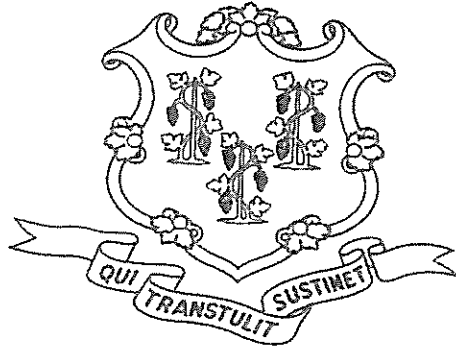


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2017

Name of Facility (as licensed) LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)	
Address (No. & Street, City, State, Zip Code) 1261 South Main Street, Plantsville, CT 06479	
Type of Facility Chronic and Convalescent Rest Home with Nursing <input checked="" type="checkbox"/> Nursing Home only <input type="checkbox"/> Supervision only <input checked="" type="checkbox"/> Other (CCNH) (RHNS)	
Report for Year Beginning 10/1/2016	Report for Year Ending 9/30/2017

License Numbers:	CCNH 002-09-33	RHNS	Other	Medicare Provider 07-5378
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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
LiveWell Alliance, Inc. (Formerly Alzheimer's Resour	002-09-33	9/30/2017	1	37

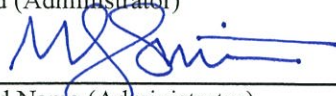
Administrator's/Owner's Certification

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

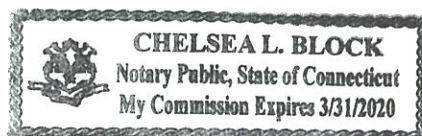
I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying Cost Report and supporting schedules prepared for LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center) [facility name], for the cost report period beginning October 1, 2016 and ending September 30, 2017, 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
		2/15/18			
Printed Name (Administrator)			Printed Name (Owner)		
Michael J. Smith					
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
Chelsea L. Block	CT	2/15/18	Chelsea L. Block	3 / 31 / 20	
Address of Notary Public					
197 Mechanic Street Bristol, CT 06010					

(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 LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)		Period Covered: From 10/1/2016	To 9/30/2017	
Address of Facility 1261 South Main Street, Plantsville, CT 06479				
Report Prepared By Melissa Spitz		Phone Number 860-628-9000	Date 1/31/2018	
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 9/30/2017	Page 2	of 37
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Name of Facility (as shown on license) LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)	Address (No. & Street, City, State, Zip) 1261 South Main Street, Plantsville, CT 06479
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License Numbers:	CCNH 002-09-33	RHNS	Other	Medicare Provider No. 07-5378
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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.:

General Information and Questionnaire
Corporate Owners

Name of Facility LiveWell Alliance, Inc. (Formerly Alzheimer	License No. 002-09-33	Report for Year Ended 9/30/2017	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation LiveWell Alliance, Inc.	Business Address 1261 South Main Street, Plantsville, CT 06479	State(s) in Which Incorporated CT		
Name of Directors, Officers	Business Address	Title	No. Shares Held by Each	
See attached listing				
Names of Stockholders Owning at Least 10% of Shares				
N/A				

**Alzheimer's Resource Center
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, PhD

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

Home:

78 Parsons Drive

West Hartford, CT 06117

H: 860-233-8681

C: 860-833-8818

MikeLenk@aol.com

MEMBERS:

Elizabeth Reese

Business:

None

Home:

110 Hook Road
Bedford, NY 10506
H: 914-234-7808
bougie@cloud9.net

Home:

830 Park Ave.
New York, NY 10021
H: 212-737-1057

Maureen Matthews, RN, PhD
279 Glenbrook Rd
Stamford, CT 06906

Business:

203-817-0600
maureen@towhomimayconcern.org

Home:

Cell: 203-273-7943
mmatth81@gmail.com

Sara Tinnesz, MSW
39 Cranbury Drive
Trumbull, CT 06611

Home:

Home: 203-445-1415
Cell: 203-816-7881
saratinnesz@yahoo.com

General Information and Questionnaire Related Parties*

Name of Facility LiveWell Alliance, Inc. (Formerly Alzheimer's Resource)	License No. 002-09-33	Report for Year Ended 9/30/2017	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 %**				
The Rideshare Company	1404 Blue Hills Ave, Bloomfield, CT 06002	<input checked="" type="radio"/>	<input type="radio"/>	Van Lease	Pg 22 Line 6e	22,674	22,674
		<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 LiveWell Alliance, Inc. (Formerly Alzheimer's	License No. 002-09-33	Report for Year Ended 9/30/2017	Page 5	of 37
If the facility is licensed as CDH and/or RCH or provides AIDS or TBI services with special Medicaid rates, costs must be allocated to CCNH and RHNS as follows:				
Item		Method of Allocation		
Dietary		Number of meals served to residents		
Laundry		Number of pounds processed		
Housekeeping		Number of square feet serviced		
Nursing		Number of hours of routine care provided by EACH employee classification, i.e., Director (or Charge Nurse), Registered Nurses, Licensed Practical Nurses, Aides and Attendants		
Direct Resident Care Consultants		Number of hours of resident care provided by EACH specialist (<i>See listing page 13</i>)		
Maintenance and operation of plant		Square feet		
Property costs (depreciation)		Square feet		
Employee health and welfare		Gross salaries		
Management services		Appropriate cost center involved		
All other General Administrative expenses		Total of Direct and Allocated Costs		
The preparer of this report must answer the following questions applicable to the cost information provided.				
1. In the preparation of this Report, were all costs allocated as required? <input checked="" type="radio"/> Yes <input type="radio"/> No If "No," explain fully why such allocation was not made.				
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.)				
<input checked="" type="radio"/> Yes <input type="radio"/> 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 LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Cc		License No. 002-09-33	Report for Year Ended 9/30/2017		Page 6	of 37	
Name and Address of Lessor	Related * to Owners, Operators, Officers		Description of Items Leased	Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No					
Neopost Leasing	<input type="radio"/>	<input checked="" type="radio"/>	Postage Machine	Monthly	Open Ended	1,642	1,642
Krystal Kleer	<input type="radio"/>	<input checked="" type="radio"/>	Water Cooler	Monthly	Open Ended	2,187	2,187
Rideshare	<input type="radio"/>	<input checked="" type="radio"/>	Vans	Monthly	Open Ended	22,674	22,674
	<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 checked="" type="radio"/> Yes	<input type="radio"/> No
Total ***							26,503

* 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 LiveWell Alliance, Inc. (Formerly A	License No. 002-09-33	Report for Year Ended 9/30/2017	Page 7	of 37
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The records of this facility for the period covered by this report were maintained on the following basis:

Accrual Cash Modified Cash

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

Independent Accounting Firm

Name of Accounting Firm	Address (No. & Street, City, State, Zip Code)
1 Crowe Horwath, LLP	175 Powder Forest Dr, Simsbury, CT 06089-7902
2 Amtec	90 Avon Meadow Ln, Avon, CT 06001
3	
4	

Services Provided by This Firm (describe fully)

1 401k audit, year-end audit, medicare cost report, tax returns	\$ 36,350
2 rebatable arbitrage calculation	\$ 600
3	\$
4	\$
	Charge for Services Provided
	\$ 36,950

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	Telephone Number
1 Wiggin & Dana	860-297-3700
2 Jackson & Lewis, LLP	860-522-0404
3 Murtha Cullina	860-240-6000
4 Seiger Gfeller Laurie, LLP	860-760-8400
5	

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
4 977 Farmington Ave #200, West Hartford, CT 06107
5

Services Provided by This Firm (describe fully)

1 General Counsel	\$ 19,422
2 Employee Relations	\$ 3,033
3 AR Collections - Disallowed	\$ 54
4 AR Collections - Disallowed	\$ 5,280
5	\$
	Charge for Services Provided
	\$ 27,789

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 LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)	License No. 002-09-33	Report for Year Ended 9/30/2017					Report for Year Ended 9/30/2017																		
		Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Total	CCNH	RHNS	Other	Total	CCNH	RHNS	Other												
														Period 10/1 Thru 6/30					Period 7/1 Thru 9/30						
1. Certified Bed Capacity																									
A. On last day of PREVIOUS report period		120	120			120	120			120	120			120	120					120	120				
B. On last day of THIS report period		120	120			120	120			120	120			120	120					120	120				
2. Number of Residents																									
A. As of midnight of PREVIOUS report period		120	120			120	120			120	120			119	119					119	119				
B. As of midnight of THIS report period		116	116			116	116			119	119			116	116					116	116				
3. Total Number of Days Care Provided During Period																									
A. Medicare		1,403	1,403			931	931			20,415	20,415			472	472					7,015	7,015				
B. Medicaid (Conn.)		27,430	27,430																						
C. Medicaid (other states)																									
D. Private Pay		13,955	13,955			10,594	10,594							3,361	3,361										
E. State SSI for RCH																									
F. Other (Specify)																									
G. Total Care Days During Period (3A thru F)		42,788	42,788			31,940	31,940			31,940	31,940			10,848	10,848					10,848	10,848				
Total Number of Days Not Included in Figures in 3G for Which Revenue Was Received for Reserved Beds																									
4. Medicaid Bed Reserve Days																									
A. Medicaid Bed Reserve Days		5	5			5	5																		
B. Other Bed Reserve Days																									
5. Total Resident Days (3G + 4A + 4B)		42,793	42,793			31,945	31,945			31,945	31,945			10,848	10,848					10,848	10,848				

Schedule of Resident Statistics (Cont'd)

Name of Facility LiveWell Alliance, Inc. (Formerly Alzheimer			License No. 002-09-33			Report for Year Ended 9/30/2017			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		CCNH	RHNS	CCNH	RHNS	Other	R.C.H.	ICF-MR				
No. of Residents	4		76		36								
Per Diem Rate													
a. One bed rm.	RUGS		255.88		546.00								
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								3,471	3,471				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								2,889	2,889				
D. <i>Total Physical Therapy Treatments</i>								6,360	6,360				
8. Total Number of Speech Therapy Treatments													
A. Medicare - Part B								1,160	1,160				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								435	435				
D. <i>Total Speech Therapy Treatments</i>								1,595	1,595				
9. Total Number of Occupational Therapy Treatments													
A. Medicare - Part B								3,756	3,756				
B. Medicaid (Exclusive of Part B)													
1. Maintenance Treatments													
2. Restorative Treatments													
C. Other								3,289	3,289				
D. <i>Total Occupational Therapy Treatments</i>								7,045	7,045				

Report of Expenditures - Salaries & Wages

Name of Facility	License No.	Report for Year Ended	Page	of		
LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Cen	002-09-33	9/30/2017	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)	259,314	1,978			18,664	142
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)	70,956	1,736			5,107	125
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	675,261	20,771			48,603	1,495
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	619,490	31,200			67,127	3,381
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	445,289	26,999			6,906	416
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	208,393	6,977			13,046	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	170,671	2,356				
b. RN						
1. Direct Care	1,278,528	33,759			93,510	2,181
2. Administrative**	72,930	1,731				
c. LPN						
1. Direct Care	910,688	30,750				
2. Administrative**						
d. Aides and Attendants	3,201,433	176,300			329,536	16,024
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	337,119	14,367				
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	194,759	5,740				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	216,729	9,534			15,599	686
<i>A-13. Total Salary Expenditures</i>	8,661,560	364,198			598,098	24,866

* 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			
LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)		002-09-33		9/30/2017		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	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) LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)	License No. 002-09-33	Report for Year Ended 9/30/2017		Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Total Hours Worked	Compensation Received
		Page	of					
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Total Hours Worked	Compensation Received	
	CCNH	RHNS Other						
Section III - Administrators***								
Michael Smith	259,314	18,664	Standard Benefits	Administrator & CEO	2,120 A2	N/A	N/A	
Section IV - Assistant Administrators								
Patricia Bowen	70,956	5,107	Standard Benefits	Assistant Administrator & COO	1,861 A3	N/A	N/A	

*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		
LiveWell Alliance, Inc. (Formerly Alzheimer's Reso	002-09-33	9/30/2017	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	13,038	67				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	108,457	1,720				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	8,640	52				
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	23,842	219				
9. Speech Therapist						
a. Resident Care	78,772	926				
b. Other						
10. Occupational Therapist						
a. Resident Care	139,210	2,380				
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	371,959	5,364				

* 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
LiveWell Alliance, Inc. (Formerly Alzheimer's R)	002-09-33	9/30/2017	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 403,791	373,632		30,159
2. Disability Insurance	\$ 46,039	42,600		3,439
3. Unemployment Insurance	\$ 49,836	49,836		
4. Social Security (F.I.C.A.)	\$ 658,761	609,558		49,203
5. Health Insurance	\$ 1,262,094	1,167,828		94,266
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 5,605	5,186		419
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 214,343	198,334		16,009
8. Uniform Allowance	\$ 1,660	1,536		124
9. Other (<i>Specify</i>) See Attached Schedule	\$ 25,886	23,953		1,933
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 257,174	257,174		
d. Accounting and Auditing	\$ 36,950	34,469		2,481
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 27,789	27,789		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 27,835	26,971		864
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 25,387	23,830		1,557
2. Cellular Phones	\$ 11,836	11,041		795
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	\$ 870,018	870,018		
Subtotal	\$ 3,925,004	3,723,755		201,249

* 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**

LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)
9/30/2017

Attachment Page 15

Schedule of Other Employee Benefits

Description	CCNH	RHNS	Other
Employee Physicals	\$ 8,505		\$ 686
Human Resources - Fees	\$ 15,448		\$ 1,247
Total	\$ 23,953	\$ -	\$ 1,933

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
LiveWell Alliance, Inc. (Formerly Alzheimer's Resou	002-09-33	9/30/2017		16	37
Item	Total	CCNH	RHNS	Other	
Subtotals Brought Forward:	3,925,004	3,723,755		201,249	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 17,186	16,032		1,154	
2. Holiday Parties for Staff	\$ 13,793	12,867		926	
3. Gifts to Staff and Residents	\$ 9,542	8,901		641	
4. Employee Travel	\$ 35,907	33,496		2,411	
5. Education Expenses Related to Seminars and Conventions	\$ 59,776	58,962		814	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 6,116	6,116			
7. Other (<i>Specify</i>) See Attached Schedule	\$ 4,600	4,291		309	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 18,235	17,011		1,224	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 22,998	21,454		1,544	
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	\$ 6,350	5,924		426	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 36,919	34,440		2,479	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$ 990	924		66	
9. Subscriptions	\$ 1,446	1,349		97	
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>)	\$ 111,974	104,456		7,518	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 99,801	90,753		9,048	
C-14 Total Administrative & General Expenditures	\$ 4,370,637	4,140,731		229,906	

* 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	RIHNS	Other
Travel - Meals	\$ 3,082		\$ 287
Meals - Business Expense	\$ 259		\$ 10
Business Meals	\$ 52		\$ 3
Total Other Travel and Entertainment	\$ 4,291	\$ -	\$ 300

Schedule of Other Advertising

Description	CCNH	RIHNS	Other
Development - Advertising	\$ 21,544		\$ 1,544
Total Other Advertising	\$ 21,544	\$ -	\$ 1,544

Schedule of Dues

Description	CCNH	RIHNS	Other
AICM/Monist	\$ 64		\$ 5
Advanced MFD	\$ 913		\$ 66
AHA/Everis	\$ 606		\$ 44
AI/CFM	\$ 70		\$ 6
Alzheimer's Association of America	\$ 155		\$ 11
Amazon Prime	\$ 92		\$ 7
AMDA	\$ 319		\$ 23
American Express	\$ 1,247		\$ 90
AMA	\$ 105		\$ 18
AMA	\$ 125		\$ 13
Association of Long Term Care for Financial Managers	\$ 149		\$ 11
Barnes & Noble	\$ 23		\$ 2
Bloomberg, Inc.	\$ 92		\$ 7
Brittany LaFayette	\$ 101		\$ 7
CTA/A	\$ 890		\$ 64
Chamber 124 Spirits & Flavors	\$ 2,709		\$ 201
Charitron	\$ 51		\$ 4
Costco	\$ 168		\$ 12
CT Association of Health Care Facilities	\$ 163		\$ 12
CT Secretary of State	\$ 47		\$ 3
Dementia Friendly America	\$ 913		\$ 67
Dementia Friends CT	\$ 219		\$ 17
Dept. of Public Health	\$ 182		\$ 13
Diverse Books	\$ 246		\$ 18
HECA	\$ 275		\$ 20
Health Family FunFest	\$ 93		\$ 7
Health Professionals	\$ 54		\$ 4
Healthcare Compliance	\$ 47		\$ 3
Home-Data	\$ 3		\$ 0
Janet Mueck	\$ 101		\$ 7
James J. Fennema	\$ 182		\$ 13
Leadership Director Hartford	\$ 93		\$ 7
Leading Age	\$ 21,614		\$ 1,556
NAJIB Education	\$ 75		\$ 6
NRAAA	\$ 23		\$ 2
SH Assoc. Palo Alto	\$ 163		\$ 12
Parade	\$ 93		\$ 7
Portland-Southern Regional Health	\$ 280		\$ 20
Roll Events here	\$ 78		\$ 5
Quill	\$ 168		\$ 12
Rosann Paparella	\$ 32		\$ 1
Rob Walsh	\$ 65		\$ 5
Secretary of State	\$ 14		\$ 1
Shiraz Choubay	\$ 323		\$ 23
Treasurer, St of CT	\$ 569		\$ 41
WVAAA	\$ 14		\$ 1
Zome USA	\$ 140		\$ 10
Total Dues	\$ 34,440	\$ -	\$ 2,479

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RIHNS	Other
Licenses	\$ 493		\$ 35
Reprint Items - Damaged/Lost	\$ 1,124		\$ 81
Licenses & Fees - Dietary	\$ 98		\$ 7
Flowers	\$ 3,010		\$ 147
Supplies - Training	\$ 1,028		\$ 110
Service Charges - Bank	\$ 15,804		\$ 1,137
Licenses - Nursing Admin	\$ 2,165		\$ 163
Professional Fees	\$ 47,839		\$ 3,688
Postage - Postal	\$ 1,833		\$ 132
Postage - Mail	\$ 6,096		\$ 430
Film/Developing	\$ 176		\$ 13
Education - Assisted Living	\$ -		\$ 3,050
Education - Adult Day Center	\$ 1,030		\$ 74
Supplies - Adult Day Center	\$ 3,678		\$ 263
Software/Computer Supplies	\$ 4,482		\$ 333
Ambulance	\$ 1,121		\$ 81
Fines & Penalties	\$ 1,234		\$ 89
Education	\$ 4,551		\$ -
Total Other Administrative and General	\$ 90,753	\$ -	\$ 9,748

Schedule C-1 - Management Services*

Name of Facility LiveWell Alliance, Inc. (Formerly Alzheim	License No. 002-09-33	Report for Year Ended 9/30/2017	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
LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)		002-09-33	9/30/2017		18	37
Item	Total	CCNH	RHNS	Other		
2. Dietary						
a. In-House Preparation & Service						
1. Raw Food	\$ 601,576	542,763		58,813		
2. Non-Food Supplies	\$ 52,669	47,520		5,149		
3. Other (Specify) _____	\$ _____					
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)	\$ 1,058	955		103		
c. Management Services**	\$ _____					
d. Other (Specify) _____ Equipment Repair & Maintenance Education	\$ 1,449	1,307		142		
2E. Total Dietary Expenditures (2a + b + c + d)	\$ 656,752	592,545		64,207		
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
LiveWell Alliance, Inc. (Formerly Alzheimer's Resource		002-09-33	9/30/2017	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. \$	13,084	13,084		
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)	\$	195,199	195,199		
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	208,283	208,283		
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
LiveWell Alliance, Inc. (Formerly Alzheimer's		002-09-33	9/30/2017		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.	\$ 79,181	77,980			1,201
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.	\$ 22,835	22,493			342
c. Management Services*		\$				
d. Other (<i>Specify</i>)		\$				
4E. Total Housekeeping Expenditures (4a + b + c + d)		\$ 102,016	100,473			1,543
5. Resident Care (Supplies)**						
a. Prescription Drugs***						
1. Own Pharmacy		\$				
2. Purchased from Various		\$ 60,232	58,657			1,575
b. Medicine Cabinet Drugs		\$ 44,826	44,826			
c. Medical and Therapeutic Supplies		\$ 400,216	400,216			
d. Ambulance/Limousine***		\$				
e. Oxygen						
1. For Emergency Use		\$				
2. Other***		\$ 1,225	1,225			
f. X-rays and Related Radiological Procedures***		\$ 1,615	1,615			
g. Dental (<i>Not dentists who should be included under salaries or fees</i>)		\$				
h. Laboratory***		\$ 13,099	13,099			
i. Recreation		\$ 33,231	33,231			
j. Other (<i>Specify</i>)**** See Attached Schedule		\$ 4,476	3,970			506
5K. Total Resident Care Expenditures (5a - 5j)		\$ 558,920	556,839			2,081

* 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 - Asst. Living	\$ -		\$ 506
Supplies (Non-Medical)	\$ 1,374		
Small Equipment Purchased	\$ 608		
Air Fluid Mattress-Rental	\$ 1,988		
Total Other Resident Care	\$ 3,970	\$ -	\$ 506

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

Name of Facility LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)		License No. 002-09-33	Report for Year Ended 9/30/2017	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
H&H Lincn		O	O	Laundry Services	#REF!	195,199			19	3b
CWPM		O	O	Trash Removal	#REF!	20,715			20	4b
U.S Security Associates, Inc.		O	O	Security	#REF!	43,303		2,582	22	6f
Decian, Inc.		O	O	Computer Consultant	#REF!	51,100		3,678	16	m11
Paychex		O	O	Payroll Services	#REF!	22,126		1,593	16	m11
MatrixCare		O	O	General Ledger Software	#REF!	42,561		3,063	16	m11
D. Landino Landscaping		O	O	Snow Plowing	#REF!	25,542		1,523	22	6f
Executive Landscaping		O	O	Landscaping	#REF!	32,995		1,967	22	6f
Bay State Elevator		O	O	Elevator Service	#REF!	12,681		756	22	6f
		O	O							
		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
LiveWell Alliance, Inc. (Formerly Alzheimer's	002-09-33	9/30/2017			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 33,340	29,358		3,982		
b. Heat	\$ 37,450	32,760		4,690		
c. Light & Power	\$ 190,192	164,532		25,660		
d. Water	\$ 29,035	25,230		3,805		
e. Equipment Lease (Provide detail on page 6)	\$ 26,503	22,887		3,616		
f. Other (itemize)	\$ 231,758	201,201		30,557		
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 548,278	475,968		72,310		
7. Depreciation (complete schedule page 23*)						
a. Land Improvements	\$ 19,989	17,262		2,727		
b. Building & Building Improvements	\$ 472,079	409,435		62,644		
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 98,354	84,384		13,970		
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 590,422	511,081		79,341		
8. Amortization (Complete att. Schedule Page 24*)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 61,364	52,992		8,372		
c. Leasehold Improvements	\$					
d. Other (Specify)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 61,364	52,992		8,372		
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	\$ 71,187	61,475		9,712		
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 722,973	625,548		97,425		

* 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	\$ 1,133		\$ 179
Purchased Services - Fire Protection	\$ 5,040		\$ 796
Cable TV	\$ 5,156		\$ 815
Exterminator Service	\$ 2,854		\$ 451
Purchased Services - Elevator Service	\$ 12,226		\$ 1,931
Purchased Services - Security	\$ 39,626		\$ 6,260
Purchased Services - Snow Plowing	\$ 29,321		\$ 4,632
Purchased Services - Indoor Plants	\$ 5,803		\$ 917
Purchased Services - Groundskeeping	\$ 31,621		\$ 4,996
Grounds Maintenance	\$ 799		\$ 126
Equipment Rental - Storage Space	\$ 5,611		\$ 887
Supplies - Plant & Maint.	\$ 43,643		\$ 6,895
Services Contracts	\$ 7,951		\$ 1,257
Services Contracts	\$ 3,188		
Grounds Landscaping	\$ 3,620		
Repairs & Maintenance	\$ 979		
Equipment Rental	\$ 2,630		\$ 415
Total Other Repairs and Maintenance	\$ 201,201	\$ -	\$ 30,557

Depreciation Schedule

Name of Facility LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)		License No. 002-09-33		Report for Year Ended 9/30/2017						Page 23	of 37
		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											
		856,805		856,805	784,236	SL	Various	19,989			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
A-4. Subtotal											
B. Building and Building Improvements											
1. Acquired prior to this report period											
		13,783,881		13,783,881	10,323,719	SL	Various	454,225			
2. Disposals (attach schedule)											
3. Acquired during this report period (attach schedule)											
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											
				68,884	68,884	SL	Various				
				26,028	18,223	SL	5	5,206			
c.											
d.											
2. Movable Equipment											
a. Acquired prior to this report period											
				2,492,610	2,262,841	SL	Various	74,480			
b. Disposals (attach schedule)											
c. Acquired during this report period (attach schedule)											
				215,806		SL	Various	18,668			
D-3. Subtotal											
E. Total Depreciation											
										98,354	
										590,422	

LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)
9/30/2017

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:				
Oct-16	EMCOR - repair breakers in condensing & heat recovery units	\$ 1,444	10	\$ 72
Oct-16	EMCOR - replace isolator housings & springs on blower on Heatex	\$ 2,185	10	\$ 109
Oct-16	Wiremen - Electrical Work - New outlets, sockets, etc	\$ 1,413	10	\$ 71
Nov-16	EMCOR - install & replace 2 motors on elevator exhaust fans	\$ 518	10	\$ 26
Dec-16	Wiremen - Electrical Work - New outlets & Cable on 1B	\$ 569	10	\$ 28
Jan-17	Positano Plumbing - Replace piping & fix leak in main cold water line	\$ 2,490	10	\$ 125
Feb-17	Wiremen - Electrical Work - High Voltage Maintenance	\$ 2,495	10	\$ 125
Feb-17	Wiremen - Electrical Work - New outlets, repair & check infrared testing	\$ 728	10	\$ 41
May-17	Innovative Building & Renovations	\$ 2,470	10	\$ 124
May-17	Bay State Elevator	\$ 1,624	10	\$ 81
Jun-17	EMCOR Services	\$ 8,394	10	\$ 420
Jun-17	James Bradanini - Painting	\$ 620	10	\$ 31
Jun-17	James Bradanini - Painting	\$ 575	10	\$ 29
Jun-17	James Bradanini - Painting	\$ 720	10	\$ 36
Jul-17	EMCOR Services	\$ 987	10	\$ 49
Jul-17	EMCOR Services	\$ 2,277	10	\$ 114
Jul-17	EMCOR Services	\$ 1,598	10	\$ 80
Aug-17	EMCOR Services	\$ 1,039	10	\$ 52
Oct-16	RLPS Architect - Master Planning Services	\$ 10,081	30	\$ 168
Nov-16	RLPS Architect - Master Planning Services	\$ 25,823	30	\$ 430
Aug-17	RLPS Architect - Master Planning Services	\$ 4,875	30	\$ 81
Feb-17	Centerbrook Architects	\$ 12,431	3	\$ 2,072
Mar-17	Centerbrook Architects	\$ 13,947	3	\$ 2,325 *
Apr-17	Centerbrook Architects	\$ 18,916	3	\$ 3,153
May-17	Centerbrook Architects	\$ 11,361	3	\$ 1,894
May-17	Milone & MacBroom - Site Survey	\$ 13,050	3	\$ 2,175
Jun-17	Centerbrook Architects	\$ 12,696	3	\$ 2,116
Jul-17	Milone & MacBroom - Wetlands Work	\$ 700	3	\$ 117
Jul-17	Centerbrook Architects	\$ 5,010	3	\$ 835
Sep-17	Centerbrook Architects	\$ 5,263	3	\$ 877
				**
Total additions for Building Improvements		\$ 166,299		\$ 17,854
Deletions:				

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		License No.		Report for Year Ended		Page	of		
LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Cen		002-09-33		9/30/2017		24	37		
Item	Date of Acquisition		Length of Amortization	Cost to Be Amortized	Accumulated Amort. to Beginning of Year's Operations	Basis for Computing Amortization**	Rate %	Amortization for This Year	Totals
	Month	Year							
A. Organization Expense									
1.									
2.									
3.									
A-4. Subtotal									
B. Mortgage Expense									
1. Deferred Financing Fees	12	2015	20 Years	295,705	11,089	Life of Mortgage		14,785	
2. Capitalized Interest	10	1992	30 Years	1,397,365	1,062,762	Life of Mortgage		46,579	
3.									
B-4. Subtotal									61,364
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									61,364

* 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 LiveWell Alliance, Inc. (Formerly Alz	License No. 002-09-33	Report for Year Ended 9/30/2017	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		2.47%		
d. Term of Mortgage (number of years)		10		
e. Amount of Principal Borrowed		12,480,000		
f. Principal balance outstanding as of		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
LiveWell Alliance, Inc. (Formerly Al		002-09-33	9/30/2017			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 446,832	446,832				
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)		\$ 446,832	446,832				

(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
LiveWell Alliance, Inc. (Formerly		002-09-33		9/30/2017		27	37
Item				Total	CCNH	RHNS	Other
Subtotals Brought Forward:				446,832	446,832		
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)				\$ 446,832	446,832		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 103,991	89,803		14,188
b. Insurance on Automobiles				\$ 4,730	4,085		645
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)				\$ 108,721	93,888		14,833
15. Total All Expenditures (A-13 thru C-14)				\$ 17,355,029	16,274,626		1,080,403

D. Adjustments to Statement of Expenditures

Name of Facility				License No.	Report for Year Ended	Page	of
LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)				002-09-33	9/30/2017	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	\$ 182,820	170,545		12,275
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	\$ 257,174	257,174		
10.	15	1e	Accounting & Legal	\$ 5,334	5,334		
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 *	\$ 22,998	21,454		1,544
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 12,376	12,229		147
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)				\$ 480,702	466,736		13,966

* 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
10	A4	Community Services - Salaries	\$ 170,545		\$ 12,275
Total Other Salaries Adjustment			\$ 170,545	\$ -	\$ 12,275

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	\$ 1,124		\$ 81
15	1g	729 Farmington Ave - Supplies	\$ 225		
16	m8a	Southington Chamber of Commerce	\$ 924		\$ 66
15	1g	729 Farmington Ave - Telephone	\$ 1,077		
15	1g	729 Farmington Ave - Internet	\$ 1,114		
16	L5	Community Services - Travel	\$ 5,500		
16	m8b	Community Services - Dues & Subscriptions	\$ 1,183		
16	L4	Community Services - Mileage Reimbursement	\$ 1,082		
Total Other A&G Adjustments			\$ 12,229	\$ -	\$ 147

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

Name of Facility			License No.	Report for Year Ended	Page	of	
LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Cen			002-09-33	9/30/2017	29	37	
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 297,882	296,191		1,691
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 60,232	58,657		1,575
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 1,615	1,615		
30.	20	5h	Laboratory	\$ 13,099	13,099		
31.			Medical Supplies	\$			
32.	20	5e2	Oxygen (non emergency)	\$ 1,225	1,225		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$ 310	310		
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	\$ 54,558	54,558		
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	\$ 249,877	233,099		16,778
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)				\$ 678,798	658,754		20,044

*** 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.

LiveWell Alliance, Inc. (Formerly Alzheimer's Resource Center)
9/30/2017

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
20	4b	729 Farmington Ave - Trash Removal	\$ 310		
Total Other Ancillary Costs			\$ 310	\$ -	\$ -

Schedule of Excess Movable Equipment Depreciation

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Excess Movable Equipment Depreciation			\$ -	\$ -	\$ -

Schedule of Other Property Adjustments

Page Ref	Line Ref	Description	CCNH	RHNS	Other
22	6b	729 Farmington Ave - Oil	\$ 3,073		
22	6c	729 Farmington Ave - Electricity	\$ 2,112		
22	6d	729 Farmington Ave - Water & Sewer	\$ 25,230		
22	6f	729 Farmington Ave - Service Contracts	\$ 3,188		
22	6a	729 Farmington Ave - Building Repair & Maintenance	\$ 792		
22	6f	729 Farmington Ave - Grounds Landscaping	\$ 3,620		
22	6f	729 Farmington Ave - Repairs & Maintenance	\$ 979		
22	7b	729 Farmington Ave - Depreciation Expense	\$ 15,564		
Total Other Property Adjustments			\$ 54,558	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV8	Consulting Income	\$ 61,696		\$ 4,441
30	IV8	Dementia Care Coaching	\$ (1,122)		\$ (81)
30	IV8	Adult Day Income	\$ 172,525		\$ 12,418
Total Other Adjustments			\$ 233,099	\$ -	\$ 16,778

Schedule of Unallowable Building Interest

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

F. Statement of Revenue

Name of Facility LiveWell Alliance, Inc. (Formerly Alzheimer)		License No. 002-09-33		Report for Year Ended 9/30/2017		Page 30	of 37
Item				Total	CCNH	RHNS	Other
I. Resident Room, Board & Routine Care Revenue							
1.	a.	Medicaid Residents (CT only)	\$	15,029,804	15,029,804		
	b.	Medicaid Room and Board Contractual Allowance **	\$	(7,901,154)	(7,901,154)		
2.	a.	Medicaid (All other states)	\$				
	b.	Other States Room and Board Contractual Allowance **	\$				
3.	a.	Medicare Residents (all inclusive)	\$	654,292	654,292		
	b.	Medicare Room and Board Contractual Allowance **	\$				
4.	a.	Private-Pay Residents and Other	\$	7,733,746	7,733,746		
	b.	Private-Pay Room and Board Contractual Allowance **	\$	(139,449)	(139,449)		
II. Other Resident Revenue							
1.	a.	Prescription Drugs - Medicare	\$				
	b.	Prescription Drugs - Medicare Contractual Allowance **	\$				
	c.	Prescription Drugs - Non-Medicare	\$	7,089	7,089		
	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	\$	129,343	129,343		
	b.	Physical Therapy - Medicare Contractual Allowance **	\$	(129,343)	(129,343)		
	c.	Physical Therapy - Non-Medicare	\$	83,590	83,590		
	d.	Physical Therapy - Non-Medicare Contractual Allowance **	\$	(22,680)	(22,680)		
4.	a.	Speech Therapy - Medicare	\$	23,033	23,033		
	b.	Speech Therapy - Medicare Contractual Allowance **	\$	(23,033)	(23,033)		
	c.	Speech Therapy - Non-Medicare	\$	77,436	77,436		
	d.	Speech Therapy - Non-Medicare Contractual Allowance **	\$				
5.	a.	Occupational Therapy - Medicare	\$	98,365	98,365		
	b.	Occupational Therapy - Medicare Contractual Allowance **	\$	(98,365)	(98,365)		
	c.	Occupational Therapy - Non-Medicare	\$	152,474	152,474		
	d.	Occupational Therapy - Non-Medicare Contractual Allowance **	\$	(124,649)	(124,649)		
6.	a.	Other (Specify) - Medicare	\$	(24,777)	(24,777)		
	b.	Other (Specify) - Non-Medicare	\$	11,336	11,336		
III. Total Resident Revenue (Section I. thru Section II.)				\$	15,537,058	15,537,058	
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 (Specify)			\$			
6.	Private Duty Nurses' Fees			\$			
7.	Barber, Coffee, Beauty and Gift shops			\$			
8.	Other (Specify)			\$	2,148,610	542,325	1,606,285
V. Total Other Revenue (1 thru 8)				\$	2,148,610	542,325	1,606,285
VI. Total All Revenue (III +V)				\$	17,685,668	16,079,383	1,606,285

* 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	Other
30	Medicare A - Ambulance	\$ (170)		
30	Medicare A- Contractual Allowance	\$ 79,438		
30	Small Balance Adjustments - Medicare Allowance	\$ (104,045)		
	Total Other Resident Revenue - Medicare	\$ (24,777)	\$ -	\$ -

Schedule of Other Non-Medicare Resident Revenue

Related Exp

Page Ref	Description	CCNH	RHNS	Other
	V/A - Contractual Adjustment	\$ (1)		
	Vaccines - Medicare B	\$ 11,337		
	Total Other Resident Revenue	\$ 11,336	\$ -	\$ -

Interest Income

Account

Page Ref	Account	Balance	CCNH	RHNS	Other
	Total Interest Income		\$ -	\$ -	\$ -

Schedule of Other Revenue

Page Ref	Description	CCNH	RHNS	Other
	Room & Board - Assisted Living			\$ 1,570,945
	R&B C/A - Assisted Living			\$ 5,116
	Barber/Beauty	\$ 7,811		\$ 562
	Consulting Income	\$ 61,696		\$ 4,441
	Vending Income	\$ 424		\$ 31
	Charitable Donations	\$ 64,953		\$ 4,675
	Misc. Income	\$ 4,251		\$ 306
	Interest & Dividend Income	\$ 109,373		\$ 7,872
	Dementia Care Coaching	\$ (1,122)		\$ (81)
	Adult Daycare Income	\$ 172,525		\$ 12,418
	Grant Income	\$ 94,200		\$ -
	Realized Gains/Losses	\$ 28,214		\$ -
	Total Other Revenue	\$ 542,325	\$ -	\$ 1,606,285

G. Balance Sheet

Name of Facility	License No.	Report for Year Ended	Page	of
LiveWell Alliance, Inc. (Formerly Alzh	002-09-33	9/30/2017	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	1,607,542
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,103,454
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	14,431
a. Prepaid - Insurance	10,959			
b. Prepaid - Expenses	3,472			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	88,829
Due from Resilient Living PC	60,221			
A/R Other	22,768			
A/R Employee Loans	5,840			
A-9. Total Current Assets (Lines A1 thru 8)			\$	2,814,256
B. Fixed Assets				
1. Land			\$	1,356,529
2. Land Improvements	*Historical Cost	856,805	\$	52,580
	Accum. Depreciation	804,225		Net
3. Buildings	*Historical Cost	13,950,180	\$	3,154,382
	Accum. Depreciation	10,795,798		Net
4. Leasehold Improvements	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
5. Non-Movable Equipment	*Historical Cost	_____	\$	
	Accum. Depreciation	_____		Net
6. Movable Equipment	*Historical Cost	2,615,398	\$	259,409
	Accum. Depreciation	2,355,989		Net
7. Motor Vehicles	*Historical Cost	94,912	\$	2,599
	Accum. Depreciation	92,313		Net
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	238,682
Capitalized Interest	1,397,365			
Accum. Amort. - Capitalized Interest	(1,158,683)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	5,064,181

* 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
LiveWell Alliance, Inc. (Formerly Alzh	002-09-33	9/30/2017	32	37
Account			Amount	
Total Brought Forward:			\$	7,878,437
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>)			\$	5,347,767
	Finance, Discount, Issue Exp	295,705		
	Investments	4,359,961		
	Charitable Remainder Unitrust	717,975		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,347,767
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	13,226,204

* 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 LiveWell Alliance, Inc. (Formerly Alzheimer's		License No. 002-09-33	Report for Year Ended 9/30/2017	Page 33	of 37
Account				Amount	
Liabilities					
A. Current Liabilities					
1. Trade Accounts Payable				\$	585,572
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>)				\$	570,466
5. Accrued Payroll (<i>Owners and/or Stockholders only</i>)				\$	
6. Accrued Payroll Taxes Payable				\$	11,960
7. Medicare Final Settlement Payable				\$	
8. Medicare Current Financing Payable				\$	
9. Mortgage Payable (<i>Current Portion</i>)				\$	489,784
10. Interest Payable (<i>Exclusive of Owner and/or Related Parties</i>)				\$	
11. Accrued Income Taxes*				\$	
12. Other Current Liabilities (<i>itemize</i>)				\$	928,289
Resident Trust		52,702	Current Portion Swap	140,571	
Resident Refunds		(329)	Credit Balances	206,520	
Accrued Accounts Payable		19,485	Deferred Revenue	489,490	
Accrued Professional Fees		19,850			
A-13. Total Current Liabilities (Lines A1 thru 12)				\$	2,586,071

* 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 LiveWell Alliance, Inc. (Formerly Alzheimer		License No. 002-09-33	Report for Year Ended 9/30/2017	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,586,071	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 11,006,287	
3. Loans from Owners or Related Parties (<i>itemize</i>)					
\$					
Name and Address of Lender	Amount	Loan Date			
4. Other Long-Term Liabilities (<i>itemize</i>)				\$	

B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 11,006,287	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 13,592,358	

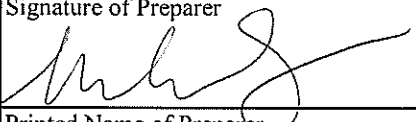
G. Balance Sheet (cont'd)
Reserves and Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
LiveWell Alliance, Inc. (Formerly Alz	002-09-33	9/30/2017	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			\$	(1,526,887)
6. Gain or Loss for Period			\$	1,160,733
				10/1/2016 thru 9/30/2017
7. Total Net Worth			\$	(366,154)
C. Total Reserves and Net Worth			\$	(366,154)
D. Total Liabilities, Reserves, and Net Worth			\$	13,226,204

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of		
LiveWell Alliance, Inc. (Formerly Alzhe	002-09-33	9/30/2017	36	37		
Account			Amount			
A. Balance at End of Prior Period as shown on Report of 09/30/2016			\$	(1,526,887)		
B. Total Revenue <i>(From Statement of Revenue Page 30)</i>			\$	17,685,668		
C. Total Expenditures <i>(From Statement of Expenditures Page 27)</i>			\$	17,355,029		
D. Net Income or Deficit			\$	330,639		
E. Balance			\$	(1,196,248)		
F. Additions						
1. Additional Capital Contributed <i>(itemize)</i>						
2. Other <i>(itemize)</i>						
Unrealized Gain/Loss on Investments	225,897					
Non Operating - Change in FV of Charitable Ren	(9,334)					
Loss on Defesance of Bonds	81,190					
Change in Value of Swap Liability	532,341					
F-3. Total Additions					\$	830,094
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			\$	(366,154)		
				09/30/17		

I. Preparer's/Reviewer's Certification

Name of Facility LiveWell Alliance, Inc. (Formerly	License No. 002-09-33	Report for Year Ended 9/30/2017	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 Financial Consultant	Date Signed 2/15/18		
Printed Name of Preparer Melissa Spitz				
Address 1261 South Main Street, Plantsville, CT 06479		Phone Number 860-628-9000		