

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:

Table with 7 columns: 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. Includes entries for Katherine Richeimer and Patricia Santavenera.

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

Yes No

Empty text box for explanation of cost allocation.

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

Empty text box for explanation of expense allocation.

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

Yes No

Empty text box for explanation of cost center allocation.

A 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.

Table with 7 columns: Name and Address of Lessor, Description of Items Leased, Date of Lease, Term of Lease, Annual Amount of Lease, Amount Claimed, Related to Owners. Includes a Total row at the bottom.

Is a Mileage Log Book Maintained for All Leased Vehicles? Yes No

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? If "No," explain.

Yes No

Empty text box for accounting basis explanation.

Table with 2 columns: Name of Accounting Firm, Address. Includes Davis, Mascola & Phillips, LLC and Mahoney Sabol & Co.

Table with 2 columns: Address of Accounting Firm, Address. Includes 1062 Barnes Rd - Ste. 203, Wallingford, CT 06492 and 180 Glastonbury Blvd, Glastonbury, CT.

Table with 2 columns: Services Provided by This Firm (describe fully), Charge for Service Provided. Includes Preparation of cost report & tax return (6,475) and Tax preparation (350).

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number.

Yes No

Text box for expense classification and line number: P 15, L 1d

Table with 3 columns: Name of Legal Firm or Independent Attorney, Address, Telephone Number. Includes Parrett Porto Parrisi & Colwell and Berchem, Moses & Devlin.

Table with 2 columns: Services Provided by This Firm, Charge for Service Provided. Includes Estate planning (300) and HR issue (650).

Are these charges reflected in the expenditure portion of this report? If Yes, specify expense classification and line number.

Yes No

[Empty box]

Are time records maintained by all individuals receiving compensation? Yes No

Name & Address of Individual	Full Explanation of Services	Explanation of Relationship	Related to Owners, Operators, Officers
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No
			<input type="radio"/> Yes <input type="radio"/> No

Name & Address of Individual or Company Supplying Service	Cost of Management Services	Full Description of Management Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #

2H	Is the cost of employee meals included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
2I	Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2J	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

2K	Is the cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.
2L	Is any revenue collected from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2M	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

2N	Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.
2O	Is any revenue collected from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
2P	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

3G	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.
3H	Did you receive revenue from employees?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
3I	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

3J	Is cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify cost.
3K	Did you receive revenue from these people?	<input type="radio"/> Yes <input checked="" type="radio"/> No	If yes, specify amt.
3L	Where is the revenue received reported in the Cost Report?		(Page/Line Item)

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

Description	Total
11A1 Date Land Purchased	12/31/1976
11A2 Date Structure Completed	
11A3 IF NOT Original Owner, Date of Purchase	
11A4 Date of Initial Licensure	12/31/1976
11A5 Total Licensed Bed Capacity	30
11A6 Square Footage	
11A7a Original Cost - Land	
11A7b Original Cost - Building	

Part B - Owner and Related Parties	1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
11B1a Type of Financing (e.g., fixed, variable)				
11B1b Date Mortgage Obtained				
11B1c Interest Rate for the Cost Year				
11B1d Term of Mortgage (number of years)				
11B1e Amount of Principal Borrowed				
11B1f Principal balance outstanding as of _____				
<i>Complete if Mortgage was Refinanced During Current Cost Year</i>				
11B1g Type of Financing (e.g., fixed, variable)				
11B1h Date of Refinancing				
11B1i New Interest Rate				
11B1j Term of Mortgage (number of years)				
11B1k Amount of Principal Borrowed				
11B1l 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
Arms-length leases					
Arms-length leases					
Arms-length leases					
Arms-length leases					
Arms-length leases					

Printed Name of Preparer
Davis, Mascola & Phillips, LLC

Address of Preparer
1062 Barnes Rd - Ste. 203, Wallingford, CT 06492

Phone Number of Preparer
203-265-0488

	A	B	C	D	E	F	G	H	I
355		27	Prescription Drugs	0					
356		28	Ambulance/Limousine	0					
357		29	X-rays, etc.	0					
358		30	Laboratory	0					
359		31	Medical Supplies	0					
360		32	Oxygen (not emergency)	0					
361		33	Occupational Therapy	0					
362		34	Other Ancillary Costs	Page 29 Schedule 3,773	-	-	3,773		
363		Page 22 - Maintenance and Property							
364		35	Excess Movable Equipment Depreciation	Page 29 Schedule 0	-	-	-		
365		36	Depreciation on Unallowable Motor Vehicles	0					
366		37	Unallowable Property and Real Estate Taxes	0					
367		38	Rental of Building Space or Rooms	0					
368		39	Other Property Costs	Page 29 Schedule 0	-	-	-		
369		Page 27 - Insurance							
370		40	Mortgage Insurance	0					
371		41	Property Insurance	0					
372		Other - Miscellaneous							
373		42	Research or Experimental Activities	0					
374		43	Radio and Television Revenue	0					
375		44	Vending Machine Revenue	0					
376		45	Purchase Discounts and Allowances	0					
377		46	Duplication of functions or services	0					
378		47	Expenditures for protection, promotion of provider interest	0					
379		48	Interest Income on Account Rec.	0					
380		49	Other Adjustments to Expense	Page 29 Schedule 0	-	-	-		
381		Not For Profit Providers Only							
382		50	Building/Non Movable Eq. Depreciation Unallowable Build Int	0	-	-	-		
383				Page 29 Schedule					
384		51	Total Amount of Decrease	14,901	0	0	14,901		
385									

Line #	Description	Total	CCNH	RHNS	Residential Care Home
386	Resident Room, Board & Routine Care Revenue				
387	<i>Resident Room, Board & Routine Care Revenue</i>				
388	I1a Medicaid Residents (CT Only)	1,055,675			1,055,675
389	I1b Medicaid Room and Board Contractual Allowance	0			
390	I2a Medicaid (All Other States)	0			
391	I2b Other States Room and Board Contractual Allowance	0			
392	I3a Medicare Residents (all inclusive)	0			
393	I3b Medicare Room and Board Contractual Allowance	0			
394	I4a Private-Pay Residents and Other	54,711			54,711
395	I4b Private-Pay Room and Board Contractual Allowance	0			
396	Other Resident Revenue				
397	II1a Prescription Drugs - Medicare	0			
398	II1b Prescription Drugs - Medicare Contractual Allowance	0			
399	II1c Prescription Drugs - Non-Medicare	0			
400	II1d Prescription Drugs - Non-Medicare Contractual Allowance	0			
401	II2a Medical Supplies - Medicare	0			
402	II2b Medical Supplies - Medicare Contractual Allowance	0			
403	II2c Medical Supplies - Non-Medicare	0			
404	II2d Medical Supplies - Non-Medicare Contractual Allowance	0			
405	II3a Physical Therapy - Medicare	0			
406	II3b Physical Therapy - Medicare Contractual Allowance	0			
407	II3c Physical Therapy - Non-Medicare	0			
408	II3d Physical Therapy - Non-Medicare Contractual Allowance	0			
409	II4a Speech Therapy - Medicare	0			
410	II4b Speech Therapy - Medicare Contractual Allowance	0			
411	II4c Speech Therapy - Non-Medicare	0			
412	II4d Speech Therapy - Non-Medicare Contractual Allowance	0			
413	II5a Occupational Therapy - Medicare	0			
414	II5b Occupational Therapy - Medicare Contractual Allowance	0			
415	II5c Occupational Therapy - Non-Medicare	0			
416	II5d Occupational Therapy - Non-Medicare Contractual Allowance	0			
417	II6a Other (Specify) - Medicare	0	-	-	-
418	II6b Other (Specify) - Non-Medicare	0	-	-	-
419	III Total Resident Revenue	1,110,386	0	0	1,110,386
420	Other Revenue				
421	IV1 Meals sold to guests, employees & others	0			
422	IV2 Rental of rooms to non-residents	0			
423	IV3 Telephone and Telegraph	0			
424	IV4 Rental of Televisions and Cable Services	0			
425	IV5 Interest Income (Specify)	Interest Income 0	-	-	-
426	IV6 Private Duty Nurses' Fees	0			
427	IV7 Barber, Coffee, Beauty & Gift shops	0			
428	IV8 Other (Specify)	Other Revenue 2,913	-	-	2,913
429	See Attached Schedule				
430	V Total Other Revenue	2,913	0	0	2,913
431	30 VI Total All Revenue	1,113,299	0	0	1,113,299

	B	C	D	E	F	G
46	7A	Physical Therapy - Medicare Part B	0			
47	7B1	Maintenance Treatments	0			
48	7B2	Restorative Treatments	0			
49	7C	Physical Therapy - Other	0			
50	7D	Total Physical Therapy Treatments	0	0	0	0
51	8A	Speech Therapy - Medicare Part B	0			
52	8B1	Maintenance Treatments	0			
53	8B2	Restorative Treatments	0			
54	8C	Speech Therapy - Other	0			
55	8D	Total Speech Therapy Treatments	0	0	0	0
56	9A	Occupational Therapy - Medicare Part B	0			
57	9B1	Maintenance Treatments	0			
58	9B2	Restorative Treatments	0			
59	9C	Occupational Therapy - Other	0			
60	9D	Total Occupational Therapy Treatments	0	0	0	0
61						

Line #

Please fill out the following information for all Operators/Owners, Administrators, Assistant Administrators and other relatives of Owners employed in and paid by facility.

Page 11 & 12

Section I- Operators/Owners

Name	CCNH	RHNS	Residential Care Home	Total Hours Worked	Line Where Claimed on Page 10	Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received

Section II-Other Related Parties

Patricia Santavenero			44,480	2,080	A4	Pension & Health ins	Adminstration & liason to residents			
Steven Richeimer			27,635	1,745	A4	Pension & Health ins	Admin support			

Section III- Administrators

Katherine Richeimer			60,411	2,080	A2	Pension & Health ins	Administrtor			

Section IV-Assistant Administrators

List all contracted services - not just those you consider pertain to resident care.

Page 21

Name of Individual/Company	Address	Related to Owner		Explanation of Relationship	Full Explanation of Services Provided	Total Cost/Page Ref.					
		Operators, Officers				CCNH	RHNS	Residential Care Home	Page	Line	
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									
		<input type="radio"/> Yes <input type="radio"/> No									

Please fill in the Depreciation Schedule as follows:

Asset Addition Schedule

	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
A1 Land Improvements - Acquired prior to report period	3,000		3,000	3,000	Amortization	10	
A2 Land Improvements - Disposals	-						-
A3 Land Improvements - Acquired during this report period (attach schedule)							-
B1 Building Improvements - Acquired prior to this report period	21,370		21,370	21,370	S/L	20	
B2 Building Improvements - Disposals	-						-
B3 Building Improvements - Acquired during this report period (attach schedule)							-
C1 Non-Movable Equipment - Acquired prior to this report period	141,109		141,109	128,972	S/L	various	1,592
C2 Non-Movable Equipment - Disposals	-						-
C3 Non-Movable Equipment - Acquired during this report period (attach schedule)							-

	Movable Equipment - Motor vehicles (specify name, model and year of each vehicle)	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
		Yes	No	Month	Year							
		D1a	2006 Dodge Caravan	X								
D1b												
D1c												
D1d												
D2a	Movable Equipment - Acquired prior to this report period	var	var			94,050		94,050	86,692	S/L	various	1,936
D2b	Disposals					-						-
D2c	Movable Equipment - Acquired during this report period (attach schedule)					12,976						1,169

Please fill in the Amortization Schedule as follows:

	Organization Expense	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
		Month	Year						
		A1							
A2									
A3									
	Mortgage Expense	Date of Acquisition		Length of Amortization	Cost to be Amortized	Accumulated Amortization to Beginning of Year's Operations	Basis for Computing Amortization	Rate %	Amortization for This Year
		Month	Year						
		B1							
B2									
B3									
C1	Leasehold Improvements and Other - Acquired prior to this report period	Var	Var	Var	534,386	426,763			14,995
C2	Leasehold Improvements and Other - Disposals				-				-
C3	Leasehold Improvements and Other - Acquired during this report period (attach schedule)								-

	A	B	C	D	E
1		Line #	Description	Subtotal	Total
2		<i>Current Assets</i>			
3		A1	Cash (<i>on hand and in banks</i>)		96,707
4		A2	Resident Accounts Receivable		65,851
5		A3	Other Accounts Receivable		
6		A4	Inventories		150
7		A5	Prepaid Expenses (<i>itemize</i>)		17,635
8		a	Prepaid Insurance	6,125	
9		b	Prepaid Taxes	1,383	
10		c	Prepaid Pension	2,627	
11		d	Prepaid - deps on F/A	7,500	
12		A6	Interest Receivable		
13		A7	Medicare Final Settlement Receivable		
14		A8	Other Current Assets (<i>itemize</i>)		0
15					
16					
17					
18					
19		A9	Total Current Assets (Lines A1 thru 8)		180,343
20					
21		<i>Fixed Assets</i>			
22	Page 31	B1	Land		
23		B2	Land Improvements		0
24			Historical Cost	3,000	
25			Accumulated Depreciation	3,000	
26		B3	Buildings		0
27			Historical Cost	21,370	
28			Accumulated Depreciation	21,370	
29		B4	Leasehold Improvements		92,628
30			Historical Cost	534,386	
31			Accumulated Depreciation	441,758	
32	B5	Non-Movable Equipment		10,545	
33		Historical Cost	141,109		
34		Accumulated Depreciation	130,564		
35	B6	Movable Equipment		17,229	
36		Historical Cost	107,026		
37		Accumulated Depreciation	89,797		
38	B7	Motor Vehicles		0	
39		Historical Cost	19,752		
40		Accumulated Depreciation	19,752		
41	B8	Minor Equipment-Not Depreciable			
42	B9	Other Fixed Assets (<i>itemize</i>)		0	
43					
44					
45	B10	Total Fixed Assets (Lines B1 thru 9)		120,402	
46			Total Brought Forward	300,745	
47		<i>Leasehold or like property recorded for Equity Purposes</i>			
48		C1	Land		
49		C2	Land Improvements		0
50			Historical Cost		
51			Accumulated Depreciation		
52		C3	Buildings		0
53			Historical Cost		
54			Accumulated Depreciation		
55		C4	Non-Movable Equipment		0
56			Historical Cost		
57			Accumulated Depreciation		
58		C5	Movable Equipment		0
59			Historical Cost		
60			Accumulated Depreciation		
61		C6	Motor Vehicles		0
62			Historical Cost		
63			Accumulated Depreciation		
64		C7	Minor Equipment -Not Depreciable		
65		C8	Total Leasehold or Like Properties (C1 thru 7)		0
66					
67		<i>Investment and Other Assets</i>			
68	Page 32	D1	Deferred Deposits		
69		D2	Escrow Deposits		
70		D3	Organization Expense		0

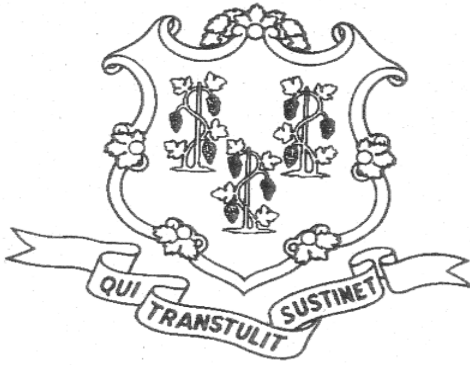
	A	B	C	D	E
71			Historical Cost		
72			Accumulated Depreciation		
73		D4	Goodwill		15,000
74		D5	Investments Related to Resident Care		0
75					
76					
77		D6	Loans to Owners or Related Parties		0
78			Name and Address		
79			Amount		
80			Loan Date		
81					
82		D7	Other Assets		0
83					
84					
85					
86		D8	Total Investments and Other Assets (Lines D1 thru 7)		15,000
87		D9	Total All Assets (Lines A9 + B10 + C8 + D8)		315,745
88					
89			<i>Current Liabilities</i>		
90		A1	Trade Accounts Payable		11,198
91		A2	Notes Payable (itemize)		0
92					
93					
94					
95					
96		A3	Loans Payable for Equipment		0
97			Name of Lender		
98			Purpose		
99			Amount		
100			Date Due		
101					
102			Name of Lender		
103			Purpose		
104			Amount		
105			Date Due		
106					
107		A4	Accrued Payroll (<i>Exclusive of Owners & Stockholders</i>)		4,519
108		A5	Accrued Payroll (<i>Owners & Stockholders only</i>)		10,933
109		A6	Accrued Payroll Taxes Payable		
110		A7	Medicare Final Settlement Payable		
111		A8	Medicare Current Financing Payable		
112		A9	Mortgage Payable		
113		A10	Interest Payable		
114		A11	Accrued Income Taxes		
115		A12	Other Current Liabilities (itemize)		-
116					
117					
118					
119					
120					
121					
122					
123					
124		A13	Total Current Liabilities Lines A1 thru 12)		26,650
125			Total Brought Forward		26,650
126			<i>Long-Term Liabilities</i>		
127		B1	Loans Payable-Equipment		
128			Name of Lender		
129			Purpose		
130			Amount		
131			Date Due		
132					
133			Name of Lender		
134			Purpose		
135			Amount		
136			Date Due		
137					
138		B2	Mortgages Payable		
139		B3	Loans from Owners or Related Parties		54,160

Page 33

	A	B	C	D	E
140	Page 34		Name and Address of Lender	Katherine Richheimer	
141			Amount	27,080	
142			Loan Date	open	
143					
144			Name and Address of Lender	Patricia Santovenere	
145			Amount	27,080	
146			Loan Date	open	
147					
148		B4	Other Long-Term Liabilities (itemize)		0
149					
150					
151					
152					
153		B5	Total Long-Term Liabilities (Lines B1 thru 4)		54,160
154		C	Total All Liabilities (Lines A13 + B5)		80,810
155					
156			<i>Reserves</i>		
157		A1	Reserve for value of leased land		
158		A2	Reserve for depreciation value of leased buildings and appurtenances to be amortized		
159		A3	Reserve for depreciation value of leased personal property (Equity)		
160		A4	Reserve for leasehold real properties on which fair rental value is based		
161		A5	Reserve for funds set aside as donor restricted		
162	Page 35	A6	Total Reserves		0
163			<i>Net Worth</i>		
164		B1	Owner's Capital		
165		B2	Capital Stock		1,000
166		B3	Paid-in Surplus		
167		B4	Treasury Stock		
168		B5	Cumulated Earnings		181,083
169		B6	Gain or Loss for Period 10/1/2015 thru 09/30/2016		52,852
170		B7	Total Net Worth		234,935
171		C	Total Reserves and Net Worth		234,935
172		D	Total Liabilities, Reserves, and Net Worth		315,745
173					
174		A	Balance at End of Prior Period		181,083
175		B	Total Revenue		1,113,299
176		C	Total Expenditures		1,060,447
177		D	Net Income or Deficit		52,852
178		E	Balance		233,935
179		F1	Additional Capital Contributed (itemize)		
180					
181					
182					
183					
184		F2	Other (itemize)		
185					
186					
187					
188					
189	Page 36	F3	Total Additions		0
190		G1	Drawings of Owners/Operators/Partners		
191			Name and Address		
192		Title			
193		Amount			
194					
195			Name and Address		
196			Title		
197			Amount		
198		G2	Other Withdrawings		
199			Purpose		
200			Amount		
201					
202			Purpose		
203			Amount		
204		G3	Total Deductions		

	A	B	C	D	E
205		H	<i>Balance at End of Period</i>		233,935

State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Alberta Manor, Inc.	
Address (No. & Street, City, State, Zip Code) 21 Victoria Rd., Hartford, CT 06114	
Type of Facility <input type="checkbox"/> Chronic and Convalescent <input type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Residential Care Home	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH	RHNS	Residential Care Home 1731	Medicare Provider
------------------	------	------	-------------------------------	-------------------

Medicaid Provider Numbers:	CCNH	RHNS	ICF-IID
----------------------------	------	------	---------

For Department Use Only

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

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 - Leases	6
General Information and Questionnaire - Accounting Basis	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
D. Adjustments to Statement of Expenditures	28
D. Adjustments to Statement of Expenditures (Cont'd)	29
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

General Information

Name of Facility (as licensed) Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 1	of 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 Alberta Manor, Inc. [facility name], for the cost report period beginning October 1, 2015 and ending September 30, 2016, 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) Katherine Richheimer			Printed Name (Owner) Katherine Richheimer		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires / /	
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Alberta Manor, Inc.		Period Covered:	From 10/1/2015	To 9/30/2016
Address of Facility 21 Victoria Rd., Hartford, CT 06114				
Report Prepared By Davis, Mascola & Phillips, LLC		Phone Number 203-265-0488	Date	
Item	Total	CCNH	RHNS	Residential Care Home
1. Dietary wages paid	\$			
2. Laundry wages paid	\$			
3. Housekeeping wages paid	\$			
4. Nursing wages paid	\$			
5. All other wages paid	\$			
6. Total Wages Paid	\$			
7. Total salaries paid	\$			
8. Total Wages and Salaries Paid (As per page 10 of Report)	\$			

Wages - Compensation computed on an hourly wage rate.

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

DO NOT include Fringe Benefit Costs.

General Information and Questionnaire
Type of Facility - Organization Structure

Phone No. of Facility 860-296-8050		Report for Year Ended 9/30/2016		Page 2	of 37
Name of Facility (as shown on license) Alberta Manor, Inc.			Address (No. & Street, City, State, Zip) 21 Victoria Rd., Hartford, CT 06114		
License Numbers:	CCNH	RHNS	Residential Care Home 1731	Medicare Provider No.	
Type of Facility (Check appropriate box(es))					
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)		<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)		<input checked="" type="checkbox"/> Residential Care Home	
Type of Ownership (Check appropriate box)					
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input checked="" 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 Katherine Richheimer			Nursing Home Administrator's License No.:		
Other Operators/Owners who are assistant administrators (full or part time) of this facility.					
Name			License No.:		

General Information and Questionnaire
Corporate Owners

Name of Facility Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation	Business Address	State(s) in Which Incorporated		
Alberta Manor, Inc.	21 Victoria Road, Hartford, CT 06114			
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
Katherine Richheimer	89 Field Rd, Cromwell, CT	President	50	
Patricia Santavenere	60 Hillside Rd, Cromwell, CT	Sec/Treasurer	50	
Names of Stockholders Owning at Least 10% of Shares				
Katherine Richheimer	89 Field Rd, Cromwell, CT	President	50	
Patricia Santavenere	60 Hillside Rd, Cromwell, CT	Sec/Treasurer	50	

**General Information and Questionnaire
Related Parties***

Name of Facility Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 4	of 37
---	---------------------	------------------------------------	-----------	----------

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	%**				
Katherine Richheimer	89 Field Rd, Cromwell, CT	<input type="radio"/>	<input checked="" type="radio"/>		Operating loan	P 34 L B3	27,080	27,080
Katherine Richheimer	89 Field Rd, Cromwell, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real estate rental	P 22, L 9	21,126	21,126
Patricia Santavenere	60 Hillside Rd, Cromwell, CT	<input type="radio"/>	<input checked="" type="radio"/>		Real estate rental	P 22, L 9	21,126	21,126
Patricia Santavenere	60 Hillside Rd, Cromwell, CT	<input type="radio"/>	<input checked="" type="radio"/>		Operating loan	P 34 L L B3	27,080	27,080
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input type="radio"/>					
		<input type="radio"/>	<input 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 Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 5	of 37
---	---------------------	------------------------------------	-----------	----------

If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:

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

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

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

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

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

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

General Information and Questionnaire 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 Alberta Manor, Inc.			License No. 1731			Report for Year Ended 9/30/2016		Page of 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							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
	<input type="radio"/>	<input type="radio"/>							
Is a Mileage Log Book Maintained for All Leased Vehicles ?								<input type="radio"/> Yes <input type="radio"/> No	Total ***

* Refer to Page 4 for definition of related. If "Yes," transaction should be reported on Page 4 also.
 ** Attach copies of newly acquired leases.
 *** Amount should agree to Page 22, Line 6e.

General Information and Questionnaire
Accounting Basis

Name of Facility Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 7	of 37
---	---------------------	------------------------------------	-----------	----------

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 Davis, Mascola & Phillips, LLC	1062 Barnes Rd - Ste. 203, Wallingford, CT 06492
2 Mahoney Sabol & Co	180 Glastonbury Blvd, Glastonbury, CT
3	
4	

Services Provided by This Firm (*describe fully*)

1 Preparation of cost report & tax return	\$ 6,475
2 Tax preparation	\$ 350
3	\$
4	\$
	Charge for Services Provided
	\$ 6,825

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

Legal Services Information

Name of Legal Firm or Independent Attorney	Telephone Number
1 Parrett Porto Parrisi & Colwell	203-281-2700
2 Berchem, Moses & Devlin	203-783-1200
3	
4	
5	

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

1 2319 Whitney Ave # 1D, Hamden, CT
2 75 Broad St, Milford CT
3
4
5

Services Provided by This Firm (*describe fully*)

1 Estate planning	\$ 300
2 HR issue	\$ 650
3	\$
4	\$
5	\$
	Charge for Services Provided
	\$ 950

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

Schedule of Resident Statistics

Name of Facility Alberta Manor, Inc.				License No. 1731		Report for Year Ended 9/30/2016				Page 8		of 37	
	Total All Levels	Total CCNH Level	Total RHNS Level	Total Residential Care Home	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30				
					Total	CCNH	RHNS	Residential Care Home	Total	CCNH	RHNS	Residential Care Home	
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	30			30	30			30	30				30
B. On last day of THIS report period	30			30	30			30	30				30
2. Number of Residents													
A. As of midnight of PREVIOUS report period	29			29	29			29	29				29
B. As of midnight of THIS report period	29			29	29			29	29				29
3. Total Number of Days Care Provided During Period													
A. Medicare													
B. Medicaid (Conn.)													
C. Medicaid (other states)													
D. Private Pay	366			366	274			274	92				92
E. State SSI for RCH	10,295			10,295	7,747			7,747	2,548				2,548
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	10,661			10,661	8,021			8,021	2,640				2,640
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)	10,661			10,661	8,021			8,021	2,640				2,640

Schedule of Resident Statistics (Cont'd)

Name of Facility Alberta Manor, Inc.			License No. 1731			Report for Year Ended 9/30/2016			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 (1)	RHNS (2)	Residential Care Home (3)	Lost			Gained			CCNH	RHNS	Residential Care Home	
				(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	Residential Care Home		
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	Residential Care Home	R.C.H.	ICF-MR				
No. of Residents							1	28					
Per Diem Rate													
a. One bed rm.							149.50	101.07					
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments									TOTAL	CCNH	RHNS	Residential Care Home	
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Physical Therapy Treatments													
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Speech Therapy Treatments													
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B													
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other													
D. Total Occupational Therapy Treatments													

Report of Expenditures - Salaries & Wages

Name of Facility Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	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	Residential Care Home	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)					60,411	2,080
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)					72,916	3,826
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers					75,799	4,577
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers					59,841	3,613
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers					47,873	2,890
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers					7,979	482
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses						
b. RN						
1. Direct Care						
2. Administrative**						
c. LPN						
1. Direct Care						
2. Administrative**						
d. Aides and Attendants					155,588	9,394
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers					51,863	3,131
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						
n. Marketing						
o. Other (Specify) See Attached Schedule						
<i>A-13. Total Salary Expenditures</i>					532,270	29,993

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

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

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

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

Name of Facility				License No.	Report for Year Ended			Page	of	
Alberta Manor, Inc.				1731	9/30/2016			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	Residential Care Home							
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).										
Patricia Santavenere			44,480	Pension & Health ins	Adminstatron & liason to residents	2,080				
Steven Richheimer			27,635	Pension & Health ins	Admin support	1,745	A4			

* 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	
Alberta Manor, Inc.				1731	9/30/2016			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	Residential Care Home							
Section III - Administrators***										
Katherine Richheimer			60,411	Pension & Health ins	Administrtrtor	2,080				
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		
Alberta Manor, Inc.	1731	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Residential Care Home	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						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care						
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)						
b. Utilization Review (Title 18 and 19 only) monthly meeting						
c. Resident Care**						
d. Administrative Services facility						
1. Infection Control Committee (Quarterly meetings)						
2. Pharmaceutical Committee (Quarterly meetings)						
3. Staff Development Committee (Once annually)						
e. Other (Specify)						
9. Speech Therapist						
a. Resident Care						
b. Other						
10. Occupational Therapist						
a. Resident Care						
b. Other						
11. Nurses and aides and attendants						
a. RN						
1. Direct Care						
2. Administrative***						
b. LPN						
1. Direct Care						
2. Administrative***						
c. Aides						
d. Other						
12. Other (Specify) See Attached Schedule						
B-13 Total Fees Paid in Lieu of Salaries						

* 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.

C. Expenditures Other Than Salaries - Administrative and General

Name of Facility	License No.	Report for Year Ended	Page	of
Alberta Manor, Inc.	1731	9/30/2016	15	37
Item	Total	CCNH	RHNS	Residential Care Home
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 13,688			13,688
2. Disability Insurance	\$			
3. Unemployment Insurance	\$ 10,638			10,638
4. Social Security (F.I.C.A.)	\$ 39,882			39,882
5. Health Insurance	\$ 90,766			90,766
6. Life Insurance (employees only) (not-owners and not-operators)	\$			
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 47,632			47,632
8. Uniform Allowance	\$ 112			112
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*	\$			
d. Accounting and Auditing	\$ 6,825			6,825
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 950			950
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 4,045			4,045
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 2,493			2,493
2. Cellular Phones	\$			
i. Appraisal (<i>Specify purpose and attach copy</i>)*	\$			
j. Corporation Business Taxes (<i>franchise tax</i>)	\$ (263)			(263)
k. Other Taxes (<i>Not related to property - See Page 22</i>)				
1. Income*	\$			
2. Other (<i>Specify</i>) See Attached Schedule	\$ 43			43
3. Resident Day User Fee	\$			
Subtotal	\$ 216,811			216,811

* 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**

Alberta Manor, Inc.
9/30/2016

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Residential Care Home
Total	\$ -	\$ -	\$ -

Schedule of Other Taxes

Description	CCNH	RHNS	Residential Care Home
Penalties from IRS			\$ 43
Total	\$ -	\$ -	\$ 43

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

Name of Facility	License No.	Report for Year Ended	Page	of
Alberta Manor, Inc.	1731	9/30/2016	16	37
Item	Total	CCNH	RHNS	Residential Care Home
<i>Subtotals Brought Forward:</i>	216,811			216,811
1. Travel and Entertainment				
1. Resident Travel and Entertainment	\$			
2. Holiday Parties for Staff	\$			
3. Gifts to Staff and Residents	\$ 447			447
4. Employee Travel	\$			
5. Education Expenses Related to Seminars and Conventions	\$ 210			210
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 2,984			2,984
7. Other (<i>Specify</i>) See Attached Schedule	\$			
m. Other Administrative and General Expenses				
1. Advertising Help Wanted (<i>all such expenses</i>)	\$			
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$			
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$			
4. Fund-Raising***	\$			
5. Medical Records	\$			
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$			
7. Postage	\$ 582			582
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 774			774
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$			
9. Subscriptions	\$ 258			258
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**	\$			
13. Other (<i>Specify</i>) See Attached Schedule	\$ 5,879			5,879
<i>C-14 Total Administrative & General Expenditures</i>	\$ 227,945			227,945

* 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	Residential Care Home
Total Other Travel and Entertainment	\$ -	\$ -	\$ -

Schedule of Other Advertising

Description	CCNH	RHNS	Residential Care Home
Total Other Advertising	\$ -	\$ -	\$ -

Schedule of Dues

Description	CCNH	RHNS	Residential Care Home
CARCH			\$ 650
BJ's			\$ 50
AARP			\$ 74
Total Dues	\$ -	\$ -	\$ 774

Schedule of Contributions

Description	CCNH	RHNS	Residential Care Home
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Residential Care Home
Payroll processing			\$ 3,440
Pension admin fees			\$ 1,090
Alarm permit			\$ 15
Dumbwaiter permit			\$ 240
Miscellaneous			\$ 1,085
Routine bank charges			\$ 9
Total Other Administrative and General	\$ -	\$ -	\$ 5,879

Schedule C-1 - Management Services*

Name of Facility Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 17 of 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 #

* 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 Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 18	of 37
Item	Total	CCNH	RHNS	Residential Care Home
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 66,558			66,558
2. Non-Food Supplies	\$ 3,157			3,157
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c. Management Services**	\$			
d. Other (Specify) _____	\$			
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 69,715			69,715
2F. Dietary Questionnaire	Total	CCNH	RHNS	Residential Care Home
G. Resident Meals: Total no. of meals served per day:*	90			90
H. Is cost of employee meals included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No				
I. Did you receive revenue from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
J. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
K. Is cost of meals provided to persons other than employees or residents (i.e., Board Members, Guests) included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
L. Is any revenue collected from these people? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
M. Where is the revenue received reported in the Cost Report? (Page/Line Item)				
N. Is cost of food (other than meals, e.g., snacks at monthly staff meetings, board meetings) provided to employees included in 2E? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify cost.				
O. Is any revenue collected from employees? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, specify amt.				
P. 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.
 ** Schedule C-1, Page 17 must be fully completed or this expenditure will not be allowed.

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

Name of Facility Alberta Manor, Inc.		License No. 1731	Report for Year Ended 9/30/2016	Page 19	of 37
Item		Total	CCNH	RHNS	Residential Care Home
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. \$	3,903		3,903
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. \$	1,568		1,568
4.	Repair and/or purchase of linens.***	Lbs.			
		Amt. \$			
b.	Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$			
c.	Management Services**	\$			
d.	Other (Specify)	\$			
3E. Total Laundry Expenditures (3a + b + c + d)		\$	5,471		5,471
3F. Laundry Questionnaire					
G.	Is cost of employee laundry included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
H.	Did you receive revenue from employees?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify amt.	
I.	Where is the revenue received reported in the Cost Report?	(Page/Line Item)			
J.	Is Cost of laundry provided to persons other than employees or residents included in 3E?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	If yes, specify cost.	
K.	Did you receive revenue 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)			

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

All allocations should add to total recorded in 3E.

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

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

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

Name of Facility	License No.	Report for Year Ended	Page	of	
Alberta Manor, Inc.	1731	9/30/2016	20	37	
Item		Total	CCNH	RHNS	Residential Care Home
4. Housekeeping	Sq. Ft. Serviced by Personnel				
a. In-House Care					
1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	18,759			18,759
b. Purchased Services (<i>by contract other than through Management Services</i>) (<i>Complete Schedule C-2 att. Page 21</i>)	Sq. Ft. Serviced by Personnel				
	Amt. \$				
c. Management Services*	\$				
d. Other (<i>Specify</i>)	\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)	\$	18,759			18,759
5. Resident Care (Supplies)**					
a. Prescription Drugs***					
1. Own Pharmacy	\$				
2. Purchased from	\$				
b. Medicine Cabinet Drugs	\$	2,853			2,853
c. Medical and Therapeutic Supplies	\$				
d. Ambulance/Limousine***	\$				
e. Oxygen					
1. For Emergency Use	\$				
2. Other***	\$				
f. X-rays and Related Radiological Procedures***	\$				
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h. Laboratory***	\$				
i. Recreation	\$	2,879			2,879
j. Other (Specify)**** See Attached Schedule	\$	4,973			4,973
5K. Total Resident Care Expenditures (5a - 5j)	\$	10,705			10,705

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

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

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

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

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

Name of Facility Alberta Manor, Inc.			License No. 1731	Report for Year Ended 9/30/2016	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	Residential Care Home	Pg	Line
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input type="radio"/>							
		<input type="radio"/>	<input 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 Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016			Page 22	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 44,930				44,930	
b. Heat	\$ 5,709				5,709	
c. Light & Power	\$ 13,961				13,961	
d. Water	\$ 8,336				8,336	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$					
f. Other (<i>itemize</i>)	\$					
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 72,936				72,936	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$					
b. Building & Building Improvements	\$					
c. Non-Movable Equipment	\$ 1,592				1,592	
d. Movable Equipment	\$ 3,105				3,105	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 4,697				4,697	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$					
c. Leasehold Improvements	\$ 14,995				14,995	
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 14,995				14,995	
9. Rental payments on leased real property less real estate taxes included in item 10b	\$ 42,252				42,252	
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 39,900				39,900	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$ 2,166				2,166	
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 104,010				104,010	

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

Alberta Manor, Inc.
9/30/2016

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	Cost	Useful Life	Depreciation
Additions:				
1/6/2016	Phone system	\$ 3,309	10	\$ 248
1/18/2016	Lounge Furniture	\$ 9,667	7	\$ 921
Total additions for Movable Equipment		\$ 12,976		\$ 1,169 *
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:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Alberta Manor, Inc.			License No. 1731		Report for Year Ended 9/30/2016			Page 24	of 37
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1.									
2.									
3.									
B-4. Subtotal									
C. Leasehold Improvements and Other									
1. Acquired prior to this report period	Var	Var	Var	534,386	426,763			14,995	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									14,995
D. Total Amortization									14,995

* 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 Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	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	12/31/76				
2. Date Structure Completed					
3. If NOT Original Owner, Date of Purchase					
4. Date of Initial Licensure	12/31/76				
5. Total Licensed Bed Capacity	30				
6. Square Footage					
7. Acquisition Cost					
a. Land					
b. Building					
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage	4th Mortgage
1. Financing					
a. Type of Financing (e.g., fixed, variable)					
b. Date Mortgage Obtained					
c. Interest Rate for the Cost Year					
d. Term of Mortgage (number of years)					
e. Amount of Principal Borrowed					
f. Principal balance outstanding as of _____					
Complete if Mortgage was Refinanced During Current Cost Year					
g. Type of Financing (e.g., fixed, variable)					
h. Date of Refinancing					
i. New Interest Rate					
j. Term of Mortgage (number of years)					
k. Amount of Principal Borrowed					
l. Principal Outstanding on Note Paid-Off					
Part C - Arms-Length Leases for Real Property Improvements Only					
Name and Address of Lessor	Property Leased	Date of Lease	Term of Lease	Annual Amount of Lease	

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

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

Name of Facility Alberta Manor, Inc.		License No. 1731	Report for Year Ended 9/30/2016		Page 26	of 37
Item			Total	CCNH	RHNS	Residential Care Home
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
Alberta Manor, Inc.		1731		9/30/2016		27	37
Item				Total	CCNH	RHNS	Residential Care Home
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)				\$			
13. Total All Interest Expense (12B7 + 12C3 + 12D)				\$			
14. Insurance							
a. Insurance on Property (buildings only)				\$ 12,666			12,666
b. Insurance on Automobiles				\$ 3,374			3,374
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)				\$			
2. Fire and Extended Coverage				\$			
3. Other (Specify)				\$ 2,596			2,596
Pension insurance and EPLI							
14d. Total Insurance Expenditures (14a + b + c)				\$ 18,636			18,636
15. Total All Expenditures (A-13 thru C-14)				\$ 1,060,447			1,060,447

D. Adjustments to Statement of Expenditures

Name of Facility			License No.	Report for Year Ended	Page	of	
Alberta Manor, Inc.			1731	9/30/2016	28	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$ 10,000			10,000
Page 13 - Professional Fees							
5.			Resident Care Physicians **	\$			
6.			Occupational Therapy	\$			
7.			Other - See attached Schedule	\$			
Pages 15 & 16 - Administrative and General							
8.			Discriminatory Benefits	\$			
9.			Bad Debts	\$			
10.			Accounting & Legal	\$			
11.			Telephone	\$			
12.			Cellular Telephone	\$			
13.			Life insurance premiums on the life of Owners, Partners, Operators	\$			
14.			Gifts, flowers and coffee shops	\$			
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.			Unallowable Advertising *	\$			
19.	16	m13	Income Tax / Corporate Business Tax	\$ 43			43
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,085			1,085
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)				\$ 11,128			11,128

* 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	Residential Care Home
10	A2	Katherine Richeimer excess salary			\$ 5,000
10	A4	Patricia Richeimer excess salary			\$ 5,000
Total Other Salaries Adjustment			\$ -	\$ -	\$ 10,000

Schedule of Fees Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Fees Adjustments			\$ -	\$ -	\$ -

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
16	13	Miscellaneous unallowable expense			\$ 1,085
Total Other A&G Adjustments			\$ -	\$ -	\$ 1,085

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Alberta Manor, Inc.			1731	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Residential Care Home
Subtotals Brought Forward				\$ 11,128			11,128
Page 20 - Resident Care Supplies***							
27.			Prescription Drugs	\$			
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.			Oxygen (non emergency)	\$			
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 3,773			3,773
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$			
Not For Profit Providers Only							
50.			Building/Non Movable Eq. Depreciation Unallowable Building Interest - See Attached Schedule	\$			
51.	Total Amount of Decrease (Items 1 - 50)			\$ 14,901			14,901

*** 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.

Alberta Manor, Inc.
9/30/2016

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
20	5j	Excess cable expense			\$ 3,773
Total Other Ancillary Costs			\$ -	\$ -	\$ 3,773

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Adjustments			\$ -	\$ -	\$ -

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Residential Care Home
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016			Page 30	of 37
Item	Total	CCNH	RHNS	Residential Care Home		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (<i>CT only</i>)	\$ 1,055,675			1,055,675		
b. Medicaid Room and Board Contractual Allowance **	\$					
2. a. Medicaid (<i>All other states</i>)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (<i>all inclusive</i>)	\$					
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 54,711			54,711		
b. Private-Pay Room and Board Contractual Allowance **	\$					
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$					
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$					
b. Physical Therapy - Medicare Contractual Allowance **	\$					
c. Physical Therapy - Non-Medicare	\$					
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$					
4. a. Speech Therapy - Medicare	\$					
b. Speech Therapy - Medicare Contractual Allowance **	\$					
c. Speech Therapy - Non-Medicare	\$					
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$					
b. Occupational Therapy - Medicare Contractual Allowance **	\$					
c. Occupational Therapy - Non-Medicare	\$					
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$					
6. a. Other (<i>Specify</i>) - Medicare	\$					
b. Other (<i>Specify</i>) - Non-Medicare	\$					
III. Total Resident Revenue (Section I. thru Section II.)	\$ 1,110,386			1,110,386		
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>)	\$					
6. Private Duty Nurses' Fees	\$					
7. Barber, Coffee, Beauty and Gift shops	\$					
8. Other (<i>Specify</i>)	\$ 2,913			2,913		
V. Total Other Revenue (1 thru 8)	\$ 2,913			2,913		
VI. Total All Revenue (III +V)	\$ 1,113,299			1,113,299		

* 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	Residential Care Home
Total Other Resident Revenue - Medicare		\$ -	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Residential Care Home
Total Other Resident Revenue		\$ -	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Residential Care Home
Total Interest Income			\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Residential Care Home
	MAT Training-Reimbursement for salary expense			\$ 2,913
Total Other Revenue		\$ -	\$ -	\$ 2,913

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Alberta Manor, Inc.	1731	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	96,707
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	65,851
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	150
5. Prepaid Expenses			\$	17,635
a. Prepaid Insurance	6,125			
b. Prepaid Taxes	1,383			
c. Prepaid Pension	2,627			
d. Prepaid - deps on F/A	7,500			
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	

A-9. Total Current Assets (Lines A1 thru 8)			\$	180,343
B. Fixed Assets				
1. Land			\$	
2. Land Improvements	*Historical Cost	3,000	\$	
	Accum. Depreciation	3,000		Net
3. Buildings	*Historical Cost	21,370	\$	
	Accum. Depreciation	21,370		Net
4. Leasehold Improvements	*Historical Cost	534,386	\$	92,628
	Accum. Depreciation	441,758		Net
5. Non-Movable Equipment	*Historical Cost	141,109	\$	10,545
	Accum. Depreciation	130,564		Net
6. Movable Equipment	*Historical Cost	107,026	\$	17,229
	Accum. Depreciation	89,797		Net
7. Motor Vehicles	*Historical Cost	19,752	\$	
	Accum. Depreciation	19,752		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	

B-10. Total Fixed Assets (Lines B1 thru 9)			\$	120,402

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

(Carry Total forward to next page)

G. Balance Sheet (cont'd)

Name of Facility Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 32	of 37
Account			Amount	
Total Brought Forward:			\$ 300,745	
C. Leasehold or like property recorded for Equity Purposes.				
1. Land			\$	
2. Land Improvements			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
3. Buildings			\$	
*Historical Cost _____ Accum. Depreciation _____ 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)			\$	
D. Investment and Other Assets				
1. Deferred Deposits			\$	
2. Escrow Deposits			\$	
3. Organization Expense			\$	
*Historical Cost _____ Accum. Depreciation _____ Net				
4. Goodwill (Purchased Only)			\$ 15,000	
5. Investments Related to Resident Care (<i>itemize</i>)			\$	

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

D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$ 15,000	
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$ 315,745	

* 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 Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 33	of 37
Account			Amount	
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable			\$	11,198
2. Notes Payable (<i>itemize</i>)			\$	

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>)			\$	4,519
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)			\$	10,933
6. Accrued Payroll Taxes Payable			\$	
7. Medicare Final Settlement Payable			\$	
8. Medicare Current Financing Payable			\$	
9. Mortgage Payable (<i>Current Portion</i>)			\$	
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)			\$	
11. Accrued Income Taxes*			\$	
12. Other Current Liabilities (<i>itemize</i>)			\$	

A-13. Total Current Liabilities (Lines A1 thru 12)			\$	26,650

* 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 Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016		Page 34	of 37
Account				Amount	
Total Brought Forward:				26,650	
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>)				\$ 54,160	
Name and Address of Lender	Amount	Loan Date			
Katherine Richheimer	27,080	open			
Patricia Santovenere	27,080	open			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 54,160	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 80,810	

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

Name of Facility	License No.	Report for Year Ended	Page	of
Alberta Manor, Inc.	1731	9/30/2016	35	37
Account			Amount	
A. Reserves				
1. Reserve for value of leased land			\$	
2. Reserve for depreciation value of leased buildings and appurtenances to be amortized			\$	
3. Reserve for depreciation value of leased personal property (<i>Equity</i>)			\$	
4. Reserve for leasehold real properties on which fair rental value is based			\$	
5. Reserve for funds set aside as donor restricted			\$	
6. Total Reserves			\$	
B. Net Worth				
1. Owner's Capital			\$	
2. Capital Stock			\$	1,000
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	181,083
6. Gain or Loss for Period			\$	52,852
	10/1/2015	thru	9/30/2016	
7. Total Net Worth			\$	234,935
C. Total Reserves and Net Worth			\$	234,935
D. Total Liabilities, Reserves, and Net Worth			\$	315,745

H. Changes in Total Net Worth

Name of Facility Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 36	of 37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	181,083
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	1,113,299
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	1,060,447
D. Net Income or Deficit			\$	52,852
E. Balance			\$	233,935
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
F-3. Total Additions			\$	
G. Deductions				
1. Drawings of Owners/Operators/Partners (<i>Specify</i>)			\$	
Name and Address (<i>No., City, State, Zip</i>)		Title	Amount	
2. Other Withdrawings (<i>Specify</i>)			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	233,935
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Alberta Manor, Inc.	License No. 1731	Report for Year Ended 9/30/2016	Page 37	of 37
<i>Check appropriate category</i>				
<input type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)	<input checked="" type="checkbox"/> Residential Care Home		
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				
Davis, Mascola & Phillips, LLC				
Address Address			Phone Number	
1062 Barnes Rd - Ste. 203, Wallingford, CT 06492			203-265-0488	

Error Check

Level Item

Reported as