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

- Yes No Pg 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Goldman, Gruder, & Woods	203-899-8900
2 Murtha Cullina	860-240-6000
3 Midcap Financial Services/Greystone & Co.	301-760-7600/ 917 421-4563
4 Pilicy & Ryan, PC	860-274-0018
5 Treasurer, State of CT/Probate Court, N Fairfield, Steven Woods	203-794-8508/203 790-7656

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

1 200 Connecticut Ave. Norwalk, CT 06854
2 185 Asylum Street, Hartford, CT 06103
3 7255 Woodmont Ave., Bethesda, MD/152 W 57th St, NY,NY 10019
4 365 Main St, Watertown, CT 06795
5 One School Street, Bethel, CT 06801, POBox 371, Danbury, CTn06813

Services Provided by This Firm (*describe fully*)

1 A/R Collections:Disallowed	\$ 22,063
2 Conservatorship fees: disallowed	\$ 2,267
3 LOC Midcap:Disallow	\$ 1,272
4 Annual Reports: Allow	\$ 160
5	\$
	Charge for Services Provided
	\$ 25,762

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

- Yes No PG 15, Line 1e

Schedule of Resident Statistics

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center			License No. 2247		Report for Year Ended 9/30/2022				Page 8	of 37			
	Total All Levels	Total CCNH Level	Total RHNS Level	Total (Specify)	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	(Specify)	Total	CCNH	RHNS	(Specify)	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	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	100	100			100	100							
B. As of midnight of THIS report period	103	103							103	103			
3. Total Number of Days Care Provided During Period													
A. Medicare	7,251	7,251			5,298	5,298			1,953	1,953			
B. Medicaid (Conn.)	28,938	28,938			21,673	21,673			7,265	7,265			
C. Medicaid (other states)													
D. Private Pay	1,712	1,712			1,253	1,253			459	459			
E. State SSI for RCH													
F. Other (Specify) Managed Care	215	215			145	145			70	70			
G. Total Care Days During Period (3A thru F)	38,116	38,116			28,369	28,369			9,747	9,747			
4. Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds													
A. Medicaid Bed Reserve Days	286	286			186	186			100	100			
B. Other Bed Reserve Days													
5. Total Resident Days (3G + 4A + 4B)	38,402	38,402			28,555	28,555			9,847	9,847			

Schedule of Resident Statistics (Cont'd)

Name of Facility Athena Holdings d/b/a Laurel Ridge Health C			License No. 2247			Report for Year Ended 9/30/2022			Page 9		of 37		
4. Were there any changes in the certified bed capacity during the report year? <input type="radio"/> Yes <input checked="" type="radio"/> No If "YES", provide the following information:													
Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	(Specify)	Lost			Gained			CCNH	RHNS	(Specify)	
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)				
5. If there was any change in certified bed capacity during the report year (as reported in item 4 above) provide the number of RESIDENT DAYS for 90 days following the change.													
Change in Resident Days								CCNH	RHNS	(Specify)			
1st change													
2nd change													
3rd change													
4th change													
6. Number of Residents and Rates on September 30 of Cost Year													
Item	Medicare		Medicaid		Self-Pay			Other State Assisted					
	CCNH	RHNS	CCNH	RHNS	CCNH	RHNS	(Specify)	R.C.H.	ICF-MR				
No. of Residents	13		77		7		6						
Per Diem Rate													
a. One bed rm.	637.51		317.41		654.00		341.20						
b. Two bed rms.	637.51		317.41		624.00		341.20						
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments								TOTAL	CCNH	RHNS	(Specify)		
A. Medicare - Part B								3,115	3,115				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								693	693				
2. Restorative Treatments													
C. Other								13,863	13,863				
D. Total Physical Therapy Treatments								17,671	17,671				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								853	853				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								93	93				
2. Restorative Treatments													
C. Other								1,615	1,615				
D. Total Speech Therapy Treatments								2,561	2,561				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								2,844	2,844				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments								620	620				
2. Restorative Treatments													
C. Other								15,235	15,235				
D. Total Occupational Therapy Treatments								18,699	18,699				

Report of Expenditures - Salaries & Wages

Name of Facility Athena Holdings d/b/a Laurel Ridge Health Care Center	License No. 2247	Report for Year Ended 9/30/2022	Page 10	of 37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
	Total Cost and Hours					
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
A. Salaries and Wages*						
1. Operators/Owners (Complete also Sec. I of Schedule A1)						
2. Administrator(s) (Complete also Sec. III of Schedule A1)						
	137,963	2,018				
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)						
	290,398	10,601				
5. Dietary Service						
a. Head Dietitian						
	68,954	1,580				
b. Food Service Supervisor						
	79,615	2,011				
c. Dietary Workers						
	498,758	22,953				
6. Housekeeping Service						
a. Head Housekeeper						
	53,780	1,791				
b. Other Housekeeping Workers						
	267,106	13,967				
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
	121,745	2,029				
b. Other Maintenance Workers						
	112,574	4,212				
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
	177,890	10,031				
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						
	233,164	3,948				
b. RN						
1. Direct Care						
	662,539	8,241				
2. Administrative**						
	554,854	15,388				
c. LPN						
1. Direct Care						
	1,287,498	29,147				
2. Administrative**						
d. Aides and Attendants						
	1,892,235	67,247				
e. Physical Therapists						
	427,258	10,412				
f. Speech Therapists						
	115,131	2,147				
g. Occupational Therapists						
	301,031	6,392				
h. Recreation Workers						
	344,039	11,271				
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						
	218,128	5,975				
n. Marketing						
o. Other (Specify)						
See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>						
	7,844,660	231,361				

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

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

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

Schedule of Other Salaries and Wages (Page 10)

Position	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	Hours
Total	\$ -	-	\$ -	-	\$ -	-

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		(Specify)	
	\$	Hours	\$	Hours	\$	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	9/30/2022				11	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section I - Operators/Owners										
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		9/30/2022			12	37
Name	Salary Paid			Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS	(Specify)							
Section III - Administrators***										
Sobha Lamontagne (10/1/21 - 9/30/22)	137,963			Health & life insurances, Payroll Taxes	Health & life insurances, Payroll Taxes	2,018	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		
Athena Holdings d/b/a Laurel Ridge Health Care Ce	2247	9/30/2022	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	(Specify)	Hours
*B. Direct care consultants paid on a fee for service basis in lieu of salary						
(For all such services complete Schedule B1)						
1. Dietitian						
2. Dentist	2,281	6				
3. Pharmacist	12,393	2				
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	422				
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**	352					
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care	4,146	963				
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care	272,606	2,662				
2. Administrative***						
b. LPN						
1. Direct Care	243,538	4,014				
2. Administrative***						
c. Aides	243,837	4,113				
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries	840,833	12,182				

* Do not include in this section management consultants or services which must be reported on Page 16 item M-12 and supported by required information, Page 17.

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

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

Report of Expenditures
Schedule B1 - Information Required for Individual(s) Paid on Fee for Service Basis*

Name of Facility		License No.	Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center		2247	9/30/2022		14	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"/>			
Health Drive Dental Group, 100 Crossing Blvd., Framingham, MA 01702	Dentist	<input type="radio"/>	<input checked="" type="radio"/>			
Ortho CT, PC, PO Box 26303, Oklahoma City, OK 73126	Physicians	<input type="radio"/>	<input checked="" type="radio"/>			
Associated Neurologists, 69 Sand Pit Road, Suite 300, Danbury, CT 06810	Physicians	<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"/>			
Urology Associates of Danbury, 51-53 Kenosia Avenue, Danbury, CT 06810	Physicians	<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"/>			
Orthopaedic Specialist of CT, 60 Old New Milford Road, Brookfield, CT 06804	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"/>			
NOA Diagnostics, 6851 Jericho Turnpike-Suite 150, Syosset, NY 11791	Physicians	<input type="radio"/>	<input checked="" type="radio"/>			
Northeast Medical Group, Inc., P.O. Box 415126, Boston, MA 02241	Physicians	<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"/>			
Western Connecticut Health, 20 Stony Hill Rd, Bethel CT 06801	Physicians	<input type="radio"/>	<input checked="" type="radio"/>			
Stamford Hospital, 1 Hospital Plaza, Stamford CT 06904	Physicians	<input type="radio"/>	<input checked="" type="radio"/>			
Gale Healthcare Solutions, PO Box 4729 Winter Park, FL 32793	Nurse Pool	<input type="radio"/>	<input checked="" type="radio"/>			
Heritage Private Nursing, 174 South Rd, Suite 108, Enfield CT 06082	Nurse Pool	<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	9/30/2022		15	37
Item	Total	CCNH	RHNS	(Specify)	
1. Administrative and General					
a. Employee Health & Welfare Benefits					
1. Workmen's Compensation	\$ 342,039	342,039			
2. Disability Insurance	\$				
3. Unemployment Insurance	\$ 57,999	57,999			
4. Social Security (F.I.C.A.)	\$ 556,566	556,566			
5. Health Insurance	\$ 962,590	962,590			
6. Life Insurance (employees only) (not-owners and not-operators)	\$				
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 69,516	69,516			
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*	\$ 82,586	82,586			
d. Accounting and Auditing	\$ 18,015	18,015			
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 25,762	25,762			
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$				
g. Office Supplies	\$ 57,753	57,753			
h. Telephone and Cellular Phones					
1. Telephone & Pagers	\$ 109,770	109,770			
2. Cellular Phones	\$ 805	805			
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	\$ 666,889	666,889			
Subtotal	\$ 2,950,290	2,950,290			

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

(Carry Subtotals forward to next page)

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

Schedule of Other Employee Benefits

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

Schedule of Other Taxes

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

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	9/30/2022		16	37
Item	Total	CCNH	RHNS	(Specify)	
Subtotals Brought Forward:	2,950,290	2,950,290			
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$				
2. Holiday Parties for Staff	\$ 2,620	2,620			
3. Gifts to Staff and Residents	\$ 14,167	14,167			
4. Employee Travel	\$ 6,708	6,708			
5. Education Expenses Related to Seminars and Conventions	\$ 3,972	3,972			
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 43	43			
7. Other (<i>Specify</i>) See Attached Schedule	\$				
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 12,120	12,120			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 9,935	9,935			
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 2,225	2,225			
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 3,212	3,212			
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 950	950			
10. Contributions*** See Attached Schedule	\$				
11. Services Provided by Contract (<i>Specify and Complete Schedule C-2, Page 21 for each firm or individual</i>)	\$				
12. Administrative Management Services**	\$ 466,646	466,646			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 134,978	134,978			
C-14 Total Administrative & General Expenditures	\$ 3,607,866	3,607,866			

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

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

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

Schedule of Other Travel and Entertainment

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

Schedule of Other Advertising

Description	CCNH	RHNS	(Specify)
Business Promotion	\$ 9,935		
Total Other Advertising	\$ 9,935	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	(Specify)
CT Association of Health Care	\$ 3,212		
Total Dues	\$ 3,212	\$ -	\$ -

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	(Specify)
Energy audit fee	\$ 12,956		
Licenses	\$ 480		
Bank Charges	\$ 23,461		
Payroll Processing Fees	\$ 17,926		
Employee Physicals & Background Checks	\$ 8,504		
State of CT Citation 2018-64,\$6K/CMS 2019-01-LTC0075	\$ 6,120		
Data Processing	\$ 65,531		
Total Other Administrative and General	\$ 134,978	\$ -	\$ -

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	9/30/2022	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	657,748	Contract Attached to a Prior Year	See Below
Allocation of the above	434,114	Admin/Gen 66%	Pg 16, Line 12
	105,240	Indirect 16%	Pg 18, Line 2C
	118,394	Direct 18%	Pg 20, Line 5J
Athena Health Care Assoc., Inc 135 South Road Farmington, CT 06032	32,532	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 Athena Holdings d/b/a Laurel Ridge Health Care Center		License No. 2247	Report for Year Ended 9/30/2022	Page 18	of 37
Item		Total	CCNH	RHNS	(Specify)
2. Dietary					
a. In-House Preparation & Service					
1.	Raw Food	\$ 336,074	336,074		
2.	Non-Food Supplies	\$ 41,402	41,402		
3.	Other (Specify) _____ Dishes & Utensils	\$ 4,126	4,126		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$			
c. Other (Specify) _____ Direct portion of management fee		\$ 105,240	105,240		
2D. Total Dietary Expenditures (2a + b + c + d)		\$ 486,842	486,842		
2E. Dietary Questionnaire		Total	CCNH	RHNS	(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.	\$1,024
I.	Where is the revenue received reported in the Cost Report? (Page/Line Item)				Pg 18 2a1
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	9/30/2022		19	37
Item		Total	CCNH	RHNS	(Specify)	
3. Laundry						
a. In-House Processing*		Lbs.				
1. Bed linens, cubicle curtains, draperies, gowns and other resident care items washed, ironed, and/or processed.***		Amt. \$				
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.	#REF!	#REF!		
		Amt. \$	12,938	12,938		
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	1,994	1,994		
c. Other (Specify) Laundry Supplies		\$	5,256	5,256		
3D. Total Laundry Expenditures (3a + b + c)		\$	20,188	20,188		
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 Care	2247	9/30/2022	20	37	
Item		Total	CCNH	RHNS	(Specify)
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	33,261	33,261		
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)	\$	33,261	33,261		
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from Procure	\$	339,553	339,553		
b. Medicine Cabinet Drugs	\$	3,788	3,788		
c. Medical and Therapeutic Supplies	\$	309,745	309,745		
d. Ambulance/Limousine***	\$	722	722		
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$	32,082	32,082		
f. X-rays and Related Radiological Procedures***	\$	19,815	19,815		
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$	41,551	41,551		
i. Recreation	\$	25,167	25,167		
j. Direct Management Services*	\$	118,394	118,394		
k. Indirect Management Services*	\$				
l. Other (Specify)**** See Attached Schedule	\$	65,068	65,068		
5M. Total Resident Care Expenditures (5a - 5j)	\$	955,885	955,885		

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

** Do not include any fees to professional staff, these should be reported on Page 13, or, if paid on salary basis, on Page 10.

*** Facility should self-disallow the expense on Page 29 of the Cost Report.

**** ICFMR's should provide a detailed schedule of all Day Program Costs.

Schedule of Other Resident Care

Description	CCNH	RHNS	(Specify)
Cable TV Fees	\$ 16,067		
Physical Therapy Supplies	\$ 5,730		
Medical Equipment Rental	\$ 43,271		
Total Other Resident Care	\$ 65,068	\$ -	\$ -

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 9/30/2022				Page of 21 37	
Name of Individual or Company	Address	Related ** to Owners, Operators, Officers		Explanation of Relationship	Full Explanation of Service Provided*	Total Cost/Page Ref.***				
		Yes	No			CCNH	RHNS	(Specify)	Pg	Line
ADP	100 Corporate Drive, Windsor, CT 06095	<input type="radio"/>	<input checked="" type="radio"/>		Payroll Processing	14,403			16	m13
CWPM, LLC	25 Norton Place, Plainville, CT 06062	<input type="radio"/>	<input checked="" type="radio"/>		Rubbish Removal	24,171			22	6f
Air Temp Mechanical Services	360 Captain Lewis Drive, Southington, CT	<input type="radio"/>	<input checked="" type="radio"/>		Mechanical & Maintenance Services	64,269			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	32,815			22	6f
Procare	111 Executive Blvd., Farmingdale, NY 11735	<input checked="" type="radio"/>	<input type="radio"/>	Common Owners: Minority Interest	Pharmacy Services	356,378			20	5a2
		<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 C	2247	9/30/2022	22	37
Item	Total	CCNH	RHNS	(Specify)
6. Maintenance & Operation of Plant				
a. Repairs & Maintenance	\$ 74,339	74,339		
b. Heat	\$ 14,081	14,081		
c. Light & Power	\$ 123,425	123,425		
d. Water	\$ 23,402	23,402		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 17,958	17,958		
f. Other (<i>itemize</i>)	\$ 70,443	70,443		
See Attached Schedule				
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 323,648	323,648		
7. Depreciation (<i>complete schedule page 23*</i>)				
a. Land Improvements	\$ 4,206	4,206		
b. Building & Building Improvements	\$ 2,560	2,560		
c. Non-Movable Equipment	\$ 6,167	6,167		
d. Movable Equipment	\$ 36,793	36,793		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 49,726	49,726		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)				
a. Organization Expense	\$			
b. Mortgage Expense	\$			
c. Leasehold Improvements	\$ 99,536	99,536		
d. Other (<i>Specify</i>)	\$			
*8e. Total Amortization Costs (8a + b + c + d)	\$ 99,536	99,536		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 703,040	703,040		
10. Property Taxes				
a. Real estate taxes paid by owner	\$			
b. Real estate taxes paid by lessor	\$ 218,327	218,327		
c. Personal property taxes	\$ 13,408	13,408		
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 1,084,037	1,084,037		

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

Schedule of Other Repairs and Maintenance

Description	CCNH	RHNS	(Specify)
Groundskeeping	\$ 9,334		
Rubbish Removal	\$ 25,182		
Snow Removal	\$ 23,480		
Supplies	\$ 12,447		
Total Other Repairs and Maintenance	\$ 70,443	\$ -	\$ -

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:					
		PICK A CATEGORY			
Oct-21	Nurse Call	Administrative	\$ 2,065	10	\$ 103.25
Jul-22	Mattresses	Administrative	\$ 1,549	5	\$ 154.87
		PICK A CATEGORY			
		PICK A CATEGORY			
		PICK A CATEGORY			
Total additions for Movable Equipment			\$ 3,614		\$ 258 *
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:				
Jan-22	Hot Water Pipe	\$ 5,536	10	\$ 275.79
Jan-22	Hot Water Pipe	\$ 5,223	10	\$ 260.13
Jun-22	Compressor	\$ 14,357	15	\$ 477.58
Aug-22	Elevator	\$ 35,300	20	\$ 881.49
Sep-22	Phone System	\$ 69,169	10	\$ 3,457.45
Sep-22	Condensate Remover	\$ 11,486	10	\$ 573.29
Sep-22	RTU	\$ 13,081	10	\$ 653.05
Sep-22	A/C	\$ 6,913	10	\$ 344.64
Total additions for Leasehold Improvement		\$ 161,064		\$ 6,923 *
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		9/30/2022			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	7,068					
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	9	2021		5,545,465	973,354			92,613	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)	9	2022	Various	161,064				6,923	
C-4. Subtotal									99,536
D. Total Amortization									99,536

* 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 9/30/2022	Page 25	of 37	
11. Property Questionnaire					
Part A					
Is the property either owned by the Facility or leased from a Related Party?*		<input checked="" type="radio"/> Yes	<input type="radio"/> No	If "Yes," complete Part B. If "No," complete Part C.	
*If any owner or operator of this facility is related by family, marriage, ownership, ability to control or business association to any person or organization from whom buildings are leased, then it is considered a related party transaction.					
Description		Total			
1. Date Land Purchased					
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 _____		8,332,018			
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	9/30/2022		26	37
Item			Total	CCNH	RHNS	(Specify)
12. Interest						
A. Building, Land Improvement & Non-Movable Equipment						
1. First Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
2. Second Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
3. Third Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
4. Fourth Mortgage			\$			
Name of Lender		Rate				
Address of Lender						
B. CHEFA Loan Information						
1. Original Loan Amount			\$			
2. Loan Origination Date						
3. Interest Rate %						
4. Term						
5. CHEFA Interest Expense						
12 B7. Total Building Interest Expense (A1 - A4 + B5)			\$			

(Carry Subtotals forward to next page)

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

Name of Facility		License No.		Report for Year Ended		Page	of
Athena Holdings d/b/a Laurel Ridg		2247		9/30/2022		27	37
Item				Total	CCNH	RHNS	(Specify)
Subtotals Brought Forward:							
12. C. Movable Equipment							
1. Automotive Equipment				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
2. Other (Specify)				\$			
A. Item		Rate	Amount				
Lender							
Address of Lender							
B. Item		Rate	Amount				
Lender							
Address of Lender							
12. C. 3. Total Movable Equipment Interest Expense (C1 + 2)				\$			
12. D. Other Interest Expense (Specify)				\$	8,197	8,197	
Interest Webster/Mortgage bond fees							
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$	8,197	8,197	
14. Insurance							
a. Insurance on Property (buildings only)				\$	145,012	145,012	
b. Insurance on Automobiles				\$			
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$			
rounding adj							
14d. Total Insurance Expenditures (14a + b + c)				\$	145,012	145,012	
15. Total All Expenditures (A-13 thru C-14)				\$	15,350,429	15,350,429	

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Athena Holdings d/b/a Laurel Ridge Health Care Center			2247	9/30/2022	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.	10	A12g	Occupational Therapy	\$ 301,031	301,031		
4.			Other - See attached Schedule	\$ 5,299	5,299		
Page 13 - Professional Fees							
5.	13	B8c	Resident Care Physicians **	\$ 352	352		
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.	15	1c	Bad Debts	\$ 82,586	82,586		
10.	15	1d&1	Accounting	\$ 4,865	4,865		
10a.			Legal	\$ 25,602	25,602		
11.			Telephone	\$			
12.	15	1h2	Cellular Telephone	\$ 445	445		
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.	16	I3	Gifts, flowers and coffee shops	\$ 14,167	14,167		
15.			Education expenditures to colleges or universities for tuition and related costs for owners and employees	\$			
16.			Travel for purposes of attending conferences or seminars outside the continental U.S. Other out-of-state travel in excess of one representative	\$			
17.			Automobile Expense (e.g. personal use)	\$			
18.	16	m2&t	Unallowable Advertising *	\$ 9,935	9,935		
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.	16, 18	m12,	Unallowable Management Fees	\$ 271,431	271,431		
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 29,581	29,581		
Page 18 - Dietary Expenditures							
24.			Meals to employees, guests and others who are not residents	\$			
Page 19 - Laundry Expenditures							
25.			Laundry services to employees, guests and others who are not residents	\$			
Page 20 - Housekeeping Expenditures							
26.			Housekeeping services to employees, guests and others who are not residents	\$			
Subtotal (Items 1 - 26)				\$ 745,294	745,294		

* All except "Help Wanted".

(Carry Subtotal forward to next page)

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

Schedule of Other Salaries Adjustment

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
10	12M	Marketing Activities	\$ 5,299		
Total Other Salaries Adjustment			\$ 5,299	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
16	M13	Bank Charges	\$ 23,461		
16	M10	State of CT citation #2022-07	6120		
Total Other A&G Adjustments			\$ 29,581	\$ -	\$ -

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

Name of Facility				License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge Health Care Center				2247	9/30/2022	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	(Specify)
Subtotals Brought Forward				\$ 745,294	745,294		
Page 20 - Resident Care Supplies***							
27.	20	5a1&	Prescription Drugs	\$ 339,553	339,553		
28.	20	5d	Ambulance/Limousine	\$ 722	722		
29.	20	5f	X-rays, etc	\$ 19,815	19,815		
30.	20	5h	Laboratory	\$ 41,551	41,551		
31.	20	5c	Medical Supplies	\$ 17,960	17,960		
32.	20	"5e2"	Oxygen (non emergency)	\$ 32,082	32,082		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 43,271	43,271		
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$ 3,943	3,943		
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Other - Indirect	\$ 12,467	12,467		
43.	30	IV5	Interest Income on Account Rec.	\$ 1,291	1,291		
44.			Other - Miscellaneous Administrative	\$			
45.			Management Fees Direct	\$ 74,027	74,027		
46.			Management Fees Indirect	\$ 65,802	65,802		
47.			Other - Direct	\$			
Not For Profit Providers Only							
48.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
49. Total Amount of Decrease (Items 1 - 48)				\$ 1,397,778	1,397,778		

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

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5j	Medical Equipment Rental-Other	\$ 43,271		
Total Other Ancillary Costs			\$ 43,271	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
22	7d	Carryforward Equip AJE	\$ 3,943		
Total Excess Movable Equipment Depreciation			\$ 3,943	\$ -	\$ -

Schedule of Other Property Adjustments

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

Page Ref	Line Ref	Description	CCNH	RHNS	(Specify)
20	5i	Radio and Television Revenue	\$ 12,467		
Total Other Adjustments			\$ 12,467	\$ -	\$ -

Schedule of Other - Miscellaneous Administrative Adjustments

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

Schedule of Other - Direct Adjustments

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

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility Athena Holdings d/b/a Laurel Ridge Heal 2247	License No.	Report for Year Ended 9/30/2022	Page 30	of 37
Item	Total	CCNH	RHNS	(Specify)
I. Resident Room, Board & Routine Care Revenue				
1. a. Medicaid Residents (<i>CT only</i>)	\$ 18,197,042	18,197,042		
b. Medicaid Room and Board Contractual Allowance **	\$ (8,782,618)	(8,782,618)		
2. a. Medicaid (<i>All other states</i>)	\$			
b. Other States Room and Board Contractual Allowance **	\$			
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 3,343,884	3,343,884		
b. Medicare Room and Board Contractual Allowance **	\$ 334,258	334,258		
4. a. Private-Pay Residents and Other	\$ 2,498,981	2,498,981		
b. Private-Pay Room and Board Contractual Allowance **	\$ (462,721)	(462,721)		
II. Other Resident Revenue				
1. a. Prescription Drugs - Medicare	\$ 156,779	156,779		
b. Prescription Drugs - Medicare Contractual Allowance **	\$ (156,779)	(156,779)		
c. Prescription Drugs - Non-Medicare	\$ 143,497	143,497		
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$ (143,497)	(143,497)		
2. a. Medical Supplies - Medicare	\$ 5,360	5,360		
b. Medical Supplies - Medicare Contractual Allowance **	\$			
c. Medical Supplies - Non-Medicare	\$ 720	720		
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$ (720)	(720)		
3. a. Physical Therapy - Medicare	\$ 718,865	718,865		
b. Physical Therapy - Medicare Contractual Allowance **	\$ (633,697)	(633,697)		
c. Physical Therapy - Non-Medicare	\$ 228,030	228,030		
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (228,030)	(228,030)		
4. a. Speech Therapy - Medicare	\$ 253,910	253,910		
b. Speech Therapy - Medicare Contractual Allowance **	\$ (210,101)	(210,101)		
c. Speech Therapy - Non-Medicare	\$ 56,775	56,775		
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$ (56,775)	(56,775)		
5. a. Occupational Therapy - Medicare	\$ 762,025	762,025		
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (686,568)	(686,568)		
c. Occupational Therapy - Non-Medicare	\$ 221,920	221,920		
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (221,920)	(221,920)		
6. a. Other (<i>Specify</i>) - Medicare	\$			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 233,279	233,279		
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,571,899	15,571,899		
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>)	\$ 1,291	1,291		
6. Private Duty Nurses' Fees	\$			
7. Barber, Coffee, Beauty and Gift shops	\$			
8. Other (<i>Specify</i>)	\$ 736	736		
V. Total Other Revenue (1 thru 8)	\$ 2,027	2,027		
VI. Total All Revenue (III +V)	\$ 15,573,926	15,573,926		

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

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	(Specify)
	Misc Revenue From DRS Funds	\$ 220,431		
	Retroactives	\$ 12,848		
Total Other Resident Revenue		\$ 233,279	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	(Specify)
Pg31 LA2	Accts Receivable Interest	N/A	\$ 1,291		
Total Interest Income			\$ 1,291	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	(Specify)
	Bad Debt Recoveries	\$ 736		
Total Other Revenue		\$ 736	\$ -	\$ -

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Athena Holdings d/b/a Laurel Ridge He	2247	9/30/2022	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	31,385
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	3,041,047
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	(871,256)
4. Inventories			\$	21,652
5. Prepaid Expenses			\$	144,531
a. Prepaid Insurance	129,256			
b. Prepaid Interest	9,719			
c. Prepaid Operating Expenses	5,556			
d. See Schedule				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	228,828
8. Other Current Assets (<i>itemize</i>)			\$	(197,418)
Related Party from 1580	97,582			
Medicaid Cost Settlement	(295,000)			
See Schedule				
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,398,769
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	58,327	\$	12,904
	Accum. Depreciation	45,423	Net	
3. Buildings	*Historical Cost	790,401	\$	4,040
	Accum. Depreciation	786,361	Net	
4. Leasehold Improvements	*Historical Cost	1,292,822	\$	714,427
	Accum. Depreciation	578,395	Net	
5. Non-Movable Equipment	*Historical Cost	310,129	\$	17,682
	Accum. Depreciation	292,447	Net	
6. Movable Equipment	*Historical Cost	1,907,084	\$	85,726
	Accum. Depreciation	1,821,358	Net	
7. Motor Vehicles	*Historical Cost		\$	
	Accum. Depreciation		Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	870
Carryforward m/e Offset	870			
See Schedule				
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	835,649

* 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 Athena Holdings d/b/a Laurel Ridge He	License No. 2247	Report for Year Ended 9/30/2022	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$	3,234,418
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	5,012,433	Net	\$
4. Non-Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
5. Movable Equipment				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
6. Motor Vehicles				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
7. Minor Equipment-Not Depreciable			\$	
C-8 Total Leasehold or Like Properties (C1 thru 7)			\$	4,787,567
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense				
	*Historical Cost	_____		
	Accum. Depreciation	_____	Net	\$
4. Goodwill (Purchased Only)			\$	3,919,211
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

6. Loans to Owners or Related Parties (<i>itemize</i>)			\$	(2,070,610)
Name and Address		Amount	Loan Date	
Due From Related Party		(2,070,610)	3/29/12	
7. Other Assets (<i>itemize</i>)			\$	166,891
Deferred Finance Fees/Amort Finance Fees		73,933		
Project Development		92,958		
See Schedule				
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	2,015,492
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	10,037,477

* 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	9/30/2022	33	37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	2,008,609
2. Notes Payable (<i>itemize</i>)				\$	(707,356)
Line of Credit					(704,786)
Due to Related Party					(2,570)
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>)				\$	360,381
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	412,560
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>)				\$	2,002,004
Accrued Operating Expenses		124,578			
Accrued Expense- CT Sales Tax		162			
Provider Taxes Due		1,866,219			
Accrued Health Insurance		11,045	See Schedule		
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	4,059,800

* 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 9/30/2022		Page 34	of 37
Account				Amount	
Total Brought Forward:				4,059,800	
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>)				\$ 249,071	
Name and Address of Lender	Amount	Loan Date			
Note Payable- Procure CT	95,608	2/1/22			
Note Payable- Procure Investment	153,463	2/1/22			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$ 670,840	
Due to Landlord		655,182			
Accrued Rent		15,658			
See Schedule					
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 919,911	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 4,979,711	

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	9/30/2022	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			\$	3,987,567
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			\$	4,787,567
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	46,702
6. Gain or Loss for Period	10/1/2021	thru 9/30/2022	\$	223,497
7. Total Net Worth			\$	270,199
C. Total Reserves and Net Worth			\$	5,057,766
D. Total Liabilities, Reserves, and Net Worth			\$	10,037,477

H. Changes in Total Net Worth

Name of Facility Athena Holdings d/b/a Laurel Ridge Hea	License No. 2247	Report for Year Ended 9/30/2022	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2021			\$	46,904
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	15,573,926
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	15,350,429
D. Net Income or Deficit			\$	223,497
E. Balance			\$	270,401
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
PY Leases	(200)			
Rounding	(2)			
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	(202)
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			\$	270,199
				09/30/22

I. Preparer's/Reviewer's Certification

Name of Facility Athena Holdings d/b/a Laurel Ridge	License No. 2247	Report for Year Ended 9/30/2022	Page 37	of 37
<i>Check appropriate category</i>				
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input type="checkbox"/> (Specify)		
Preparer/Reviewer Certification				
<p>I have prepared and reviewed this report and am familiar with the applicable regulations governing its preparation. I have read the most recent Federal and State issued field audit reports for the Facility and have inquired of appropriate personnel as to the possible inclusion in this report of expenses which are not reimbursable under the applicable regulations. All non-reimbursable expenses of which I am aware (except those expenses known to be automatically removed in the State rate computation system) as a result of reading reports, inquiry or other services performed by me are properly reported as such in this report on Pages 28 and 29 (adjustments to statement of expenditures). Further, the data contained in this report is in agreement with the books and records, as provided to me, by the Facility.</p>				
Signature of Preparer		Title		Date Signed
Printed Name of Preparer				
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	
Contact Email Address				