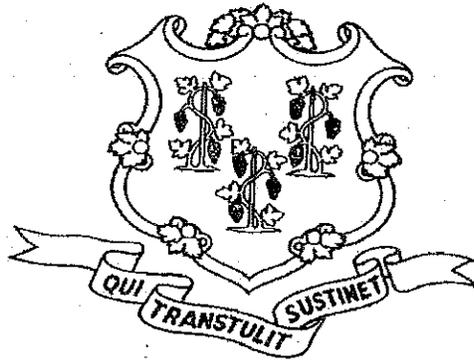


State of Connecticut



Annual Report of Long-Term Care Facility Cost Year 2015

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 type="checkbox"/> Chronic and Convalescent <input checked="" type="checkbox"/> Nursing Home only (CCNH) <input type="checkbox"/> Rest Home with Nursing Supervision only (RHNS) <input checked="" type="checkbox"/> Other	
Report for Year Beginning 10/1/2014	Report for Year Ending 9/30/2015

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
Alzheimer's Resource Center of Connecticut, Inc.	002-09-33	9/30/2015	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, 2014 and ending September 30, 2015, and that to the best of my knowledge and belief, it is a true, correct, and complete statement prepared from the books and records of the provider(s) in accordance with applicable instructions.

I hereby certify that I have directed the preparation of the attached General Information and Questionnaires, Schedule of Resident Statistics, Statements of Reported Expenditures, Statements of Revenues and the related Balance Sheet of this Facility in accordance with the Reporting Requirements of the State of Connecticut for the year ended as specified above.

I have read this Report and hereby certify that the information provided is true and correct to the best of my knowledge under the penalty of perjury. I also certify that all salary and non-salary expenses presented in this Report as a basis for securing reimbursement for Title XIX and/or other State assisted residents were incurred to provide resident care in this Facility. All supporting records for the expenses recorded have been retained as required by Connecticut law and will be made available to auditors upon request.

Signed (Administrator)		Date	Signed (Owner)		Date
Printed Name (Administrator) Michael Smith			Printed Name (Owner)		
Subscribed and Sworn to before me:	State of	Date	Signed (Notary Public)	Comm. Expires	
/ /					
Address of Notary Public					

(Notary Seal)

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

Data Required for Real Wage Adjustment			Page 1A	of 37
Name of Facility Alzheimer's Resource Center of Connecticut, Inc.	Period Covered:	From 10/1/2014	To 9/30/2015	
Address of Facility 1261 South Main Street, Plantsville, CT 06479				
Report Prepared By Alzheimer's Resource Center of Connecticut, Inc.	Phone Number (860) 628-9000	Date 2/15/2016		
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 9/30/2015	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 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 Alzheimer's Resource Center of Connecticut	License No. 002-09-33	Report for Year Ended 9/30/2015	Page 3A	of 37
If this facility is owned or operated as a corporation, provide the following information:				
Legal Name of Corporation Alzheimer's Resource Center of Connecticut, 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				

General Information and Questionnaire Individual Proprietorship

Name of Facility	License No.	Report for Year Ended	Page	of
Alzheimer's Resource Center of Connecticut, Inc.	002-09-33	9/30/2015	3B	37

If this facility is owned or operated as an individual proprietorship, provide the following information:

Owner(s) of Facility

N/A

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 9/30/2015	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 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 9/30/2015	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 (See listing page 13)
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	9/30/2015	6 37		
Name and Address of Lessor	Related * to Owners, Operators, Officers		Date of Lease**	Term of Lease	Annual Amount of Lease	Amount Claimed
	Yes	No				
Neopost Leasing	<input type="radio"/>	<input checked="" type="radio"/>	Monthly	Open Ended	822	822
Krystal Kleer	<input type="radio"/>	<input checked="" type="radio"/>	Monthly	Open Ended	1,932	1,932
	<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 ***					2,754	

* 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 9/30/2015	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	\$ 28,088
2	\$
3	\$
4	\$
	Charge for Services Provided
	\$ 28,088

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 Marshal Vincent Messina, CHUBB Specialty Ins 5	Telephone Number (860) 297-3700 (860) 522-0404 (860) 240-6000 (203) 441-4349
--	--

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 PO Box 6292, Wolcott, CT 06716
- 5

Services Provided by This Firm (*describe fully*)

1 General Counsel	\$ 21,179
2 AR Collections - Disallowed	\$ 300
3 Employee Relations	\$ 2,875
4 AR Collections - Disallowed	\$ 26,047
5 Serving of Probate Papers (\$124) disallowed, Employee Claims (\$9,392)	\$ 9,516
	Charge for Services Provided
	\$ 59,917

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.	License No. 002-09-33	Report for Year Ended 9/30/2015						Page 8	of 37									
		Total All Levels	Total CCNH Level	Total RHNS Level	Total Other	Period 10/1 Thru 6/30				Period 7/1 Thru 9/30								
						Total CCNH	Total RHNS			Total Other	Total CCNH	Total RHNS	Total 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		119	119					119	119				114	114				
B. As of midnight of THIS report period		114	114					114	114				114	114				
3. Total Number of Days Care Provided During Period																		
A. Medicare		1,042	1,042					835	835				207	207				
B. Medicaid (Conn.)		26,887	26,887					19,935	19,935				6,952	6,952				
C. Medicaid (other states)																		
D. Private Pay		14,453	14,453					10,786	10,786				3,667	3,667				
E. State SSI for RCH																		
F. Other (Specify)																		
G. Total Care Days During Period (3A thru F)		42,382	42,382					31,556	31,556				10,826	10,826				
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)		42,382	42,382					31,556	31,556				10,826	10,826				

Schedule of Resident Statistics (Cont'd)

Name of Facility Alzheimer's Resource Center of Connecticut,	License No. 002-09-33	Report for Year Ended 9/30/2015	Page 9	of 37
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4. Were there any changes in the certified bed capacity during the report year? Yes No
 If "YES", provide the following information:

Date of Change	Place of Change			Change in Beds						Capacity After Change			Reason for Change
	CCNH	RHNS	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	3		72		39				
Per Diem Rate									
a. One bed rm.	RUGS		249.77		510.00				
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	3,810	3,810		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	1,920	1,920		
D. Total Physical Therapy Treatments	5,730	5,730		

8. Total Number of Speech Therapy Treatments

A. Medicare - Part B	1,183	1,183		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	264	264		
D. Total Speech Therapy Treatments	1,447	1,447		

9. Total Number of Occupational Therapy Treatments

A. Medicare - Part B	4,727	4,727		
B. Medicaid (Exclusive of Part B)				
1. Maintenance Treatments				
2. Restorative Treatments				
C. Other	2,362	2,362		
D. Total Occupational Therapy Treatments	7,089	7,089		

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	9/30/2015	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)	247,686	1,961			17,472	135
3. Assistant Administrator (Complete also Sec. IV of Schedule A1)						
4. Other Administrative Salaries (telephone operator, clerks, receptionists, etc.)	571,478	14,299			40,312	983
5. Dietary Service						
a. Head Dietitian						
b. Food Service Supervisor						
c. Dietary Workers	588,818	29,502			64,798	3,247
6. Housekeeping Service						
a. Head Housekeeper						
b. Other Housekeeping Workers	405,075	24,589			67,296	4,085
7. Repairs & Maintenance Services						
a. Engineer or Chief of Maintenance						
b. Other Maintenance Workers	180,395	5,823			29,970	967
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	158,754	2,024				
b. RN						
1. Direct Care	1,132,635	15,311				
2. Administrative**						
c. LPN						
1. Direct Care	1,063,279	36,175				
2. Administrative**						
d. Aides and Attendants	3,138,399	165,875			411,801	17,262
e. Physical Therapists						
f. Speech Therapists						
g. Occupational Therapists						
h. Recreation Workers	487,913	18,443				
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	208,230	6,004				
n. Marketing						
o. Other (Specify)						
See Attached Schedule	234,316	10,954			16,529	753
A-13. Total Salary Expenditures	8,416,978	330,960			648,178	27,432

* 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 (as licensed)		License No.		Report for Year Ended		Page	of		
Alzheimer's Resource Center of Connecticut, Inc.		002-09-33		9/30/2015		12	37		
Name	Salary Paid		Fringe Benefits and/or Other Payments (describe fully)	Full Description of Services Rendered	Total Hours Worked	Line Where Claimed on Page 10	Name and Address of All Other Employment**	Total Hours Worked	Compensation Received
	CCNH	RHNS							
Section III - Administrators***									
Michael Smith	248,110		17,048 Standard Benefits	Administrator & President & CEO	2,096 A2		N/A	N/A	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	9/30/2015	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	13,032	67				
3. Pharmacist						
4. Podiatrist						
5. Physical Therapy						
a. Resident Care	105,580	1,408				
b. Other						
6. Social Worker						
7. Recreation Worker						
8. Physicians						
a. Medical Director (entire facility)	5,040	30				
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	22,194	204				
9. Speech Therapist						
a. Resident Care	62,256	1,132				
b. Other						
10. Occupational Therapist						
a. Resident Care	137,070	2,492				
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	345,172	5,333				

* 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 Alzheimer's Resource Center of Connecticut, Inc.		License No. 002-09-33		Report for Year Ended 9/30/2015	Page 14	of 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, ST & OT	<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"/>			
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		<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	9/30/2015	15	37
Item	Total	CCNH	RHNS	Other
1. Administrative and General				
a. Employee Health & Welfare Benefits				
1. Workmen's Compensation	\$ 520,576	483,354		37,222
2. Disability Insurance	\$ 21,117	19,607		1,510
3. Unemployment Insurance	\$ 57,089	57,089		
4. Social Security (F.I.C.A.)	\$ 656,118	609,204		46,914
5. Health Insurance	\$ 1,172,504	1,088,668		83,836
6. Life Insurance (employees only) (not-owners and not-operators)	\$ 23,408	21,734		1,674
7. Pensions (Non-Discriminatory) (not-owners and not-operators)	\$ 147,402	136,862		10,540
8. Uniform Allowance	\$ 3,367	3,126		241
9. Other (<i>Specify</i>) See Attached Schedule	\$ 17,792	16,630		1,162
b. Personal Retirement Plans, Pensions, and Profit Sharing Plans for Owners and Operators (Discriminatory)*	\$			
c. Bad Debts*	\$ 60,435	60,435		
d. Accounting and Auditing	\$ 28,088	26,237		1,851
e. Legal (<i>Services should be fully described on Page 7</i>)	\$ 59,917	59,917		
f. Insurance on Lives of Owners and Operators (<i>Specify</i>)*	\$			
g. Office Supplies	\$ 32,494	31,563		931
h. Telephone and Cellular Phones				
1. Telephone & Pagers	\$ 26,255	24,525		1,730
2. Cellular Phones	\$ 11,298	10,554		744
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	\$ 868,967	868,967		
Subtotal	\$ 3,706,827	3,518,472		188,355

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

(Carry Subtotals forward to next page)

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	9/30/2015		16	37
Item	Total	CCNH	RHNS	Other	
Subtotals Brought Forward:	3,706,827	3,518,472		188,355	
l. Travel and Entertainment					
1. Resident Travel and Entertainment	\$ 859	802		57	
2. Holiday Parties for Staff	\$ 12,576	11,747		829	
3. Gifts to Staff and Residents	\$ 10,032	9,371		661	
4. Employee Travel	\$ 76,520	71,478		5,042	
5. Education Expenses Related to Seminars and Conventions	\$ 39,113	39,110		3	
6. Automobile Expense (<i>not purchase or depreciation</i>)	\$ 9,925	9,271		654	
7. Other (<i>Specify</i>) See Attached Schedule	\$ 8,714	8,140		574	
m. Other Administrative and General Expenses					
1. Advertising Help Wanted (<i>all such expenses</i>)	\$ 600	560		40	
2. Advertising Telephone Directory (<i>all such expenses</i>)***	\$				
3. Advertising Other (<i>Specify</i>)*** See Attached Schedule	\$ 4,680	4,372		308	
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	\$ 8,536	7,974		562	
* 8. Dues and Membership Fees to Professional Associations (<i>Specify</i>) See Attached Schedule	\$ 23,272	21,739		1,533	
8a. Dues to Chamber of Commerce & Other Non-Allowable Org.***	\$				
9. Subscriptions	\$ 7,311	6,829		482	
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>)	\$ 103,594	96,768		6,826	
12. Administrative Management Services**	\$				
13. Other (<i>Specify</i>) See Attached Schedule	\$ 89,241	83,569		5,672	
C-14 Total Administrative & General Expenditures	\$ 4,101,800	3,890,202		211,598	

* 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	\$ 5,350		\$ 377
Mileage Reimbursement - O&A	\$ 2,067		\$ 146
Travel	\$ 723		\$ 51
Total Other Travel and Entertainment	\$ 8,140	\$ -	\$ 574

Schedule of Other Advertising

Description	CCNH	RHNS	Other
Advertising	\$ 4,372		\$ 308
Total Other Advertising	\$ 4,372	\$ -	\$ 308

Schedule of Dues

Description	CCNH	RHNS	Other
ICNC	\$ 36		\$ 2
Alzheimer's Foundation of America	\$ 234		\$ 16
Shazia Chandhry	\$ 94		\$ 6
Americana Express	\$ 2,550		\$ 175
Melissa Spitz	\$ 148		\$ 10
CAADC	\$ 467		\$ 35
Leading Age	\$ 13,033		\$ 935
CALA	\$ 795		\$ 55
AAA Allied Group	\$ 444		\$ 31
ConnOTA Membership	\$ 70		\$ 5
CATRD	\$ 37		\$ 3
Kristina Rowles	\$ 75		\$ 5
AMTA	\$ 168		\$ 12
HCCA	\$ 187		\$ 13
Leadership Greater Hartford	\$ 936		\$ 64
Free Play Pictures, LLC	\$ 187		\$ 13
Thomas Hayden	\$ 234		\$ 16
Chelsea Norton	\$ 116		\$ 8
Shannon Kiley	\$ 211		\$ 14
Southington Chamber of Commerce	\$ 211		\$ 14
NASW	\$ 94		\$ 6
Academy of Nutrition & Dietetics	\$ 247		\$ 17
AOTA	\$ 397		\$ 27
Ann O'Dell	\$ 28		\$ 2
National Center for Creative Aging	\$ 234		\$ 16
Treasurer, State of CT	\$ 47		\$ 3
Jenna Weiss	\$ 70		\$ 5
Diane Decker	\$ 56		\$ 4
Misc Dues	\$ 257		\$ 18
Misc Dues	\$ 76		\$ 5
Total Dues	\$ 21,739	\$ -	\$ 1,533

Schedule of Contributions

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

Schedule of Other Administrative and General

Description	CCNH	RHNS	Other
Licenses	\$ 1,667		\$ 118
Resident Meals - Damage/Lost	\$ 970		\$ 68
Filan/Developing	\$ 60		\$ 4
Flowers	\$ 4,327		\$ 305
Supplies - Training	\$ 1,968		\$ 139
Service Charges - Bank	\$ 9,702		\$ 684
Licenses - Nursing Admin	\$ 3,150		
Professional Fees	\$ 47,403		\$ 3,344
Small Equipment Purchases	\$ 380		\$ 27
Donations Made	\$ 2,359		\$ 166
AR Transfer/Suspense	\$ (2,396)		\$ (169)
Supplies - ADC	\$ 90		\$ 6
Dues & Subscriptions - Adult Day	\$ 210		\$ 15
Travel Expense - Adult Day Center	\$ 295		\$ 21
Education - Adult Day Center	\$ 523		\$ 37
Mileage Reimbursement - Adult Day	\$ 131		\$ 9
Purchased Services	\$ 132		\$ 9
Entertainment Expense - Adult Day	\$ 8,211		\$ 579
Supplies - Adult Day Center	\$ 4,260		\$ 301
Software/Computer Supplies	\$ 107		\$ 8
Other	\$ 20		\$ 1
Total Other Administrative and General	\$ 83,569	\$ -	\$ 5,672

Schedule C-1 - Management Services*

Name of Facility Alzheimer's Resource Center of Connecticut	License No. 002-09-33	Report for Year Ended 9/30/2015	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	9/30/2015		18	37
Item		Total	CCNH	RHNS	Other	
2. Dietary						
a. In-House Preparation & Service						
1.	Raw Food	\$ 573,318	516,481		56,837	
2.	Non-Food Supplies	\$ 42,897	38,644		4,253	
3.	Other (Specify) _____	\$ _____				
b. Purchased Services (by contract other than through Management Services) (Complete Schedule C-2 att. Page 21)						
		\$ 600	541		59	
c. Management Services**						
		\$ _____				
d. Other (Specify) _____						
	Small Equipment Purchase	\$ 8,019	7,224		795	
	Equip Repair & Maint					
2E. Total Dietary Expenditures (2a + b + c + d)		\$ 624,834	562,890		61,944	
2F. Dietary Questionnaire						
G. Resident Meals: Total no. of meals served per day:*		396	360		36	
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	9/30/2015	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. \$	8,129	8,129		
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)	\$	183,031	183,031		
c. Management Services**	\$				
d. Other (Specify)	\$				
3E. Total Laundry Expenditures (3a + b + c + d)	\$	191,160	191,160		
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	9/30/2015		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. \$	84,117	84,117		
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. \$	25,049	25,049		
c.	Management Services*	\$				
d.	Other (<i>Specify</i>)	\$				
4E.	Total Housekeeping Expenditures (4a + b + c + d)	\$	109,166	109,166		
5.	Resident Care (Supplies)**					
a.	Prescription Drugs***					
1.	Own Pharmacy	\$				
2.	Purchased from Various	\$	59,765	59,765		
b.	Medicine Cabinet Drugs	\$	23,110	23,110		
c.	Medical and Therapeutic Supplies	\$	331,043	331,043		
d.	Ambulance/Limousine***	\$				
e.	Oxygen					
1.	For Emergency Use	\$				
2.	Other***	\$	1,825	1,825		
f.	X-rays and Related Radiological Procedures***	\$	224	224		
g.	Dental (<i>Not dentists who should be included under salaries or fees</i>)	\$				
h.	Laboratory***	\$				
i.	Recreation	\$	42,051	42,051		
j.	Other (Specify)**** See Attached Schedule	\$	11,810	9,235		2,575
5K.	Total Resident Care Expenditures (5a - 5j)	\$	469,828	467,253		2,575

* 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)	\$ 256		
Supplies - Asst Living			\$ 2,575
Supplies (Non-medical)	\$ 3,958		
Small Equipment Purchase	\$ 2,567		
Air Fluid Mattress - Rental	\$ 2,353		
Supplies - PT	\$ 101		
Total Other Resident Care	\$ 9,235	\$ -	\$ 2,575

**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 9/30/2015	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		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	130,531					19	3b
BC Linen		<input type="radio"/>	<input checked="" type="radio"/>		Laundry Services	52,500					19	4b
CWPM		<input type="radio"/>	<input checked="" type="radio"/>		Trash Removal	22,855					20	4b
Murphy Security		<input type="radio"/>	<input checked="" type="radio"/>		Security	11,071			1,802		22	6f
U.S. Security Associates		<input type="radio"/>	<input checked="" type="radio"/>		Security	23,670			3,853		22	6f
D. Landino Landscaping		<input type="radio"/>	<input checked="" type="radio"/>		Landscaping/Snow Removal	36,404			5,926		22	6f
Paychex		<input type="radio"/>	<input checked="" type="radio"/>		Payroll Services	38,565			2,903		16	m11
Brayton Associates		<input type="radio"/>	<input checked="" type="radio"/>		Computer Consultant	35,311			3,071		16	m11
Executive Landscaping		<input type="radio"/>	<input checked="" type="radio"/>		Landscaping	20,196			3,288		22	6f
Matrixcare		<input type="radio"/>	<input checked="" type="radio"/>		General Ledger Software	12,917			2,279		16	m11
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									
		<input type="radio"/>	<input type="radio"/>									

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

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

Name of Facility	License No.	Report for Year Ended			Page	of
Alzheimer's Resource Center of Connecticut,	002-09-33	9/30/2015			22	37
Item	Total	CCNH	RHNS	Other		
6. Maintenance & Operation of Plant						
a. Repairs & Maintenance	\$ 56,493	47,241			9,252	
b. Heat	\$ 42,355	36,576			5,779	
c. Light & Power	\$ 177,212	153,035			24,177	
d. Water	\$ 31,583	27,274			4,309	
e. Equipment Lease (<i>Provide detail on page 6</i>)	\$ 2,754	2,378			376	
f. Other (<i>itemize</i>)	\$ 191,843	165,669			26,174	
See Attached Schedule						
6g. Total Maint. & Operating Expense (6a - 6f)	\$ 502,240	432,173			70,067	
7. Depreciation (<i>complete schedule page 23*</i>)						
a. Land Improvements	\$ 19,506	16,845			2,661	
b. Building & Building Improvements	\$ 405,945	343,144			62,801	
c. Non-Movable Equipment	\$					
d. Movable Equipment	\$ 104,093	89,340			14,753	
*7e. Total Depreciation Costs (7a + b + c + d)	\$ 529,544	449,329			80,215	
8. Amortization (<i>Complete att. Schedule Page 24*</i>)						
a. Organization Expense	\$					
b. Mortgage Expense	\$ 70,851	61,185			9,666	
c. Leasehold Improvements	\$					
d. Other (<i>Specify</i>)	\$					
*8e. Total Amortization Costs (8a + b + c + d)	\$ 70,851	61,185			9,666	
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	\$ 161,550	139,509			22,041	
b. Real estate taxes paid by lessor	\$					
c. Personal property taxes	\$					
11. Total Property Expenses (7e + 8e + 9 + 10)	\$ 761,945	650,023			111,922	

* 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	\$ 1,321		\$ 209
Fire Protection	\$ 7,266		\$ 1,148
Cable TV	\$ 3,495		\$ 552
Exterminator Servie	\$ 3,117		\$ 493
Elevator Service	\$ 8,048		\$ 1,272
Security	\$ 34,885		\$ 5,511
Snow Plowing	\$ 31,827		\$ 5,028
Indoor Plants	\$ 5,803		\$ 917
Groundskeeping	\$ 33,294		\$ 5,260
Storage Space	\$ 4,766		\$ 753
Supplies - Plant & Maint	\$ 23,522		\$ 3,716
Service Contracts	\$ 5,603		\$ 885
Equipment Rental - Short Term	\$ 2,722		\$ 430
Total Other Repairs and Maintenance	\$ 165,669	\$ -	\$ 26,174

Alzheimer's Resource Center of Connecticut, Inc.
9/30/2015

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-14	Janazzo Services	\$ 569	10	\$ 28
Oct-14	Janazzo Services	\$ 1,244	10	\$ 62
Nov-14	R&F Associates	\$ 2,350	10	\$ 118
Nov-14	Janazzo Services	\$ 1,435	10	\$ 72
Jun-15	Superior Fence	\$ 1,600	10	\$ 80
Jun-15	Wiremen	\$ 691	10	\$ 35
Jun-15	Positano Plumbing	\$ 2,863	10	\$ 143
Jun-15	Positano Plumbing	\$ 1,620	10	\$ 81
Jun-15	James Bradanini	\$ 680	10	\$ 34
Jun-15	Janazzo Services	\$ 1,125	10	\$ 56
Jun-15	MJ Daly	\$ 1,240	10	\$ 62
May-15	Janazzo Services	\$ 933	10	\$ 47
Aug-15	EMCOR Services - Boilers	\$ 104,700	10	\$ 5,235
Aug-15	Janazzo Services	\$ 1,682	10	\$ 84
Aug-15	EMCOR Services	\$ 4,902	10	\$ 245
Aug-15	EMCOR Services	\$ 8,184	10	\$ 409
Aug-15	Wiremen	\$ 602	10	\$ 30
		\$ 136,420		\$ 6,821 *
Deletions:				
Total deletions for Building Improvements		\$ -		\$ - **

*Ties to Page 23, Line B3

**Ties to Page 23, Line B2

Schedule of Non-Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Non-Movable Equipment		\$ -		\$ - *
Deletions:				
Total deletions for Non-Movable Equipment		\$ -		\$ - **

*Ties to Page 23, Line C3

**Ties to Page 23, Line C2

Schedule of Movable Equipment Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Oct-14	Brayton Associates	\$ 1,852	3	\$ 309
Mar-15	Brayton Associates	\$ 2,210	3	\$ 368
Apr-15	American Express	\$ 720	3	120
Apr-15	Brayton Associates	\$ 910	3	152
Oct-14	Warehouse Store Fixture	\$ 4,200	5	420
Oct-14	Arjo, Inc	\$ 1,090	5	109
Oct-14	Arjo, Inc	\$ 838	5	84
Oct-14	Arjo, Inc	\$ 2,426	5	243
Oct-14	McKesson Medical	\$ 7	5	1
Oct-14	CBS - Copiers	\$ 17,000	5	1700
Oct-14	Reliable Refrigeration - Freezer	\$ 3,412	5	341
Oct-14	Hillyard/Rovic, Inc. - Floor Scrubber	\$ 3,512	5	351
Oct-14	Proline - Dish Machine	\$ 345	5	35
Oct-14	Proline - Dish Machine	\$ 918	5	92
Oct-14	Positano Plumbing	\$ 250	5	25
Oct-14	Positano Plumbing	\$ 355	5	36
Nov-14	American Copy Service	\$ 650	5	65
Jan-15	Joerns Healthcare - New beds	\$ 60,624	5	6063
Feb-15	Arjo	\$ 722	5	72
Feb-15	Warehouse Store Fixture	\$ 2,368	5	237
Feb-15	American Express	\$ 759	5	76
Mar-15	Arjo	\$ 582	5	58
Apr-15	American Express	\$ 3,000	5	300
Apr-15	Joerns Healthcare	\$ 7,106	5	711
Apr-15	Restaurant Equipment Paradise - Combi Ovens	\$ 13,042	5	1304
May-15	Lachance Furniture	\$ 3,111	5	311
May-15	Patterson Medical	\$ 1,754	5	176
Jun-15	Arjo	\$ 2,742	5	274
Jun-15	Restaurant Equipment Paradise	\$ 2,562	5	256
Jul-15	American Express	\$ 600	5	60
Jul-15	Restaurant Equipment Paradise	\$ 4,000	5	400
Aug-15	MJ Daly	\$ 2,206	5	221
Aug-15		\$ 1,424	5	143 *
Sep-15	Restaurant Equipment Paradise	\$ 2,000	5	200
Total deletions for Movable Equipment		\$ 149,297		\$ 15,313 **

*Ties to Page 23, Line D2c

**Ties to Page 23, Line D2b

Schedule of Leasehold Improvements Acquired during this report period

Acquisition Date	Description of Item	Cost	Useful Life	Depreciation
Additions:				
Total additions for Leasehold Improvement		\$ -		\$ - *
Deletions:				
Total deletions for Leasehold Improvement		\$ -		\$ - **

*Ties to Page 24, Line C3

**Ties to Page 24, Line C2

Amortization Schedule*

Name of Facility Alzheimer's Resource Center of Connecticut, Inc.	Date of Acquisition		License No. 002-09-33	Report for Year Ended 9/30/2015	Page 24	of 37
	Month	Year				
Item						
A. Organization Expense						
1.						
2.						
3.						
A-4. Subtotal						
B. Mortgage Expense						
1. Deferred Financing Fees.	8	2007	30 Years	173,939	SL	24,272
2. Capitalized Interest	10	1992	30 Years	969,604	SL	46,579
3.						
B-4. Subtotal						70,851
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						70,851

* 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) - Interest

Name of Facility		License No.	Report for Year Ended			Page	of
Alzheimer's Resource Center of Conn		002-09-33	9/30/2015			26	37
Item		Total	CCNH	RHNS	Other		
12. Interest							
A. Building, Land Improvement & Non-Movable Equipment							
1. First Mortgage		\$ 704,453	704,453				
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)		\$ 704,453	704,453				

(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 Co		002-09-33		9/30/2015		27	37
Item				Total	CCNH	RHNS	Other
Subtotals Brought Forward:				704,453	704,453		
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)				\$ 704,453	704,453		
14. Insurance							
a. Insurance on Property (buildings only)				\$ 75,723	65,392		10,331
b. Insurance on Automobiles				\$ 4,859	4,196		663
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)				\$ 80,582	69,588		10,994
15. Total All Expenditures (A-13 thru C-14)				\$ 16,956,336	15,839,058		1,117,278

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	9/30/2015	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	\$ 60,435	60,435		
10.	15	1e	Accounting & Legal	\$ 26,471	26,471		
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 *	\$ 4,680	4,372		308
19.			Income Tax / Corporate Business Tax	\$			
20.			Fund Raising / Contributions	\$			
21.			Unallowable Management Fees	\$			
22.			Barber and Beauty	\$			
23.			Other - See attached Schedule	\$ 1,038	970		68
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)				\$ 92,624	92,248		376

* 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	\$ 970		\$ 68
Total Other A&G Adjustments			\$ 970	\$ -	\$ 68

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	9/30/2015	29	37
Item No.	Page No.	Line No.	Item Description	Total Amount of Decrease	CCNH	RHNS	Other
Subtotals Brought Forward				\$ 92,624	92,248		376
Page 20 - Resident Care Supplies***							
27.	20	5a2	Prescription Drugs	\$ 59,765	59,765		
28.			Ambulance/Limousine	\$			
29.	20	5f	X-rays, etc	\$ 224	224		
30.			Laboratory	\$			
31.			Medical Supplies	\$			
32.	20	500	Oxygen (non emergency)	\$ 1,825	1,825		
33.			Occupational Therapy	\$			
34.			Other - See Attached Schedule	\$			
Page 22 - Maintenance and Property							
35.			Excess Movable Equipment Depreciation See Attached Schedule	\$			
36.			Depreciation on Unallowable Motor Vehicles	\$			
37.			Unallowable Property and Real Estate Taxes	\$			
38.			Rental of Building Space or Rooms	\$			
39.			Other - See Attached Schedule	\$			
Page 27 - Insurance							
40.			Mortgage Insurance	\$			
41.			Property Insurance	\$			
Other - Miscellaneous							
42.			Research or Experimental Activities	\$			
43.			Radio and Television Revenue	\$			
44.			Vending Machine Revenue	\$			
45.			Purchase Discounts and Allowances	\$			
46.			Duplications of functions or services	\$			
47.			Expenditures made for the protection, enhancement or promotion of the providers interest	\$			
48.			Interest Income on Accounts Rec	\$			
49.			Other (include personnel and other costs unrelated to resident care) - See Attached Schedule	\$ 288,893	270,319		18,574
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)				\$ 443,331	424,381		18,950

*** 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.

Alzheimer's Resource Center of Connecticut, Inc.
9/30/2015

Schedule of Other Ancillary Costs

Page Ref	Line Ref	Description	CCNH	RHNS	Other
Total Other Ancillary Costs			\$ -	\$ -	\$ -

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
Total Other Property Adjustments			\$ -	\$ -	\$ -

Page Ref	Line Ref	Description	CCNH	RHNS	Other
30	IV 8	Consulting Income	\$ 1,402		\$ 96
30	IV 8	Training Revenue	\$ 22,090		\$ 1,518
30	IV 8	Dementia Care Coaching	\$ 1,584		\$ 109
30	IV 8	Adult Daycare Income	\$ 245,243		\$ 16,851
Total Other Adjustments			\$ 270,319	\$ -	\$ 18,574

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	9/30/2015			30	37
Item	Total	CCNH	RHNS	Other		
I. Resident Room, Board & Routine Care Revenue						
1. a. Medicaid Residents (CT only)	\$ 13,683,121	13,683,121				
b. Medicaid Room and Board Contractual Allowance **	\$ (7,228,894)	(7,228,894)				
2. a. Medicaid (All other states)	\$					
b. Other States Room and Board Contractual Allowance **	\$					
3. a. Medicare Residents (all inclusive)	\$ 530,901	530,901				
b. Medicare Room and Board Contractual Allowance **	\$					
4. a. Private-Pay Residents and Other	\$ 7,680,471	7,680,471				
b. Private-Pay Room and Board Contractual Allowance **	\$ (16,384)	(16,384)				
II. Other Resident Revenue						
1. a. Prescription Drugs - Medicare	\$ 449	449				
b. Prescription Drugs - Medicare Contractual Allowance **	\$					
c. Prescription Drugs - Non-Medicare	\$					
d. Prescription Drugs - Non-Medicare Contractual Allowance **	\$					
2. a. Medical Supplies - Medicare	\$					
b. Medical Supplies - Medicare Contractual Allowance **	\$					
c. Medical Supplies - Non-Medicare	\$					
d. Medical Supplies - Non-Medicare Contractual Allowance **	\$					
3. a. Physical Therapy - Medicare	\$ 103,897	103,897				
b. Physical Therapy - Medicare Contractual Allowance **	\$ (103,897)	(103,897)				
c. Physical Therapy - Non-Medicare	\$ 117,262	117,262				
d. Physical Therapy - Non-Medicare Contractual Allowance **	\$ (26,395)	(26,395)				
4. a. Speech Therapy - Medicare	\$ 17,424	17,424				
b. Speech Therapy - Medicare Contractual Allowance **	\$ (17,424)	(17,424)				
c. Speech Therapy - Non-Medicare	\$ 54,903	54,903				
d. Speech Therapy - Non-Medicare Contractual Allowance **	\$					
5. a. Occupational Therapy - Medicare	\$ 78,040	78,040				
b. Occupational Therapy - Medicare Contractual Allowance **	\$ (78,040)	(78,040)				
c. Occupational Therapy - Non-Medicare	\$ 171,987	171,987				
d. Occupational Therapy - Non-Medicare Contractual Allowance **	\$ (161,003)	(161,003)				
6. a. Other (Specify) - Medicare	\$ 101,413	101,413				
b. Other (Specify) - Non-Medicare	\$ 4,413	4,413				
III. Total Resident Revenue (Section I. thru Section II.)	\$ 14,912,244	14,912,244				
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)	\$ 1,962,917	461,867		1,501,050		
V. Total Other Revenue (I thru 8)	\$ 1,962,917	461,867		1,501,050		
VI. Total All Revenue (III +V)	\$ 16,875,161	15,374,111		1,501,050		

* 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	9/30/2015	31	37
Account			Amount	
Assets				
A. Current Assets				
1. Cash (<i>on hand and in banks</i>)			\$	889,606
2. Resident Accounts Receivable (Less Allowance for Bad Debts)			\$	1,642,046
3. Other Accounts Receivable (Excluding Owners or Related Parties)			\$	
4. Inventories			\$	
5. Prepaid Expenses			\$	116,115
a. Prepaid Insurance	96,259			
b. Prepaid Expense	19,856			
c. _____				
d. _____				
6. Interest Receivable			\$	
7. Medicare Final Settlement Receivable			\$	
8. Other Current Assets (<i>itemize</i>)			\$	2,060,742
Escrow	1,945,699			
Due from Employees	6,920			
A/R Other	97,023			
Interest Receivable	11,100			
A-9. Total Current Assets (Lines A1 thru 8)			\$	4,708,509
B. Fixed Assets				
1. Land			\$	1,356,529
2. Land Improvements	*Historical Cost	851,336	\$	86,832
	Accum. Depreciation	764,504		
		Net		
3. Buildings	*Historical Cost	12,347,414	\$	2,460,967
	Accum. Depreciation	9,886,447		
		Net		
4. Leasehold Improvements	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
5. Non-Movable Equipment	*Historical Cost		\$	
	Accum. Depreciation			
		Net		
6. Movable Equipment	*Historical Cost	2,448,409	\$	270,246
	Accum. Depreciation	2,178,163		
		Net		
7. Motor Vehicles	*Historical Cost	119,766	\$	13,011
	Accum. Depreciation	106,755		
		Net		
8. Minor Equipment-Not Depreciable			\$	
9. Other Fixed Assets (<i>itemize</i>)			\$	331,840
Capitalized Interest	1,397,365			
Accum Amort - Capitalized Interest	(1,065,525)			
B-10. Total Fixed Assets (Lines B1 thru 9)			\$	4,519,425

* 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 Connec	002-09-33	9/30/2015	32	37
Account			Amount	
Total Brought Forward:			\$	9,227,934
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>)			\$	5,313,880
Finance, Discount, Issue Exp - Net		287,267		
Investments		4,361,655		
Charitable Remainder Unitrust		664,958		
D-8. Total Investments and Other Assets (Lines D1 thru 7)			\$	5,313,880
D-9. Total All Assets (Lines A9 + B10 + C8 + D8)			\$	14,541,814

* 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		License No. 002-09-33	Report for Year Ended 9/30/2015	Page 34	of 37
Account				Amount	
Total Brought Forward:				2,760,716	
Liabilities (cont'd)					
B. Long-Term Liabilities					
1. Loans Payable-Equipment (<i>itemize</i>)					
\$					
Name of Lender	Purpose	Amount	Date Due		
2. Mortgages Payable				\$ 11,730,000	
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>)				\$ 68,866	
LT Debt Lehman Brothers		68,866			
B-5. Total Long-Term Liabilities (Lines B1 thru 4)				\$ 11,798,866	
C. Total All Liabilities (Lines A-13 + B-5)				\$ 14,559,582	

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 Conn	002-09-33	9/30/2015	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			\$	341,372
6. Gain or Loss for Period	10/1/2014	thru	9/30/2015	\$ align="right">(359,140)
7. Total Net Worth			\$	(17,768)
C. Total Reserves and Net Worth			\$	(17,768)
D. Total Liabilities, Reserves, and Net Worth			\$	14,541,814

H. Changes in Total Net Worth

Name of Facility	License No.	Report for Year Ended	Page	of
Alzheimer's Resource Center of Connect	002-09-33	9/30/2015	36	37
Account			Amount	
A. Balance at End of Prior Period as shown on Report of 09/30/2014			\$	86,666
B. Total Revenue (<i>From Statement of Revenue Page 30</i>)			\$	16,875,161
C. Total Expenditures (<i>From Statement of Expenditures Page 27</i>)			\$	16,674,437
D. Net Income or Deficit			\$	200,724
E. Balance			\$	287,390
F. Additions				
1. Additional Capital Contributed (<i>itemize</i>)				
2. Other (<i>itemize</i>)				
	Unrealized Gain/Loss on Investments	(439,866)		
	Grant Income	131,100		
	Non Operating Revenue	(26,103)		
	Realized Gains/Losses	29,711		
F-3. Total Additions			\$	(305,158)
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			\$	(17,768)
	09/30/15			

I. Preparer's/Reviewer's Certification

Name of Facility Alzheimer's Resource Center of	License No. 002-09-33	Report for Year Ended 9/30/2015	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	Date Signed		
Melissa Sptiz	Finance Director	2/15/2016		
Printed Name of Preparer				
Alzheimer's Resource Center of Connecticut, Inc.				
Address Address		Phone Number		
1261 South Main Street, Plantsville, CT 06479		(860) 628-9000		

