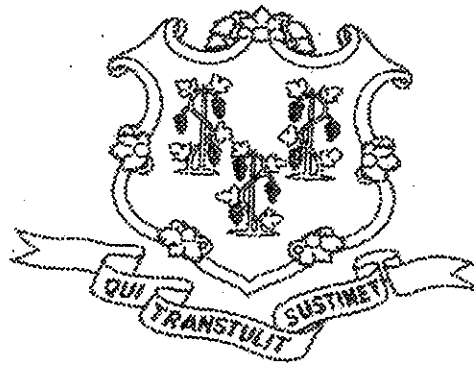


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2016

Name of Facility (as licensed) Alzheimer's Resource Center of Connecticut, Inc.	
Address (No. & Street, City, State, Zip Code) 1261 South Main Street, Plantsville, CT 06479	
Type of Facility	
<input checked="" type="checkbox"/> Chronic and Convalescent Nursing Home only (CCNH)	<input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS)
<input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2015	Report for Year Ending 9/30/2016

License Numbers:	CCNH 002-09-33	RHNS	Other	Medicare Provider 07-5378
------------------	-------------------	------	-------	------------------------------

Medicaid Provider Numbers:	CCNH	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

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General Information

Name of Facility (as licensed)	License No.	Report for Year Ended	Page	of
Alzheimer's Resource Center of Connecticut, Inc.	002-09-33	9/30/2016	1	37



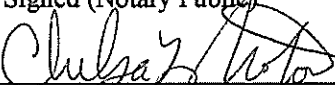
Administrator's/Owner's Certification

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

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for Alzheimer's Resource Center of Connecticut, 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 1/31/17	Signed (Owner)	Date
Printed Name (Administrator) Michael J. Smith		Printed Name (Owner)	
Subscribed and Sworn to before me: Chelsea L. Norton 	Date 1/31/17	Signed (Notary Public) 	Comm. Expires / /
Address of Notary Public 197 Mechanic Street Bristol, CT 06010			

(Notary Seal)

CHELSEA L NORTON
 Notary Public
 My Commission Expires March 31, 2020

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 Alzheimer's Resource Center of Connecticut, Inc.		Period Covered: From 10/1/2015	To 9/30/2016	
Address of Facility 1261 South Main Street, Plantsville, CT 06479				
Report Prepared By Melissa Spitz		Phone Number 860-628-9000	Date 1/31/2017	
Item	Total	CCNH	RHNS	Other
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 860-628-9000	Report for Year Ended 9/30/2016	Page 2	of 37
Name of Facility (as shown on license) Alzheimer's Resource Center of Connecticut, Inc.		Address (No. & Street, City, State, Zip) 1261 South Main Street, Plantsville, CT 06479		
License Numbers:	CCNH 002-09-33	RHNS	Other	Medicare Provider No. 07-5378
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 checked="" type="checkbox"/> Other				
Type of Ownership (Check appropriate box)				
<input type="radio"/> Proprietorship <input type="radio"/> LLC <input type="radio"/> Partnership <input type="radio"/> Profit Corp. <input checked="" 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 Michael J. Smith		Nursing Home Administrator's License No.:	01431	
Other Operators/Owners who are assistant administrators (full or part time) of this facility.				
Name N/A		License No.:		

**Alzheimer's Resource Center of CT, Inc.
Board of Directors**

PRESIDENT:

Waldo Klein, PhD

Home:

13 Westwood Road

Storrs, CT 06268

H: 860-487-1387

C: 860-508-3344

waldo.klein101@gmail.com

Summer Address:

795 Lily Bay Road #403

Beaver Cove, ME 04441

SECRETARY:

Julie Thompson Robison, Ph,D

Business:

UCHC Center on Aging

263 Farmington Ave.

Farmington, CT 06030-6147 (FEDEX Zipcode 06032-6147)

B: 860-679-4278 (Direct) F: 860-679-8023

B: 860-679-3956 (Main)

Jrobison@UCHC.edu

Home:

56 Williams Road

Wallingford, CT 06492

H: 203-294-4248

C: 203-605-1066

TREASURER:

Michael Lenkiewicz

Business:

The Rideshare Company

1404 Blue Hills Ave.

Bloomfield, CT 06002

B: 860-692-1220

MLenkiewicz@rideshare.com

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78 Parsons Drive

West Hartford, CT 06117

H: 860-233-8681

C: 860-833-8818

MikeLenk@aol.com

MEMBERS:

Elizabeth Reese

Business:

None

Home: Home: (Send Mail Here)

110 Hook Road 830 Park Ave.

Bedford, NY 10506 New York, NY 10021

H: 914-234-7808 H: 212-737-1057

bougie@cloud9.net

Elyse Sadler

Business:

None

Home:

450 Castle Glen

Cheshire, CT 06410

H: 203-271-1877

ESadler01@cox.net

Maureen Matthews

279 Glenbrook Rd

Stamford, CT 06906

Business:

203-817-0600

maureen@towhomimayconcern.org

Home:

Cell: 203-273-7943

mmatth81@gmail.com

General Information and Questionnaire
Related Parties*

Name of Facility Alzheimer's Resource Center of Connecticut, Inc.	License No. 002-09-33	Report for Year Ended 9/30/2016	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 %**				
		<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"/>				

* 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 Alzheimer's Resource Center of Connecticut, Inc	License No. 002-09-33	Report for Year Ended 9/30/2016	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.

All costs have been allocated as required except for housekeeping and maintenance, which have been allocated based on hours of service. Other costs have been directly allocated if sufficient information was available (same methodology as prior reporting periods).

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		License No.		Report for Year Ended		Page	of	
Alzheimer's Resource Center of Connecticut, Inc.		002-09-33		9/30/2016		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						
Neopost Leasing	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	Monthly	Open Ended	792	792	
Krystal Kleer	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	Monthly	Open Ended	1,938	1,938	
	<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 ***
								2,730

* 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 6c.

General Information and Questionnaire
Accounting Basis

Name of Facility Alzheimer's Resource Center of Co	License No. 002-09-33	Report for Year Ended 9/30/2016	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 1 Crowe Horwath, LLP 2 3 4	Address (No. & Street, City, State, Zip Code) 175 Powder Forest Dr, Simsbury CT 06089-7902
--	---

Services Provided by This Firm (*describe fully*)

1 401k audit, year-end audit, medicare & medicaid cost report	\$ 24,130
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 24,130

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

Yes No Page 15, Line 1d

Legal Services Information

Name of Legal Firm or Independent Attorney 1 Wiggin & Dana 2 Jackson & Lewis, LLP 3 Murtha Cullina 4 Probate Court, Marshal Vincent C. Messina 5	Telephone Number 860-297-3700 860-522-0404 860-240-6000
---	--

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

- 1 10 Church Street, Hartford, CT 06083
- 2 90 State House Sq, Hartford, CT 06083
- 3 185 Asylum Street, Hartford, CT 06083
- 4
- 5

Services Provided by This Firm (*describe fully*)

1 General Counsel	\$ 14,307
2 Employee Relations	\$ 422
3 AR Collections - Disallowed	\$ 19,293
4 AR Collections/Serving of Probate Papers - Disallowed	\$ 1,299
5	\$
	Charge for Services Provided
	\$ 35,321

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

Yes No Page 15, Line 1e

Schedule of Resident Statistics

Name of Facility Alzheimer's Resource Center of Connecticut, Inc.	Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	License No. 002-09-33			Report for Year Ended 9/30/2016			Page 8	of 37	
					Period 10/1 Thru 6/30			Period 7/1 Thru 9/30					
					Total	CCNH	RHNS	Total	CCNH	RHNS			Other
1. Certified Bed Capacity													
A. On last day of PREVIOUS report period	120	120			120	120		120	120				
B. On last day of THIS report period	120	120			120	120		120	120				
2. Number of Residents													
A. As of midnight of PREVIOUS report period	114	114			114	114		118	118				
B. As of midnight of THIS report period	120	120			118	118		120	120				
3. Total Number of Days Care Provided During Period													
A. Medicare	1,296	1,296			1,134	1,134		162	162				
B. Medicaid (Conn.)	25,325	25,325			18,709	18,709		6,616	6,616				
C. Medicaid (other states)													
D. Private Pay	15,699	15,699			11,667	11,667		4,032	4,032				
E. State SSI for RCH													
F. Other (Specify)													
G. Total Care Days During Period (3A thru F)	42,320	42,320			31,510	31,510		10,810	10,810				
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)	42,320	42,320			31,510	31,510		10,810	10,810				

Schedule of Resident Statistics (Cont'd)

Name of Facility Alzheimer's Resource Center of Connecticut,			License No. 002-09-33			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	RHNS	Other	Lost			Gained			CCNH	RHNS	Other	
	(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	Other	
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	Other	R.C.H.	ICF-MR				
No. of Residents	7		71		42								
Per Diem Rate													
a. One bed rm.	RUGS		256.19		525.00								
b. Two bed rms.													
c. Three or more bed rms.													
7. Total Number of Physical Therapy Treatments					TOTAL	CCNH	RHNS	Other					
A. Medicare - Part B					3,960	3,960							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other					2,241	2,241							
D. Total Physical Therapy Treatments					6,201	6,201							
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B					1,161	1,161							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other					404	404							
D. Total Speech Therapy Treatments					1,565	1,565							
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B					4,514	4,514							
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other					2,934	2,934							
D. Total Occupational Therapy Treatments					7,448	7,448							

Annual Report of Long-Term Care Facility

CSP-10 Rev. 9/2002

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
Alzheimer's Resource Center of Connecticut, Inc.	002-09-33	9/30/2016	10	37		
Are time records maintained by all individuals receiving compensation? <input checked="" type="radio"/> Yes <input type="radio"/> No						
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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)	256,996	2,023			18,428	145
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	668,756	18,824			47,954	1,350
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	607,014	30,379			64,402	3,223
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	451,323	26,829			6,816	416
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	203,471	6,645			12,618	416
8. Laundry Service						
a. Supervisor						
b. Other Laundry Workers						
9. Barber and Beautician Services						
10. Protective Services						
11. Accounting Services						
a. Head Accountant						
b. Other Accountants						
12. Professional Care of Residents						
a. Directors and Assistant Director of Nurses	169,137	2,160				
b. RN						
1. Direct Care	1,055,189	26,472			84,698	2,376
2. Administrative**	70,841	1,804				
c. LPN						
1. Direct Care	1,024,298	32,743				
2. Administrative**						
d. Aides and Attendants	3,070,489	169,309			429,116	17,757
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	406,964	17,295				
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	206,869	6,188				
n. Marketing						
o. Other (Specify) See Attached Schedule	235,642	11,448			16,897	821
<i>A-13. Total Salary Expenditures</i>	8,426,989	352,119			680,929	26,504

* 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		Other	
	\$	Hours	\$	Hours	\$	Hours
Wages - Adult Day Center	\$ 235,642	11,448			\$ 16,897	821
Total	\$ 235,642	11,448	\$ -	-	\$ 16,897	821

Schedule of Other Fees (Page 13)

Service	CCNH		RHNS		Other	
	\$	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		
Alzheimer's Resource Center of Connecticut, Inc.		002-09-33		9/30/2016		11	37		
Name	Salary Paid			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
	CCNFH	RHNS	Other						
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			
		9/30/2016	12			37		
Name	Alzheimer's Resource Center of Connecticut, Inc.	Salary Paid		Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
		CCNH	RHNS					
Section III - Administrators***	002-09-33							
Michael Smith		256,996		18,428	Standard Benefits	Administrator & President & CEO	2,168 A2	N/A
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		
Alzheimer's Resource Center of Connecticut, Inc.	002-09-33	9/30/2016	13	37		
Total Cost and Hours						
Item	CCNH	Hours	RHNS	Hours	Other	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	12,720	65				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	127,580	1,854				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	7,920	47				
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) Medical Staff Fees	22,434	206				
9. Speech Therapist						
a. Resident Care	83,072	997				
b. Other						
10. Occupational Therapist						
a. Resident Care	161,534	2,692				
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	415,260	5,861				

* 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
Alzheimer's Resource Center of Connecticut, Inc.		002-09-33	9/30/2016	14	37
Name & Address of Individual	Full Explanation of Service	Related** to Owners, Operators, Officers		Explanation of Relationship	
		Yes	No		
Healthdrive Dental Group	Dentist	<input type="radio"/>	<input checked="" type="radio"/>		
Preferred Therapy Solutions	PT, OT & ST	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Harry Morgan	Medical Director & Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Prohealth Physicians	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Villanueva	Medical Staff	<input type="radio"/>	<input checked="" type="radio"/>		
Dr. Guest	Medical Staff	<input type="radio"/>	<input checked="" 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"/>	<input 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
Alzheimer's Resource Center of Connecticut, Inc.	002-09-33	9/30/2016	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 508,007	470,027		37,980
2. Disability Insurance	\$ 45,792	42,368		3,424
3. Unemployment Insurance	\$ 22,122	22,122		
4. Social Security (F.I.C.A.)	\$ 656,709	607,612		49,097
5. Health Insurance	\$ 1,126,573	1,042,348		84,225
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 3,830	3,544		286
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 181,704	168,119		13,585
8. Uniform Allowance	\$ 4,328	4,004		324
9. Other (<i>Specify</i>) See Attached Schedule	\$ 20,522	19,016		1,506
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 351,000	351,000		
d. Accounting and Auditing	\$ 24,130	22,515		1,615
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 35,321	35,321		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 76,351	73,835		2,516
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 18,715	17,463		1,252
2. Cellular Phones	\$ 12,918	12,054		864
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	\$ 862,325	862,325		
Subtotal	\$ 3,950,347	3,753,673		196,674

* 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**

Alzheimer's Resource Center of Connecticut, Inc.
9/30/2016

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
Employee Physicals	\$ 10,661		\$ 861
Human Resources - Fees	\$ 7,980		\$ 645
Human Resources - Emp Assist	\$ 375		\$ -
Total	\$ 19,016	\$ -	\$ 1,506

Schedule of Other Taxes

Description	CCNH	RHNS	Other
Total	\$ -	\$ -	\$ -

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

Name of Facility	License No.	Report for Year Ended		Page	of
Alzheimer's Resource Center of Connecticut, Inc.	002-09-33	9/30/2016		16	37
Item	Total	CCNH	RHNS	Other	
Subtotals Brought Forward:	3,950,347	3,753,673		196,674	
1. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 456	425		31	
2. Holiday Parties for Staff	\$ 17,372	16,210		1,162	
3. Gifts to Staff and Residents	\$ 9,733	9,082		651	
4. Employee Travel	\$ 54,264	50,633		3,631	
5. Education Expenses Related to Seminars and Conventions	\$ 51,083	50,919		164	
6. Automobile Expense <i>(not purchase or depreciation)</i>	\$ 10,571	10,571			
7. Other <i>(Specify)</i> See Attached Schedule	\$ 8,470	7,903		567	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted <i>(all such expenses)</i>	\$ 2,818	2,629		189	
2. Advertising Telephone Directory <i>(all such expenses)</i> ***	\$				
3. Advertising Other <i>(Specify)</i> *** See Attached Schedule	\$ 12,728	11,877		851	
4. Fund-Raising***	\$				
5. Medical Records	\$				
6. Barber and Beauty Supplies (if this service is supplied directly and not by contract or fee for service)***	\$				
7. Postage	\$ 8,115	7,576		539	
* 8. Dues and Membership Fees to Professional Associations <i>(Specify)</i> See Attached Schedule	\$ 14,466	13,498		968	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 225	210		15	
9. Subscriptions	\$ 5,839	5,448		391	
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>	\$ 138,348	129,091		9,257	
12. Administrative Management Services**	\$				
13. Other <i>(Specify)</i> See Attached Schedule	\$ 170,667	159,587		11,080	
C-14 Total Administrative & General Expenditures	\$ 4,455,502	4,229,332		226,170	

* 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	Other
Travel - Meals	\$ 4,381		\$ 579
Mileage Reimbursement - G&A	\$ 1,071		\$ 141
Travel - Meals	\$ 1,311		\$ 97
Total Other Travel and Entertainment	\$ 7,363	\$ -	\$ 817

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Help Wanted Advertising - ABCD	\$ 4,790		\$ 343
Development - Advertising	\$ 7,087		\$ 508
Total Other Advertising	\$ 11,877	\$ -	\$ 851

Schedule of Dues

Description	CCNH	RHNS	Other
Leading Age	\$ 9,018		\$ 647
American Express	\$ 1,104		\$ 93
GALA	\$ 1,024		\$ 79
Flakeville-Berthigton Regional Health	\$ 590		\$ 49
Rosen Paperelle	\$ 37		\$ 3
Andree Alch	\$ 5		\$ -
Ellen O'Connor	\$ 31		\$ 4
Leadership Greater Hartford	\$ 93		\$ 7
HCCA	\$ 273		\$ 20
AAA Allied Corp Inc.	\$ 292		\$ 28
CT Association of Health Care Facilities, Inc.	\$ 517		\$ 33
ALTCPSM	\$ 75		\$ 5
Academy of Nutrition & Dietetics	\$ 348		\$ 18
Blawie K Day	\$ 92		\$ 7
Total Dues	\$ 19,498	\$ -	\$ 968

Schedule of Contributions

Description	CCNH	RHNS	Other
Total Contributions	\$ -	\$ -	\$ -

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Licenses	\$ 1,110		\$ 80
Facilities Waste - Damaged Cost	\$ 167		\$ 13
Licenses & Fees - Dietary	\$ 233		\$ 17
Flowers	\$ 1,887		\$ 188
Supplies - Training	\$ 1,542		\$ 111
Service Charges - Bank	\$ 2,342		\$ 181
Licenses - Nursing Admin	\$ 2,071		\$ -
Professional Fees	\$ 118,616		\$ 8,507
Small Equipment Purchases - G&A	\$ 273		\$ 20
Donations Made	\$ 4,643		\$ 333
Supplies	\$ 199		\$ 14
Dues & Subscriptions - Adult Day Center	\$ 7,709		\$ 522
Travel Expenses - Adult Day Center	\$ 1,041		\$ 73
Education - Adult Day Center	\$ 1,434		\$ 106
Mileage Reimbursement - Adult Day Center	\$ 89		\$ 6
Purchased Services	\$ 11		\$ 1
Entertainment Expenses - Adult Day Center	\$ 9,081		\$ 631
Supplies - Adult Day Center	\$ 2,484		\$ 130
Software/Computer Supplies	\$ 2,613		\$ 189
Prints & Postcards	\$ 1,883		\$ 137
Education	\$ 8,000		\$ -
Total Other Administrative and General	\$ 159,587	\$ -	\$ 13,086

Schedule C-1 - Management Services*

Name of Facility Alzheimer's Resource Center of Connecticut	License No. 002-09-33	Report for Year Ended 9/30/2016	Page of 17 37
Name & Address of Individual or Company Supplying Service	Cost of Management Service	Full Description of Mgmt. Service Provided	Indicate Where Costs are Included in Annual Report Page #/Line #
N/A			

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

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

Name of Facility	License No.	Report for Year Ended	Page	of
Alzheimer's Resource Center of Connecticut, Inc.	002-09-33	9/30/2016	18	37
Item	Total	CCNH	RHNS	Other
2. Dietary				
a. In-House Preparation & Service				
1. Raw Food	\$ 605,558	547,473		58,085
2. Non-Food Supplies	\$ 54,608	49,370		5,238
3. Other (Specify) _____	\$			
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 972	879		93
c. Management Services**	\$			
d. Other (Specify) _____ Equipment Repair & Maint Equipment Rental	\$ 1,600	1,447		153
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 662,738	599,169		63,569
2F. Dietary Questionnaire	Total	CCNH	RHNS	Other
G. Resident Meals: Total no. of meals served per day:*	399	360		39
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		License No.	Report for Year Ended		Page	of
Alzheimer's Resource Center of Connecticut, Inc.		002-09-33	9/30/2016		19	37
Item		Total	CCNH	RHNS	Other	
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. \$	12,841	12,841		
2. Employee items including uniforms, gowns, etc. washed, ironed and/or processed.***		Lbs.				
		Amt. \$				
3. Personal clothing of residents washed, ironed, and/or processed.***		Lbs.				
		Amt. \$				
4. Repair and/or purchase of linens.***		Lbs.				
		Amt. \$				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)		\$	205,683	205,683		
c. Management Services**		\$				
d. Other (Specify)		\$				
3E. Total Laundry Expenditures (3a + b + c + d)		\$	218,524	218,524		
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
Alzheimer's Resource Center of Connecticut, Inc		002-09-33	9/30/2016		20	37
Item			Total	CCNH	RHNS	Other
4.	Housekeeping	Sq. Ft. Serviced by Personnel				
a.	In-House Care					
	1. Supplies - Cleaning (<i>Mops, pails, brooms, etc.</i>)	Amt. \$	65,492	64,492		1,000
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. \$	25,705	25,322		383
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	91,197	89,814		1,383
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
	1. Own Pharmacy	\$				
	2. Purchased from Various	\$	56,533	56,533		
b.	Medicine Cabinet Drugs	\$	42,932	42,932		
c.	Medical and Therapeutic Supplies	\$	396,941	396,941		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
	1. For Emergency Use	\$				
	2. Other***	\$	2,517	2,517		
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	\$	36,156	36,156		
j.	Other (<i>Specify</i>)**** See Attached Schedule	\$	11,193	7,816		3,377
5K.	Total Resident Care Expenditures (5a - 5j)	\$	546,272	542,895		3,377

* 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	Other
Supplies - Non Medical	\$ 4,788		
Supplies - Asst. Living			\$ 3,377
Small Equipment Purchased	\$ 543		
Air Fluid Mattress - Rental	\$ 2,485		
Total Other Resident Care	\$ 7,816	\$ -	\$ 3,377

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

Name of Facility Alzheimer's Resource Center of Connecticut, Inc.		License No. 002-09-33	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	Other	Pg	Line
Bulldog Laundry		O	O		Laundry Services	76,673			19	3b
H&H Linen		O	O		Laundry Services	129,010			19	3b
CWPM		O	O		Trash Removal	24,075			20	4b
U.S Security Associates, Inc.		O	O		Security	35,652		5,632	22	6f
Decian, Inc.		O	O		Computer Consultant	60,238		4,287	16	m11
Paychex		O	O		Payroll Services	41,404		2,947	16	m11
MatrixCare		O	O		General Ledger Software	10,869		774	16	m11
D. Landino Landscaping		O	O		Snow Plowing	13,174		2,081	22	6f
Executive Landscaping		O	O		Landscaping	36,992		5,047	22	6f
Ali's Nursery		O	O		Landscaping	12,604		1,991	22	6f
		O	O							
		O	O							
		O	O							
		O	O							

* 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
Alzheimer's Resource Center of Connecticut, I	002-09-33	9/30/2016			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 41,319	35,593		5,726		
b. Heat	\$ 27,562	23,802		3,760		
c. Light & Power	\$ 180,968	156,279		24,689		
d. Water	\$ 25,249	21,804		3,445		
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 2,810	2,427		383		
f. Other (<i>itemize</i>)	\$ 231,496	199,912		31,584		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 509,404	439,817		69,587		
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 19,732	17,040		2,692		
b. Building & Building Improvements	\$ 437,272	374,561		62,711		
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 89,885	77,070		12,815		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 546,889	468,671		78,218		
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 63,736	55,040		8,696		
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 63,736	55,040		8,696		
9. Rental payments on leased real property less real estate taxes included in item 10b	\$					
10. Property Taxes						
a. Real estate taxes paid by owner	\$ 97,240	83,973		13,267		
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 707,865	607,684		100,181		

* 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	Other
Small Equipment Purchase - Plant & Maint.	\$ 47		\$ 7
Purchased Services - Fire Protection	\$ 7,656		\$ 1,210
Cable TV	\$ 4,428		\$ 700
Exterminator Service	\$ 3,295		\$ 520
Purchased Services - Elevator Service	\$ 7,668		\$ 1,211
Purchased Services - Security	\$ 35,652		\$ 5,632
Purchased Services - Snow Plowing	\$ 14,348		\$ 2,267
Purchased Services - Indoor Plants	\$ 5,803		\$ 917
Purchased Services - Groundskeeping	\$ 42,899		\$ 6,778
Maintenance Inspections	\$ 324		\$ 51
Grounds Maintenance	\$ 2,784		\$ 440
Equipment Rental - Storage Space	\$ 4,999		\$ 790
Supplies - Plant & Maint.	\$ 50,925		\$ 8,046
Service Contracts	\$ 8,459		\$ 1,336
Service Contracts	\$ 682		\$ 108
Grounds Landscaping	\$ 1,079		\$ 171
Repairs & Maintenance	\$ 2,137		\$ 338
Other	\$ 4,440		\$ 701
Grounds Landscaping	\$ 2,116		\$ 334
Equipment Rental	\$ 171		\$ 27
Total Other Repairs and Maintenance	\$ 199,912	\$ -	\$ 31,584

Depreciation Schedule

Name of Facility		License No.		Report for Year Ended				Page	of
Alzheimer's Resource Center of Connecticut, Inc.		002-09-33		9/30/2016				23	37
Property Item		Historical Cost Exclusive of Land	Less Salvage Value	Cost to Be Depreciated	Accumulated Depreciation to Beginning of Year's Operations	Method of Computing Depreciation	Useful Life	Depreciation for This Year	Totals
A. Land Improvements									
1. Acquired prior to this report period		851,336		851,336	764,504	SL	Various	19,459	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		5,469		5,469		SL	Various	273	
A-4. Subtotal									
B. Building and Building Improvements									
1. Acquired prior to this report period		12,347,415		12,347,415	9,886,447	SL	Various	403,087	
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)		1,436,466		1,436,466		SL	Various	34,185	
B-4. Subtotal									
C. Non-Movable Equipment									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Movable Equipment									
1. Motor Vehicles (Specify name, model and year of each vehicle)									
a. Fully Depreciated Vehicles	X	93,738		93,738	93,738				
b. Crowley Ford	X	26,028		26,028	13,016	SL	5	5,207	
c.									
d.									
2. Movable Equipment									
a. Acquired prior to this report period		2,448,410		2,448,410	2,178,163	SL	Various	79,277	
b. Disposals (attach schedule)									
c. Acquired during this report period (attach schedule)		44,200		44,200		SL	Various	5,401	
D-3. Subtotal									
E. Total Depreciation									
								89,885	
								546,889	

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-15	Restaurant Equipment Paradise	\$ 2,000	5	\$ 200
Oct-15	AMEX	\$ 2,028	5	\$ 203
Feb-16	Arjo	\$ 2,354	5	\$ 235
Feb-16	AMEX	\$ 1,800	5	\$ 180
Feb-16		\$ 1,729	5	\$ 173
Jul-16	American Express	\$ 1,850	5	\$ 185
Jun-16	Southington Rustic Fence Co.	\$ 2,807	5	\$ 281
Aug-16	WB Mason	\$ 5,417	5	\$ 542
Sep-16	Piano	\$ 3,500	5	\$ 350
Oct-15	Doclan	\$ 1,658	3	\$ 276
Nov-15	American Express	\$ (1,062)	3	\$ (177)
Jan-16	American Express	\$ 1,963	3	\$ 327
Feb-16	American Express	\$ 2,197	3	\$ 366
Feb-16	Automated Building Systems	\$ 375	3	\$ 63
Mar-16	American Express	\$ 1,129	3	\$ 188
Mar-16	Doclan	\$ 3,497	3	\$ 583
Jun-16	American Express	\$ 5,212	3	\$ 869
Jun-16	American Express	\$ 1,391	3	\$ 232
Jul-16	American Express	\$ 520	3	\$ 87
Aug-16	American Express	\$ 1,435	3	\$ 239
		\$ 2,400		
Total additions for Movable Equipment		\$ 44,200		\$ 5,401 *
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

State of Connecticut
Annual Report of Long-Term Care Facility
 CSP-24 Rev. 10/2006

Amortization Schedule*

Name of Facility Alzheimer's Resource Center of Connecticut, Inc.	Date of Acquisition		Length of Amortization	License No. 002-09-33	Report for Year Ended 9/30/2016	Basis for Computing Amortization**	Rate %	Page 24	of 37
	Month	Year							
A. Organization Expense					Accumulated Amort. to Beginning of Year's Operations				Totals
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Deferred Financing Fees - New Debt	12	2015	20 Years		295,705	SL		11,089	
2. Capitalized Interest	10	1992	30 Years		1,397,365	SL		46,579	
3. Deferred Financing Fees - Old Debt	8	2007	30 Years		485,431	SL		6,068	
B-4. Subtotal					173,939				63,736
C. Leasehold Improvements and Other									
1. Acquired prior to this report period									
2. Disposals (attach schedule)									
3. Acquired during this report period (attach schedule)									
C-4. Subtotal									
D. Total Amortization									63,736

* 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 Alzheimer's Resource Center of Conne	License No. 002-09-33	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				
2. Date Structure Completed		10/26/92		
3. If NOT Original Owner, Date of Purchase				
4. Date of Initial Licensure				
5. Total Licensed Bed Capacity		120		
6. Square Footage		48,603		
7. Acquisition Cost				
a. Land		1,400,000		
b. Building		11,896,448		
Part B - Owner and Related Parties		1st Mortgage	2nd Mortgage	3rd Mortgage
1. Financing				
a. Type of Financing (e.g., fixed, variable)		Variable		
b. Date Mortgage Obtained		12/18/15		
c. Interest Rate for the Cost Year		3.689%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		12,480,000		
f. Principal balance outstanding as of 9/30/2016		12,206,524		
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
Alzheimer's Resource Center of Conne		002-09-33	9/30/2016			26	37
Item			Total	CCNH	RHNS	Other	
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage			\$ 485,327	485,327			
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)			\$ 485,327	485,327			

(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
Alzheimer's Resource Center of Con		002-09-33		9/30/2016		27	37
Item				Total	CCNH	RHNS	Other
Subtotals Brought Forward:				485,327	485,327		
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)				\$ 485,327	485,327		
14. Insurance							
a. Insurance on Property (buildings only)			\$ 75,829	65,484			10,345
b. Insurance on Automobiles			\$ 5,050	4,361			689
c. Insurance other than Property (as specified above)							
1. Umbrella (Blanket Coverage)			\$				
2. Fire and Extended Coverage			\$				
3. Other (Specify)			\$				
14d. Total Insurance Expenditures (14a + b + c)				\$ 80,879	69,845		11,034
15. Total All Expenditures (A-13 thru C-14)				\$ 17,280,886	16,124,656		1,156,230

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
Alzheimer's Resource Center of Connecticut, Inc.				002-09-33	9/30/2016	28	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Page 10 - Salaries and Wages							
1.			Outpatient Service Costs	\$			
2.			Salaries not related to Resident Care	\$			
3.			Occupational Therapy	\$			
4.			Other - See attached Schedule	\$			
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.	15	1c	Bad Debts	\$ 351,000	351,000		
10.	15	1e	Accounting & Legal	\$ 20,592	20,592		
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.	16	m3	Unallowable Advertising *	\$ 12,728	11,877		851
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 829	774		55
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)				\$ 385,149	384,243		906

* 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	Other
Total Other Salaries Adjustment			\$ -	\$ -	\$ -

Schedule of Fees Adjustments

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

Schedule of Other A&G Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
16	m13	Resident Items Damaged/Lost	\$ 167	\$ -	\$ 12
15	1g	729 Farmington Ave - Supplies	\$ 397	\$ -	\$ 28
16	m8a	Southington Chamber of Commerce	\$ 210	\$ -	\$ 15
Total Other A&G Adjustments			\$ 774	\$ -	\$ 55

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

Name of Facility			License No.	Report for Year Ended	Page	of	
Alzheimer's Resource Center of Connecticut, Inc.			002-09-33	9/30/2016	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 385,149	384,243		906
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 56,533	56,533		
28.			Ambulance/Limousine	\$			
29.			X-rays, etc	\$			
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 2,517	2,517		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 470	463		7
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	\$ 9,721	8,394		1,327
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	\$ 266,142	248,458		17,684
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)			\$ 720,532	700,608		19,924

*** 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.

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV8	Consulting Income	\$ 6,590	\$ -	\$ 469
30	IV8	Training Reveue	\$ 23,737	\$ -	\$ 1,689
30	IV8	Dementia Care Coaching	\$ 1,226	\$ -	\$ 87
30	IV8	Adult Daycare Income	\$ 216,905	\$ -	\$ 15,439
Total Other Adjustments			\$ 248,458	\$ -	\$ 17,684

Schedule of Unallowable Building Interest

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Unallowable Building Interest			\$ -	\$ -	\$ -

F. Statement of Revenue

Name of Facility	License No.	Report for Year Ended		Page	of
Alzheimer's Resource Center of Connecticut	002-09-33	9/30/2016		30	37
Item	Total	CCNH	RHNS	Other	
I. Resident Room, Board & Routine Care Revenue					
1. a. Medicaid Residents (<i>CT only</i>)	\$ 13,268,381	13,268,381			
b. Medicaid Room and Board Contractual Allowance **	\$ (6,978,436)	(6,978,436)			
2. a. Medicaid (<i>All other states</i>)	\$				
b. Other States Room and Board Contractual Allowance **	\$				
3. a. Medicare Residents (<i>all inclusive</i>)	\$ 543,791	543,791			
b. Medicare Room and Board Contractual Allowance **	\$				
4. a. Private-Pay Residents and Other	\$ 8,480,366	8,480,366			
b. Private-Pay Room and Board Contractual Allowance **	\$ (68,047)	(68,047)			
II. Other Resident Revenue					
1. a. Prescription Drugs - Medicare	\$				
b. Prescription Drugs - Medicare Contractual Allowance **	\$				
c. Prescription Drugs - Non-Medicare	\$ (8,779)	(8,779)			
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	\$ 98,827	98,827			
b. Physical Therapy - Medicare Contractual Allowance **	\$ (98,827)	(98,827)			
c. Physical Therapy - Non-Medicare	\$ 111,639	111,639			
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (23,949)	(23,949)			
4. a. Speech Therapy - Medicare	\$ 17,254	17,254			
b. Speech Therapy - Medicare Contractual Allowance **	\$ (17,254)	(17,254)			
c. Speech Therapy - Non-Medicare	\$ 64,874	64,874			
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5. a. Occupational Therapy - Medicare	\$ 87,156	87,156			
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (87,156)	(87,156)			
c. Occupational Therapy - Non-Medicare	\$ 159,933	159,933			
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (142,322)	(142,322)			
6. a. Other (<i>Specify</i>) - Medicare	\$ 125,041	125,041			
b. Other (<i>Specify</i>) - Non-Medicare	\$ 4,223	4,223			
III. Total Resident Revenue (Section I. thru Section II.)	\$ 15,536,715	15,536,715			
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>)	\$ 1,887,093	361,180		1,525,913	
V. Total Other Revenue (1 thru 8)	\$ 1,887,093	361,180		1,525,913	
VI. Total All Revenue (III +V)	\$ 17,423,808	15,897,895		1,525,913	

* 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.

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
Alzheimer's Resource Center of Connec	002-09-33	9/30/2016	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,405,791
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,346,417
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	207,262
a. Prepaid Insurance	60,822			
b. Prepaid Expense	146,440			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	81,041
A/R Other	73,096			
Due From Employees	7,945			
A-9. Total Current Assets (Lines A1 thru 8)			\$	3,040,511
B. Fixed Assets				
1. Land			\$	1,356,529
2. Land Improvements	*Historical Cost	856,805	\$	72,569
	Accum. Depreciation	784,236	Net	
3. Buildings	*Historical Cost	13,783,881	\$	3,460,162
	Accum. Depreciation	10,323,719	Net	
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____	Net	
6. Movable Equipment	*Historical Cost	2,492,610	\$	229,769
	Accum. Depreciation	2,262,841	Net	
7. Motor Vehicles	*Historical Cost	119,766	\$	7,805
	Accum. Depreciation	111,961	Net	
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	285,261
Capitalized Interest	1,397,365			
Accum Amort - Capitalized Interest	(1,112,104)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,412,095

* 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	License No.	Report for Year Ended	Page	of
Alzheimer's Resource Center of Connecticut	002-09-33	9/30/2016	32	37
Account			Amount	
Total Brought Forward:			\$	8,452,606
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)				
			\$	
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>)				
Finance, Discount, Issue Exp - Net			284,616	
Investments			4,002,159	
Charitable Remainder Unitrust			727,308	
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,014,083
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	13,466,689

* 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 Alzheimer's Resource Center of Connecticut, Inc	License No. 002-09-33	Report for Year Ended 9/30/2016	Page 33	of 37
Account				Amount
Liabilities				
A. Current Liabilities				
1. Trade Accounts Payable				\$ 885,418
2. Notes Payable (itemize)				\$
3. Loans Payable for Equipment (Current portion) (itemize)				\$
Name of Lender	Purpose	Amount	Date Due	
4. Accrued Payroll (Exclusive of Owners and/or Stockholders only)				\$ 397,411
5. Accrued Payroll (Owners and/or Stockholders only)				\$
6. Accrued Payroll Taxes Payable				\$ 9,975
7. Medicare Final Settlement Payable				\$
8. Medicare Current Financing Payable				\$
9. Mortgage Payable (Current Portion)				\$ 489,784
10. Interest Payable (Exclusive of Owner and/or Related Parties)				\$
11. Accrued Income Taxes*				\$
12. Other Current Liabilities (itemize)				\$ 1,182,576
Swap Liability - Current Portion	140,571	Deferred Revenue	489,490	
Resident Trust	51,504	Credit Balance	206,520	
Accrued Accounts Payable	276,091			
Accrued Professional Fees	18,400			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$ 2,965,164

* 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 Alzheimer's Resource Center of Connecticut	License No. 002-09-33	Report for Year Ended 9/30/2016	Page 34	of 37
Account			Amount	
Total Brought Forward:			2,965,164	
Liabilities (cont'd)				
B. Long-Term Liabilities				
1. Loans Payable-Equipment (<i>temize</i>)				
\$				
Name of Lender	Purpose	Amount	Date Due	
2. Mortgages Payable				\$ 11,677,672
3. Loans from Owners or Related Parties (<i>temize</i>)				\$
Name and Address of Lender	Amount	Loan Date		
4. Other Long-Term Liabilities (<i>temize</i>)				\$ 350,740
Swap Liability		350,740		
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 12,028,412
C. Total All Liabilities (Lines A-13 + B-5)				\$ 14,993,576

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

Name of Facility	License No.	Report for Year Ended	Page	of
Alzheimer's Resource Center of Conne	002-09-33	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			\$	
3. Paid-in Surplus			\$	
4. Treasury Stock			\$	
5. Cumulated Earnings			\$	(17,768)
6. Gain or Loss for Period			\$	(1,509,119)
	10/1/2015	thru 9/30/2016		
7. Total Net Worth			\$	(1,526,887)
C. Total Reserves and Net Worth			\$	(1,526,887)
D. Total Liabilities, Reserves, and Net Worth			\$	13,466,689

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Alzheimer's Resource Center of Connecticut	002-09-33	9/30/2016	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2015			\$	(17,768)
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	17,423,808
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	17,280,886
D. Net Income or Deficit			\$	142,922
E. Balance			\$	125,154
F. Additions				
1. Additional Capital Contributed <i>(itemize)</i>				
2. Other <i>(itemize)</i>				
Unrealized Gain/Loss on Investments			313,712	
Non Operating - Change in FV of Charitable Rem:			62,350	
Loss on Defesance of Bonds			(1,536,792)	
Change in the Value of Swap Liability			(491,311)	
F-3. Total Additions			\$	(1,652,041)
G. Deductions				
1. Drawings of Owners/Operators/Partners <i>(Specify)</i>			\$	
Name and Address <i>(No., City, State, Zip)</i>		Title	Amount	
2. Other Withdrawings <i>(Specify)</i>			\$	
Purpose		Amount		
3. Total Deductions			\$	
H. Balance at End of Period			\$	(1,526,887)
				09/30/16

I. Preparer's/Reviewer's Certification

Name of Facility Alzheimer's Resource Center of		License No. 002-09-33	Report for Year Ended 9/30/2016	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 checked="" type="checkbox"/> Other	
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 Controller		Date Signed 11/31/2017	
Printed Name of Preparer Melissa Spitz					
Address Address 1261 South Main Street, Plantsville, CT 06479				Phone Number 860-628-9000	